



**COMMUNITY ONCOLOGY ALLIANCE**  
*Innovating and Advocating for Community Cancer Care*

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March 11, 2021

The Honorable Charles E. Schumer  
Majority Leader  
United States Senate  
322 Hart Senate Office Building  
Washington, D.C. 20510

The Honorable Mitch McConnell  
Minority Leader  
United States Senate  
317 Russell Senate Office Building  
Washington, D.C. 20510

The Honorable Nancy Pelosi  
Speaker  
United States House of Representatives  
1236 Longworth House Office Building  
Washington, D.C. 20515

The Honorable Kevin McCarthy  
Minority Leader  
United States House of Representatives  
2468 Rayburn House Office Building  
Washington, D.C. 20515

Re: *Stopping the Application of Medicare Sequestration*

Dear Majority Leader Schumer, Minority Leader McConnell, Speaker Pelosi, and Minority Leader McCarthy:

We are writing this very important letter on behalf of the Board of Directors of the Community Oncology Alliance (COA) **respectfully requesting that the Congress extend the temporary suspension of Medicare sequestration, which will expire at the end of this month, through December 31, 2021.**

As you know, COA is an organization dedicated to advocating for the complex care and access needs of patients with cancer and the community oncology practices that serve them. COA is the only nonprofit organization in the United States dedicated solely to independent, community oncology practices, which serve the majority (more than half) of Americans receiving cancer treatment. The COVID-19 (novel coronavirus) pandemic has been an extraordinarily difficult situation for Americans with cancer and the providers that treat them, with data showing a considerable drop in cancer screening, diagnosis, and treatment for American seniors and Medicare beneficiaries starting early last year and continuing to date. **However, community oncology practices treating a majority of Americans with cancer managed to keep their doors open, against all odds, in the middle of the raging COVID-19 pandemic.**

COA applauds the decision of the 116<sup>th</sup> Congress to halt the application of sequestration to Medicare payments through December 31, 2020 and then, subsequently, to extend the sequester halt through March 31, 2021. Stopping the burden of sequestration has been an important source of financial relief to community oncology practices during these difficult times as practices are under extreme pressures to keep their doors open to treat patients with cancer. However, the pandemic continues to rage across the country and will almost certainly continue well into 2021, especially as the variant strains of the coronavirus spread, regardless of vaccinations. **As such, it is critically important to the stability of our nation's cancer care system that the 117<sup>th</sup> Congress stop the application of sequestration to Medicare payments through the end of 2021.**


Community oncology practices have been and continue to be under enormous financial pressures during this still-raging pandemic, which may well grow even more intense with the spread of the new coronavirus B.1.1.7 “super strain” and other new variants of the virus that have reached the United States. As hospitals have been overrun with COVID-19 cases, community oncology practices have kept their doors open to treat Americans with cancer. However, this has required complete retooling of “normal” clinical operations. A patient visit today is much more complex, expensive, and time-consuming as a result of additional safety measures required, such as personal protective equipment. Social distancing, which is critically important for immunocompromised patients with cancer, has also resulted in fewer patient visits, resulting in higher operating and staffing costs and lower productivity. The use of telemedicine, although a net benefit to patients and practices, has added new complexity and cost to providing access to cancer care as well.

Unfortunately, practices have not been able to hit the pause button on cancer diagnosis and treatment during the pandemic. Cancer is blind to the COVID-19 crisis and has not stopped. As documented in an ongoing study that COA commissioned from Avalere Health, cancer screenings, biopsies, and treatment all saw sharp decreases during the early stages of this public health emergency. And, unfortunately, we see these decreases in screening and in treatment continuing as the COVID-19 pandemic continues. As a result, we are already seeing more advanced cancers, leading to poorer outcomes, higher costs, and increased mortality. As oncologist Dr. Debra Patt, a lead author of our study was quoted, *“When cancer becomes more advanced before it is detected, it becomes a ticking time bomb. The decrease in screenings, diagnosis, and treatments will lead to later stage cancers for patients, increasing morbidity and mortality for years to come. We need to detect cancers and stop them before it is too late. We need to alert all patients that they need to stop medical distancing and get appropriate screening and health care.”*

Our nation’s independent community oncology practices are critical to treating Americans with cancer *today* and the inevitable tidal wave of cancers that experts anticipate *tomorrow*. Furthermore, community oncology practices do so at far less cost to Medicare and patients while providing better accessibility to cancer care where they live and work. **Stopping the application of sequestration to Medicare payments through December 31, 2021 will ensure that community oncology practices can weather the pandemic and remain open to care for patients in the future.**

We are imploring you as leaders of the Congress to please help community oncology practices stay open in 2021 to treat Americans with cancer during this pandemic. ***Please pass bipartisan legislation to stop the application of sequestration to Medicare payments through the remainder of 2021.*** This will at least provide some relief to the challenges community oncology practices face in 2021 and beyond.

Sincerely,



Kashyap Patel, MD  
President



Ted Okon  
Executive Director