



## Irreparable Harm

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## The Association of Community Cancer Centers

**FACT** More than 525 medical centers, hospitals, and cancer clinics across the U.S. are ACCC members. This group treats 40 percent of all new cancer patients seen in the U.S. each year. ACCC members also include more than 300 individual members and 14 state oncology society chapters.

**FACT** Only ACCC represents the entire interdisciplinary team caring for oncology patients, including medical, radiation, & surgical oncologists, oncology nurses, cancer program administrators, oncology social workers, pharmacists, and cancer registrars.

**FACT** ACCC is committed to federal and state efforts to pass legislation that ensures access to off-label uses of FDA-approved drugs and clinical trials for cancer patients, appropriate reimbursement to physicians for drugs administered to Medicare patients, and other patient advocacy issues.

**FACT** ACCC provides information about approaches for the effective management, delivery, and financing of comprehensive cancer care through its national meetings, regional symposia, and publication of oncology patient management guidelines, standards for cancer programs, critical pathways, oncology-related drugs and indications, and *Oncology Issues*.

**FACT** Membership in ACCC will help my organization/me better serve patients and will foster my professional development.

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FROM THE EDITOR

## Irreparable Harm

by Lee E. Mortenson, D.P.A.

**A** few mistakes in HCFA's methodology and bang...we close radiation oncology outpatient units in hospitals and hospital ambulatory chemotherapy centers. University-based clinical research ends, and patients can't find places to receive care. Fewer students queue up for medical or radiation oncology, and more oncology nurses are pushed out of the field. Patients can't access supportive therapies at hospitals. Medicare medical directors declare that self-administered drugs must be used (and they don't pay for self-administered drugs).

Poof! Twenty-five years of work vaporizes.

The recent trumpeting by Vice President Gore of "No more cancer!" sounds pretty hollow placed beside regulations that equate to "No more cancer...treatment." Apparently the administration and Congress are willing to pay for research to cure the disease, but not the treatments or the infrastructure to conduct the research or deliver research advances to patients. Something is missing from this picture, don't you think?

Of course, in our complex society, it is necessary for the about-to-be-injured party to notify the government that a new policy is likely to cause major harm. However, even with "proof," many congressional aides and HCFA staff mem-

bers just don't want to adjust those formulas or make those exceptions. It's easy to understand their position. Exceptions make life more complex, and providers might not be telling them the whole story. Still, home health agencies told Congress and HCFA that the Balanced Budget Act of 1997 and its subsequent regulations would put 1,000 agencies out of business...and everybody nodded and said, "We'll see." What happened? A thousand agencies closed, and now the Hill is scrambling to "fix it."

We are telling folks at HCFA and on the Hill that the proposed APC regulations will close radiation oncology centers around the country inexorably over the next five years. We warn them that hospitals will close ambulatory chemotherapy units rather than deliver inferior chemotherapy and supportive care drugs to patients with cancer, as the APC regulations will force them to do. We advise them that, as a result of APCs, university cancer centers will undergo massive structural changes, leaving the centers unable to afford to continue vital clinical research. We inform them that their methodologies are accidentally destroying an oncology infrastructure that has taken a quarter century to build.

Hopefully, HCFA staff will not wait until all these treatment centers close before they believe us. ☐