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ACCC champions the importance of access to cancer specialists and appropriate cancer therapies and leads efforts to respond to regulations and legislation that threaten to compromise the delivery of quality cancer care. In addition to top-notch advocacy, ACCC membership brings many tangible benefits, including access to the new *Members-Only* section of our award-winning web site, subscriptions to our renowned publications, and educational and networking opportunities at ACCC's two national conferences and free regional meetings. Our voice is authoritative and well respected.

If you would like more information or if you have any questions regarding ACCC membership, please contact Jason Gross, ACCC's Membership Manager, at 301.984.9496, ext. 247, or at [jgross@acc-cancer.org](mailto:jgross@acc-cancer.org).

# Welcome to the Matrix

by Lee E. Mortenson, DPA

Like a recent movie trilogy that seemed promising—but by the third episode proved to be no better than a cheesy remake of some kid's video game—our legislative process nowadays seems to be full of tantalizing possibilities but ultimately yields little satisfaction. Critiques of the recent anticipated blockbuster—lots of action, no heart, and definitely no real underlying philosophy—could equally well describe the legislative process of the Medicare Prescription Drug Benefit.

Most of the oncology world has been watching the action on this bill closely. For those of you who went out for popcorn, Congress has been working for several years on this idea, with more and more arm waving and flailing about as it gets closer to actually making a decision. The flailing has been on just about everybody's part. Republican conservatives versus Republican moderates. Members of the House versus members of the Senate. Democrats versus Republicans. Conferees versus non-conferees. Members of special interest groups versus... just about everyone. The tab on lobbying for this *one* bill was estimated last month at around \$160 million. No, that's not the cost of the bill; that's the *lobbying tab*, not including the \$7 million AARP advertising campaign.

In reel one, episode one, we learned that members of the House were determined to eliminate average wholesale price (AWP) and come up with a whole new way to pay for drugs in the office setting. In reel two, we learned that after the data from ASCO were submitted, the Centers for Medicare & Medicaid Services (CMS) said it

was only worth \$190 million in practice expense increases. Some real suspense builds here: would office-based oncology survive? Flashback to the prequel: CMS lowers payments for oncology drugs in hospitals to well below actual costs!

In episode two, we find out that a proposal developed by ACCC to increase payments to hospital outpatient departments is under serious consideration and, indeed, gets voted on by both the House and Senate. But wait. Will the American Hospital Association want to divert the funding for general hospital use? Whew, no, they get their own general increase. Of course, the Congressional Budget Office has yet to score the bill and who knows what will end up on the cutting room floor. But don't relax yet, the new APC regulations cut funding for radiation oncology.

As episode three opens, dark music plays ominously in the background. Office-based oncologists are frantically calling, e-mailing, and faxing congressional offices. Lobbyists race from one office to another, competing for parking spaces. Cut to an e-mail headline: "Major cuts in cancer care. Urgent!" Other news emerges: perhaps there will be a fix for

oral cancer drugs, but maybe not. A montage of newspaper headlines cry that patient advocacy groups have been co-opted by the corporations. And as the screen fades to black, President Bush signs the Medicare Prescription Drug Benefit into law.

Egad! After all this, we still don't know the answers? Yep. And when we get the answers, do you think that's going to stop them from creating yet another episode? Don't hold your breath. ☹

