

### **Oncology Issues**



ISSN: 1046-3356 (Print) 2573-1777 (Online) Journal homepage: https://www.tandfonline.com/loi/uacc20

## Hanging by Your Fingernails

#### Lee E. Mortenson

**To cite this article:** Lee E. Mortenson (2000) Hanging by Your Fingernails, Oncology Issues, 15:5, 5-5, DOI: <u>10.1080/10463356.2000.11905149</u>

To link to this article: <a href="https://doi.org/10.1080/10463356.2000.11905149">https://doi.org/10.1080/10463356.2000.11905149</a>

	Published online: 17 Oct 2017.
	Submit your article to this journal 🗷
ılıl	Article views: 2
Q	View related articles ☑

#### The Association of Community Cancer Centers

FACT More than 625 medical centers, hospitals, cancer clinics, and practices 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 390 individual members and 18 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, radiation therapists, 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.

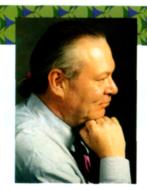
Plea	ase s	end r	neml	pers	hip	in	format	ion:
------	-------	-------	------	------	-----	----	--------	------

Name:	
Title:	
Institution:_	

≈ Return to ACCC, 11600 Nebel St., Suite 201, Rockville MD 20852-2557/Fax: 301-770-1949.

Address:

City/State:\_



FROM THE EDITOR

# Hanging by Your Fingernails

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

t's a plot worthy of Hollywood. An angry (or perhaps, misguided) President, thwarted by members of Congress, sets up a plan to enact a policy that threatens the lives of millions. Convinced that an elite group is ripping off the system, he has developed a clandestine operation, years in development, to get his way just as his term ends. When the plan emerges into the light of day, Congress is so distracted with the election and other pressing issues that legislators do not realize the implications of the end-run.

I'm reminded of Mark Russell, the political comedian who used to be a regular at the old Shoreham Hotel in Washington, D.C. Russell would come out and do 30 minutes of comedy and then say, "This is not a joke. I've got a newspaper tickertape in my dressing room. This is strictly rip and read!"

So it is with the cliffhanger described above.

President Clinton and Vice President Gore have been dead set on making certain that their proposed policy of reimbursing drugs at average wholesale price (AWP) minus 17 percent is enacted. It's no secret that there are a number of folks up at HCFA (the Health Care Financing Administration), who think that oncologists are lining their own pockets with drug profits. When it was clear that this Congress was not sympathetic to its proposal, HCFA went underground and developed a game plan involving the Department of Justice in an investigation of AWP at the state level. The idea was that HCFA would come out with its own price

list at election time, mandate its use administratively (slipping around the Administrative Procedures Act), and hope that everyone would be too busy to stop the train.

It still might work. While members of Congress are now interceding on the basis of tens of thousands of letters from patients and providers, as of this writing, it is possible that the new policy might go operational October 1, 2000, or be postponed for a short period of time (until the political furor wears down).

The implications, of course, are astounding. We—and everybody else—know that there is a margin between AWP minus 5 percent (our current reimbursement level for drugs at hospitals and private practices) and acquisition prices. We also know that the bulk of any margin generated by this surplus goes to pay for the costs of delivering chemotherapy to cancer patients in hospital outpatient and office settings. As the Sisters say, "No margin, no mission."

The implications for the millions of cancer patients are startling. If hospital outpatient areas and physician practices cannot afford to treat Medicare and Medicaid patients and if other payers follow suit, the locations where 90 percent of chemotherapy is delivered may be out of business in short order.

Will HCFA reconsider? Will Congress act? Will legal challenges be necessary?

It's a nail-biter, a cliffhanger, the blockbuster of the summer. But unlike the images on the silver screen, this scary movie could come true.