

The Association of Community Cancer Centers

FACT More than 650 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, and 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 *Oncology Issues*.

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

Please send membership information:

Name: _____

Title: _____

Institution: _____

Address: _____

City/State: _____

Phone: _____

Fax: _____

E-mail: _____

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

FROM THE EDITOR



Snow on the Beach: Forecast for 2001

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

The unexpected happens every time I turn around. Has the same been happening to you? For example, my wife Carol and I were down at our beach house on the Outer Banks of North Carolina and woke up to snow on the beach. Carol says "it's rare as hen's teeth."

Speaking of the unexpected...at the very last minute, at the very end of a long and acrimonious session of Congress, our legislators finally passed—and the President finally signed—a huge package of health care measures, most of which we were working on all year long.

The largest issues concerned reducing drug reimbursement for hospitals and private practices. There was the Health Care Financing Administration's (HCFA's) unilateral reduction of reimbursement for 50 drugs that simulated average wholesale price (AWP) minus 17 percent, and HCFA's unilateral reduction of drug reimbursement for outpatient pass-through drugs to AWP minus 17 percent. Either one would have put a significant proportion of cancer care providers out of business. The former issue was hard fought, especially by a coalition involving the Association of Community Cancer Centers, the Oncology Nursing Society, US Oncology, and the National Patient Advocacy Foundation.

The second fight was even scarier. We had only a week before the elections to persuade Congress to act. The *Washington Post* recently noted we delivered more than 100,000 letters to Congress and the Administration on these two issues! This letter-writing campaign was supplemented by some incredible Hill work by Christian Downs from our staff and Alan Parver, our legal counsel.

The upshot of these near catastrophes is that we slide into 2001

with some big agendas. The House Ways and Means Subcommittee on Health has promised hearings on appropriate drug reimbursement for hospitals this spring with the aim of figuring out what to do for the long run under ambulatory payment classifications (APCs). And, language we helped the Congress work out prohibits HCFA from administrative reductions of AWP until the General Accounting Office can conduct a study of drug and practice expense costs. Both of these issues require our attention in 2001.

The omnibus budget bill also handled a number of other issues. Congress ended the debate over self-administration by covering self-injectable drugs. The bill also covers: biennial pap smears and pelvic exams; screening colonoscopies for average-risk individuals (every 10 years); better payments for advanced mammography technologies; reduced beneficiary co-payments over the next 5 years; demonstration projects on cancer prevention and treatment for minorities; a 5 percent increase in hospice base payments; a congressional clarification that physician certification of a patient's eligibility for hospice could be fallible (go figure!); an increase in the hospital APC payments; grandfathering in provider-based status for some services; and full funding for the National Institutes of Health, the National Cancer Institute, and the Centers for Disease Control.

A coalition of 45 cancer organizations, led by the American Cancer Society, including ACCC and most of the folks you know, worked on getting the omnibus budget bill passed. The AHA also deserves praise.

So, what's my forecast for 2001? I'm betting on more snow on the beach. ❁