

ACCC Testifies Before Newly Renamed HOP Panel



On Feb. 27, 2012, ACCC testified before the new Hospital Outpatient Payment (HOP) Panel (formerly the Ambulatory Payment Classification (APC) Panel). The panel has been renamed and expanded in order to accommodate its new duties to make recommendations to the Centers for Medicare & Medicaid Services (CMS) on appropriate levels of supervision. The panel will add five new members to ensure representation from all hospitals, including Critical Access Hospitals (CAHs) and rural hospitals. Ernest Anderson, Jr., MS, RPh, testified before the HOP Panel on behalf of ACCC. His testimony focused on drug reimbursement and pharmacy overhead costs in the hospital outpatient department.

ACCC has testified on this topic in the past, often with the APC Panel agreeing with ACCC's recommendations. This year, ACCC also discussed the role that drug shortages and REMS compliance play in the pharmacy department in addition to the other costs incurred in drug preparation.

In the 2012 Hospital Outpatient Prospective Payment System (HOPPS) final rule, CMS reduced drug reimbursement to ASP+4 percent, down from ASP+5 percent in 2011. ACCC asked the panel to recommend to CMS to increase reimbursement under the HOPPS to at least ASP+6 percent in 2013. ACCC will also follow up its testimony with meetings with CMS staff in the coming months.

ACCC Responds to CMS Policies on CED


On Jan. 20, 2012, ACCC submitted comments to CMS about the agency's Coverage with Evidence Development (CED) policies. ACCC expressed its belief that continued clinical research is essential to further improve patient care and must be a priority for all stakeholders involved in cancer care, including CMS. Accordingly, ACCC strongly urged CMS to ensure that CED does not restrict beneficiary access to appropriate care or impede innovation that will ultimately benefit Medicare beneficiaries.

New Drug Shortage Legislation Introduced

Jan. 31, 2012, U.S. Representatives John Carney (D-Del.) and Larry Bucshon (R-Ind.) introduced the Drug Shortage Prevention Act of 2012 (H.R. 3839). The legislation would strengthen the Food and Drug Administration's ability to take into account critical shortage issues in the approval and regulation process, and calls for a study on the feasibility of a national contingency plan to address critical drug shortages.

ACCC also supports H.R. 2245 and S. 296, companion bills that shift the requirement of reporting drug shortages from physicians to the manufacturing companies. Each of these bills has been referred to subcommittees for further action. ACCC will keep you updated on their progress.

Report Finds Cancer Screening Below Target Rates

According to a report released by the Centers for Disease Control (CDC) and the National Cancer Institute (NCI) Jan. 26, 2012, U.S. cancer screening rates for breast, cervical, and colorectal cancers remain below target levels set by federal officials in the *Healthy People 2020* initiative. Overall, the breast cancer screening rate was 72.4 percent (below *Healthy People 2020* target of 81.1 percent), cervical cancer screening was 83 percent (below the target of 93 percent), and colorectal cancer screening was 58.6 percent (below the target of 70.5 percent). The study also identifies disparities in cancer screening rates among Asian and Hispanic populations. The report is available in the Jan. 27 issue of the CDC's *Morbidity and Mortality Weekly Report* (MMWR 2012;61:41-45), available online at <http://www.cdc.gov/mmwr>. 

Pioneer ACOs Announced

32 health care organizations from across the country will participate in the Pioneer Accountable Care Organization (ACOs) Model. For the full list of organizations see link: <http://innovations.cms.gov/Files/fact-sheet/Pioneer-ACO-General-Fact-Sheet.pdf>.

