



Monday, October 1, 2018

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## **Members of Congress Tour Local Oncology Practices**

Network practices recently hosted three members of Congress for tours and discussion about ongoing policy concerns. [Read below.](#)

## **The Network, Alliance for Site Neutral Payment Reform Submit Comments on OPPS Rule**

This week, the Network and the Alliance for Site Neutral Payment Reform submitted comments to the Centers for Medicare & Medicaid Services (CMS) regarding the agency's CY 2019 Outpatient Prospective Payment System (OPPS) proposed rule. [Read below.](#)

## **ASP Coalition Hosts Hill Briefing on Step Therapy Challenges**

On September 20, the Part B Access for Seniors and Physicians (ASP) Coalition hosted a briefing on Capitol Hill to inform members of Congress about the difficulties and delays patients face in accessing needed treatment – and what can be done to ensure treatment access under the Medicare Part B program is protected in the future. [Read below.](#)

## **Congress Reaches Deal on Opioids Package**

On September 25, the bipartisan, bicameral group of congressional conferees agreed on the provisions that would be included in a final bill designed to address America's opioid epidemic. [Read below.](#)

## **American Hospital Associate Unveils 340B Good Stewardship Principles**

Last week, the American Hospital Association (AHA) released a set of principles intended to promote transparency and good stewardship of the 340 Drug program. [Read below.](#)

## **Rep. Delbene Circulates Letter Urging CMS to Expand MIPS Low-Volume Threshold**

Rep. Suzan Delbene (D-WA) is urging her congressional colleagues to support a letter asking the Centers for Medicare & Medicaid Services (CMS) to adjust the low-volume threshold to include more providers in the Merit-based Incentive Payment System (MIPS) as part of the final 2019 Physician Fee Schedule. [Read below.](#)

## **Bills Banning PBM “Gag Clauses” Headed for President’s Signature**

On Tuesday, the House of Representatives approved a pair of bills that would allow pharmacists to inform patients about the true cost of their medications, such as when the out-of-pocket cost may be lower than their copay. **Read below.**

### **FULL STORIES**

## **US Oncology Network PAC Board Visits Capitol Hill**

On Wednesday, September 26, members of The US Oncology Network PAC Board met with healthcare policymakers in Washington, DC, including key leaders of the House Energy & Commerce and Veterans Affairs Committees, to discuss pressing issues facing community oncology. The Network physicians highlighted concerns with CMS’ proposal to collapse E&M codes, the need to expand site neutral payment policies, growth of the 340B program as a contributing factor to the consolidation of community oncology practices and issues with CMS’ intent to allow step therapy for Medicare Advantage plans.



Members of The US Oncology Network PAC Board met with the following lawmakers:

- Senator Bill Cassidy, MD (LA)
- Congressman Greg Walden (OR-02) – Chair, House Energy and Commerce Committee
- Congressman Michael Burgess, MD (TX-29) – Chair, House Energy and Commerce Health Subcommittee
- Congressman Phil Roe, MD (TN-01) – Chair, Veteran’s Affairs Committee
- Congressman Larry Bucshon, MD (IN-08)
- Congressman Ami Bera, MD (CA-07)

Thank you to all The US Oncology Network PAC Board members who traveled to DC and helped make our Capitol Hill visits successful!

## Members of Congress Tour Local Oncology Practices

Network practices recently hosted three members of Congress for tours and discussion about ongoing policy concerns.

Rep. Adam Kinzinger (R-IL) visited the Valley Regional Cancer Center, in Peru, IL. During his tour the facility, the Congressman enjoyed a first-hand look at the state-of-the-art radiation treatment equipment. After the tour, Rep. Kinzinger met with staff, including Dr. Gregory Gerstner, Network Development Manager, Nancy Jackson, and Coordinator Karen Karczewski to talk about Medicare payment policy and challenges.



Rep. Brad Wenstrup (R-OH) visited Oncology Hematology Care, Inc. in Cincinnati where he received a tour from executive director Paul Dieter. Afterwards, President & Chairman of the Board Dr. Randy Broun explained the benefits of receiving care by an independent practice in the community setting, as well as OHC's involvement in the CMS Innovation Center's Oncology Care Model.

Rep. Dina Titus (D-NV) also toured the Pancreatic Cancer Action Network in her home district.

## The Network, Alliance for Site Neutral Payment Reform Submit Comments on OPSS Rule

This week, the Network and the Alliance for Site Neutral Payment Reform submitted comments to the Centers for Medicare & Medicaid Services (CMS) regarding the agency's CY 2019 Outpatient Prospective Payment System (OPPS) proposed rule. Both organizations commended CMS for proposing to expand site-neutral payments to all hospital off-campus departments, building on its previous decision to apply the policy only to newly built facilities.

The Network commended CMS for proposing to expand site-neutral payments for clinic visits and new clinical families of services to all hospital off-campus departments, building on its previous rulemaking applying the policy only to newly built and newly acquired facilities. The Network also commended CMS for taking steps to address the growth of the 340B drug discount program by ensuring additional transparency and accountability.

The Alliance also offered support for CMS's new proposal to implement payment parity for E/M office visits, the most commonly billed-for service under Medicare. According to a recent analysis from the Medicare Payment Advisory Commission, Medicare spent an additional \$1.6 billion and patients spent an extra \$400 million in out-of-pocket costs in 2015 due to higher payment rates for E&M visits in HOPDs. Payment differentials between the OPPS and Medicare Physician Fee Schedule, have created an incentive for hospitals to acquire freestanding physician practices in order to receive a higher reimbursement rate. Between 2014 and 2015 alone, the number of hospital-owned practices grew by over 18,000.

To read The Network's comment letter, [CLICK HERE](#).

To read the Alliance's comment letter, [CLICK HERE](#).

To view the CY 2019 OPPS proposed rule, [CLICK HERE](#).

## ASP Coalition Hosts Hill Briefing on Step Therapy Challenges

On September 20, the Part B Access for Seniors and Physicians (ASP) Coalition hosted a briefing on Capitol Hill to inform members of Congress about the difficulties and delays patients face in accessing needed treatment – and what can be done to ensure treatment access under the Medicare Part B program is protected in the future. The briefing took place amid CMS' recent decision to allow Medicare Advantage plans to implement step therapy for Part B drugs, which would force patients to try treatments preferred by their insurance company before receiving the one recommended as the first choice by their providers.

Urging lawmakers to understand the effects of the policy change, physicians and patient advocates described their frustrating experiences with step therapy and how even small delays in care can be debilitating.

The briefing also focused on recent data showing that drug payment rates through the Medicare Part B program, as set by the Average Sales Price (ASP), have almost no significant impact on the utilization of high-cost drugs. The study suggests that physicians do not significantly prescribe drugs with high add-on payments because of financial incentives.

According to the researchers, "Overall, treatment choice does not appear to be driven by the margin physicians are paid on a drug, indicating that the ASP+6% payment rate does not drive high-cost drug utilization."

To read ASP's press release on the briefing, [CLICK HERE](#).

## Congress Reaches Deal on Opioids Package

On September 25, the bipartisan, bicameral group of congressional conferees agreed on the provisions that would be included in a final bill designed to address America's opioid epidemic. After months of work, the bill is widely expected to pass both chambers and be sent to the President for his signature by the end of this week.

The final package will include a partial repeal of the IMD exclusion, and allow Medicaid funds to cover treatment for adults ages 21-64 with substance abuse disorders in institutions of mental disease over the next 5 years. The bill, introduced by Senator Rob Portman (R-OH) in partnership with Senators Dick Durbin (D-IL), Ben Cardin (D-MD), and Sherrod Brown (D-OH), would repeal the longstanding prohibition on using Medicaid funds to cover treatment for such patients in such facilities with more than 16 beds.

Many advocates agree the bill is a step in the right direction. The bill also includes key provisions to crack down on illicit substances like fentanyl sent through the U.S. Postal Service, authorizes new grants and demonstration programs to expand access to medication-assisted treatment (MAT), expands authority for prescribing buprenorphine, and encourages the development of non-opioid pain therapies.

To read a summary of the bill's key provisions, please [CLICK HERE](#).

To view the entire bill, please [CLICK HERE](#).

## American Hospital Associate Unveils 340B Good Stewardship Principles

Last week, the American Hospital Association (AHA) released a set of principles intended to promote transparency and good stewardship of the 340B Drug program. The principles have also been endorsed by the American Association of Medical Colleges, the Catholic Health Association of America, the Children's Hospital Association and 340B Health.

According to the principles, each 340B hospital commits to:

- Communicating the value of the program by publishing a narrative touting how the savings are used to benefit the community and vulnerable populations.
- Publicly disclosing estimated 340B savings on an annual basis using a single, standardized model that compares the 340B acquisition price to group purchasing organization price.
- Continue internal oversight to ensure that each hospital 340B program meets all HRSA program rules and guidance through periodic training for all involved staff.

The 340B program has come under criticism for enabling some hospitals to take advantage of cheaper drugs without having to show how the resulting savings are used to provide better patient care.

To view the principles, [CLICK HERE](#).

## Rep. Delbene Circulates Letter Urging CMS to Expand MIPS Low-Volume Threshold

Rep. Suzan Delbene (D-WA) is urging her congressional colleagues to support a letter asking the Centers for Medicare & Medicaid Services (CMS) to adjust the low-volume threshold to include more providers in the Merit-based Incentive Payment System (MIPS) as part of the final 2019 Physician Fee Schedule. Under CMS' proposal, first unveiled in July, some previously excluded providers would be able to opt-in to MIPS; however, the threshold criteria was not lowered to require more doctors to participate. As a result, Rep. Delbene and stakeholders, including the American Medical Group Association and the National Association of Accountable Care Organizations, argue that limiting the number of physicians in the program would lower the size of available bonuses, significantly weakening pay incentives for higher performance.

To read the full text of the letter, please [CLICK HERE](#).

## Bills Banning PBM “Gag Clauses” Headed for President’s Signature

On Tuesday, the House of Representatives approved a pair of bills that would ban pharmacy benefit managers (PBMs) from inserting so-called “gag clauses” into contracts with pharmacies. Gag clauses prevent pharmacists from informing patients about the true cost of their medications, such as when the out-of-pocket cost may be lower than their copay.

The bills, Know the Lowest Price Act and the Patient Right to Know Drug Prices Act, ban gag clauses in Medicare Advantage and Part D plans and private health plans, respectively. According to a recent study published in the *Journal of the American Medical Association*, gag clauses resulted in patients overpaying for prescription drugs 23 percent of the time during a six-month period in 2013.

To view the bills, [CLICK HERE](#) and [HERE](#).

To view the JAMA study, [CLICK HERE](#).