



## Access to Quality Cancer Care

**T**he year 2001 brings a new Congress (107th), a new Administration, and new opportunities to continue with our basic agenda of ensuring access to quality cancer care.

The 106th Congress saw the Clinton Administration attempt to change the Medicare reimbursement formula for cancer chemotherapy drugs. Thanks to a huge response from the cancer community, the Health Care Financing Administration (HCFA) backed away from the plan, and Congress passed the Benefits Improvement and Protection Act (BIPA). One provision of the Act instructed HCFA to halt its plans to redefine average wholesale price (AWP) and authorized the General Accounting Office (GAO) to study drug pricing and practice expense payments in the Medicare payment system. This action gives the cancer community time to provide comments into the process. In fact, the American Society of Clinical Oncology will take the lead in working with HCFA and the GAO to collect and evaluate data on payments for chemotherapy administration and other oncology service reimbursement issues. ASCO has appointed a working group composed of physicians, nurses, administrators, patients, and cancer center directors to advise ASCO leadership during this process. ACCC will fully support the ASCO lead in this area.

The Benefits Improvement and Protection Act also settled the issue of Medicare coverage of self-administered drugs. Medicare policy had been to cover these drugs when administered incident to a visit to the office according to the usual method of administration. In the last few years, HCFA has proposed re-evaluation of the policy and a number of local carriers began to deny coverage and a new proposed rule had been expected from HCFA. The legislation basically has codified the "usual method of administration" and has limited the ability of HCFA to define the self-administered drugs through

the regulatory process. This action will ensure that Medicare beneficiaries will have access to needed supportive care drugs as part of comprehensive cancer care.

In June 2000, President Clinton issued an Executive Memorandum calling for Medicare coverage of clinical trials for all serious and life-threatening diseases. This action has been a long time in coming and has been well received by the cancer community. While many of the rules are under development as to which trials are covered, ACCC is pleased with this outcome and will work in support of the clinical research effort.

Looking ahead, the ACCC staff and membership have major concerns with the ambulatory payment classification (APC) implementation and its impact on the economic viability of the community cancer center. While chemotherapy drugs are to be paid at AWP minus 5 percent, this payment system will be phased out once HCFA collects enough cost data from hospitals providing outpatient chemotherapy. The process may take a couple of years, but we could then see significant reduction in drug payments, which might threaten the outpatient programs conducted by ACCC members. The Association will continue this year to help our members with the APC regulations and assist members in accurately billing and collecting all appropriate reimbursements under the APC regulations.

I want to express my thanks and praise to all those who have worked so long and so hard on these issues this past year, and to thank you in advance for what you will do in the year ahead. 🍎

David H. Regan