October 2, 2020

The Honorable Alex M. Azar, II
Secretary, U.S. Department of Health and Human Services

The Honorable Seema Verma
Administrator, Centers for Medicare & Medicaid Services

Hubert H. Humphrey Building
200 Independence Avenue, SW
Washington, DC 20201

Dear Secretary Azar and Administrator Verma:

We are writing this urgent letter on behalf of the Board of Directors of the Community Oncology Alliance (COA), an organization representing independent, community oncology practices that treat the majority (more than half) of Americans with cancer. We request that the Administration stop the scheduled January 1, 2021 implementation of the Radiation Oncology Model, as well as any implementation of President Trump’s Executive Order on Most Favored Nations Drug Pricing.

COA is dumbfounded and dismayed that in the middle of a still raging COVID-19 (novel coronavirus) pandemic, the Centers for Medicare & Medicaid Services (CMS) intends to implement an experiment on cancer care that endangers the nation’s fragile cancer care system. According to the final rule issued by CMS, the Radiation Oncology Model will be tested through the CMS Innovation Center (CMMI) and will force about one-third of radiation providers to participate. This comes on the heels of a threatened additional experiment on most favored nations drug pricing for chemotherapy and other specialty drugs for serious medical conditions.

As we have reiterated to the Administration and Congress, our nation’s independent community oncology practices have stepped up during this devastating public health emergency, going to extraordinary lengths to keep their facilities and clinical staff COVID-19 free. Community oncology practices have proven critical to our nation’s ability to continue providing safe, uninterrupted cancer care to patients during this unprecedented public health emergency. The important role of community oncology practices has become even more evident as hospitals have had to pivot to care for COVID-19 patients, even completely shutting down their cancer services.

Limitations on the delivery of medical care due to COVID-19 have resulted in significant reductions in cancer screenings, with the greatest dips occurring in April, including for mammograms (-84%), colon screenings (-74%), lung screenings (-80%), and prostate screenings (-58%), according to an analysis COA is currently conducting with Avalere Health. Reduced cancer screenings due to COVID-19 will have uncertain intermediate and longer-term impacts on patient outcomes, as delays in diagnosis and care delivery could negatively influence disease progression and overall survival. With COVID-19 still raging – last week there were close to a third of a million new cases of COVID-19 – and the uncertainties of the flu season, community oncology practices are faced with more than enough uncertainties and pressures.

COA applauded the Administration’s early support during the COVID-19 public health emergency in providing provider relief funds and allowing unprecedented use of telehealth. However, it is
disheartening that community oncology practices, which are going to heroic lengths to treat Americans with cancer in a safe, accessible environment in the middle of this pandemic, are now being put under further pressures with these experiments on cancer care rather than being supported in every way possible. Forcing a government experiment on a fragile cancer care system while the COVID-19 crisis is nowhere near over is simply dangerous and puts some of the most vulnerable Americans at risk.

Additionally, it is unthinkable that community oncology practices have to implement a radically new payment model for radiation treatment of cancer. Given that the new model is scored to save Medicare money, practices forced into this mandatory model will be pressured during a time when they have been under enormous financial pressures due to COVID-19. Furthermore, it is totally unknown how the bundling of payments in the Radiation Oncology Model will impact patient care. Again, this is an experiment being implemented at the worst possible time in the history of modern medicine.

Although we are still waiting for details of how the Executive Order on Most Favored Nations Drug Pricing might be implemented, presumably the Department of Health and Human Services (HHS) will be implementing a national “experiment” to test how patients are impacted by most favored nations drug pricing. This experiment could be the final straw for community oncology practices who have faced down challenge after challenge over the last decade and are now struggling to stay open for patients during a once-in-a-century global health crisis.

COA’s commitment to reducing the high costs of cancer care in America, including payment reform and lowering high drug prices, is well documented. We have been leading practices in oncology payment reform that makes cancer care more affordable, including a deep commitment and involvement in the Oncology Care Model (OCM); the ongoing development of the OCM 2.0, a next-generation, more universal oncology payment model; numerous summits and meetings with payers, employers, stakeholders, and providers; and the involvement of community practices in an incredible number of private insurance payment models and programs. What has become clear is that we need comprehensive, thoughtful solutions from all involved to reduce the various costs of cancer care, not rushed and forced models.

During the middle of a pandemic is no time to introduce this radiation experiment, or any type of drug pricing experiment that will threaten the financial stability of independent community oncology practices. As such, these end up being experiments on Americans with cancer, who are among the most vulnerable to contracting COVID-19, and who rely on their cancer care providers being there for them to diagnosis, treat, and monitor their cancer.

Again, we urgently request that the Administration stop the scheduled January 1, 2021 implementation of the Radiation Oncology Model, as well as any implementation of the President’s Executive Order on Most Favored Nations Drug Pricing.

Sincerely,

Michael Diaz, MD
President

Ted Okon
Executive Director

CC: The Honorable Members of the United States Senate
    The Honorable Members of the House of Representatives