

April 8, 2025

The Honorable Brett Guthrie
Chairman
House Energy and Commerce Committee
2125 Rayburn House Office Building
Washington DC, 20515

The Honorable Frank Pallone
Ranking Member
House Energy and Commerce
2322A Rayburn House Office Building

The Honorable Earl L. “Buddy” Carter
Chairman
Subcommittee on Health
2125 Rayburn House Office Building
Washington, DC 20515

The Honorable Dianna DeGette
Ranking Member
Subcommittee on Health
2322A Rayburn House Office Building
Washington, DC 20515

Dear Chair Guthrie, Ranking Member Pallone, Subcommittee Chair Carter, and Subcommittee Ranking Member DeGette:

On behalf of The US Oncology Network (The Network), which represents more than 10,000 oncology physicians, nurses, clinicians, and cancer care specialists nationwide, I write to express strong support for H.R. 2484, the Seniors’ Access to Critical Medications Act, and to thank you for considering it during the Energy and Commerce markup on April 8.

As an independent physician who has dedicated my career to providing comprehensive, high-quality, integrated cancer care, I see firsthand the potential this legislation has for my patients. If passed, H.R. 2484 would give Medicare patients of independent physician practices greater flexibility in how they access the prescriptions they need. This would benefit millions of Americans, including cancer patients treated all across The US Oncology Network.

The bipartisan bill would allow independent, community practices to deliver medications directly to Medicare patients through the mail or courier service; or let a patient’s family or caregiver pick up the medications on their behalf. Oftentimes, cancer patients are extremely frail due to treatment side effects and many live in rural areas; this is a meaningful opportunity to reduce their burden.

Community oncology practices across the country have evolved in a way that supports medically integrated dispensing (MID), which has [proven effective](#) at managing medication adherence, while also reducing total cost, patient out-of-pocket costs, and drug waste.

Prior to 2021, independent oncologists and physician practices with MIDs were able to deliver patients’ prescriptions directly to them, with few if any issues. By all accounts, this worked extremely well for patients until CMS released a Frequently Asked Questions (FAQ) document in 2021 related to the in-office ancillary services exception (IOASE) to the Physician Self-Referral Law (often called Stark Law). At the height of the COVID-19 pandemic, CMS expressed an interpretation that the IOASE requires patients to pick up their prescriptions from a physician’s office in person.

This new FAQ immediately placed an enormous burden on the backs of one of our most medically vulnerable patient populations: seniors and Americans with disabilities. Many of these patients struggle with mobility or transportation limitations. This is especially true for patients living in rural communities, who must often travel longer distances to reach their physician’s office or their closest pharmacy. However, it is perhaps most burdensome for Medicare patients battling cancer, who may be too ill to make the trip or unable to drive or get a ride to their oncologist’s office regularly.

Oral oncolytics currently account for 25-30% of the oncology drug market. This underscores a transformative shift in cancer care. These medications provide more convenient and less invasive treatment options, significantly enhancing patient experience and adherence, with this pipeline of oral chemotherapy anticipated to rise in the coming years.

By preventing independent physician practices from mailing or delivering medications to Medicare patients and blocking patients' family and caregivers from picking up these medications, at-risk cancer patients are left with two equally bad options: drive long distances when they need to pick up their medications or use their health plan's pharmacy benefit manager (PBM).

Forcing cancer patients to rely on PBMs to access their medications exposes them to increased safety risks, potentially harmful access delays, and potentially higher copays. Given the PBM industry's track record with [inflating the cost](#) of prescription drugs — including ones used to treat cancer, HIV, and diabetes patients — it is especially concerning that CMS' current restriction on MIDs seems to favor these entities over independent, community-based physician practices.

The Seniors' Access to Critical Medications Act would extend CMS' original waiver for five years, ensuring continuity of care for cancer patients who rely on their trusted, independent physician for care. If passed, the bill would once again allow Medicare patients to have their independent physicians' offices mail or courier their medications to them or have a family member or caregiver pick up their medications.

Passing H.R. 2484 and allowing independent oncologists and oncology practices to mail or deliver oral prescription cancer drugs to Medicare patients will help protect patients' access to independent cancer care nationwide.

Thank you again for considering H.R. 2484 and special thanks to the members of the Committee who reintroduced this vital legislation—Congresswoman Diana Harshbarger (R-TN), Congressman Dan Crenshaw (R-TX), and Congressman Darren Soto (D-FL). On behalf of the nation's leading community cancer care providers, I urge the Committee to advance this legislation and protect local access to cancer care.

Sincerely,



Debra Patt, M.D., PhD, MBA
Medical Director for Public Policy
The US Oncology Network

CC:

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167 Cannon House Office Building
Washington DC 20515

The Honorable Debbie Wasserman-Schultz
1114 Longworth House Office Building
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