

September 11, 2023

VIA ELECTRONIC SUBMISSION THROUGH www.regulations.gov

The Honorable Chiquita Brooks-LaSure
Administrator Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1786-P
P.O. Box 8016
Baltimore, MD 21244-8016

Re: CY 2024 Medicare Hospital Outpatient Prospective Payment System and Ambulatory Surgical Center Payment System Proposed Rule (CMS 1786-P)

Dear Administrator Brooks-LaSure,

On behalf of The US Oncology Network (The Network), which represents over 15,000 oncology physicians, nurses, clinicians, and cancer care specialists nationwide, thank you for the opportunity to comment on the “CY 2024 Medicare Hospital Outpatient Prospective Payment System and Ambulatory Surgical Center Payment System Proposed Rule (CMS 1786-P)” Proposed Rule.

The Network is one of the nation’s largest and most innovative networks of independent, community-based oncology physicians, treating more than 1.2 million cancer patients annually in more than 450 locations across 28 states. The Network unites over 2,300 like-minded physicians around a common vision of expanding patient access to the highest quality, state-of-the-art care close to home and at lower costs for patients and the health care system. We are committed to working with the Centers for Medicare & Medicaid Services (CMS) to enhance the delivery of cancer care and protect patient access to high-quality, affordable care in the most efficient manner.

The Network will focus our comments on one specific provision in this proposed rule: Establishing and Maintaining a Buffer Stock of Essential Medicines. In the rule, CMS proposes to create a separate payment for the costs of establishing and maintaining access to a buffer stock of essential medicines. “Buffer stock” is defined as a 3-month supply. “Essential medicines” refers to a list of 86 medicines identified as critical for minimum patient care in acute settings. CMS seeks comment in a number of areas including whether the agency should expand the list of essential medicines to include those used in the treatment of cancer. The Network is very concerned about shortages for drugs used in cancer treatment and encourages CMS to both address the underlying drivers of shortages and identify ways to mitigate existing drug shortages. That said, today, over 50 percent of outpatient cancer care is provided in the community-based (physician office) setting. While well-intentioned, The Network is concerned that any policy to encourage stockpiling in one setting could exacerbate shortages in another setting. Furthermore, the mechanism for sharing inventory across sites of service is unclear, especially in highly competitive markets. Therefore, if CMS decides to create separate payment for establishing and maintaining a buffer stock of drugs used in the treatment of cancer in the inpatient or outpatient setting, the agency should create a similar payment to establish and maintain a buffer stock in the physician office setting.

On behalf of The US Oncology Network, thank you for the opportunity to provide comments on Proposed Rule CMS-1784-P. We welcome the opportunity to discuss the issues outlined above and any other critical issues impacting community cancer care with you and your staff. Should you have any questions, please contact Ben Jones, Vice President of Government Relations and Public Policy at Ben.Jones@usoncology.com.

Sincerely,



Debra Patt, MD, PhD, MBA
Chair, Public Policy & Reimbursement Committee
National Policy Board
The US Oncology Network