

May 11, 2026

**The Honorable Mike Johnson**  
Speaker of the House  
U.S. House of Representatives  
Washington, DC 20515

**The Honorable Hakeem Jeffries**  
House Democratic Leader  
U.S. House of Representatives  
Washington, DC 20515

**The Honorable John Thune**  
Senate Majority Leader  
United States Senate  
Washington, DC 20510

**The Honorable Charles E. Schumer**  
Senate Democratic Leader  
United States Senate  
Washington, DC 20510

**Dear Speaker Johnson, Leader Jeffries, Leader Thune and Leader Schumer:**

On behalf of the practice presidents of The US Oncology Network (The Network), we respectfully urge the House to advance H.R. 4299, the *Protecting Patient Access to Cancer and Complex Therapies Act* and urge Senate leadership to reintroduce the Senate companion legislation, previously introduced by Senator John Barrasso, M.D. as S. 2764 in the 118th Congress.

H.R. 4299 is bipartisan legislation led by Representative Greg Murphy, M.D., alongside Representatives Adam Gray and Neal P. Dunn, M.D., that makes targeted, commonsense fixes to ensure Medicare's Drug Price Negotiation Program lowers costs for patients and the government without destabilizing critical and life-saving community oncology care for millions of Americans.

The US Oncology Network is the nation's largest network of independent, community-based oncology physicians, representing 32 independent practices and more than 1,900 physicians who care for nearly 1.9 million cancer patients each year across more than 700 sites of care in 25 states. These practices are united by a shared mission to deliver high-quality, advanced cancer care close to home while reducing overall costs for patients and the Medicare program.

### Why Congressional Action Is Needed Now

Beginning in 2028, under the Inflation Reduction Act's (IRA) Medicare Drug Price Negotiation Program, reimbursement for selected Medicare Part B drugs will be significantly reduced due to a shift from Average Sales Price (ASP) to the negotiated Maximum Fair Price (MFP). [Avalere Health](#) estimates that physicians could lose at least \$25 billion in reimbursement over the first 10 negotiated Part B drugs<sup>1</sup> and between \$12 billion and \$19 billion through 2032.

Absent a statutory fix, these reductions would push reimbursement below sustainable levels for community oncology practices, which must acquire, store, handle, and administer complex therapies. **This places physicians squarely in the middle of manufacturer negotiations.** The likely result would be the destabilization of independent practices and a shift of cancer care into higher-cost hospital outpatient departments, undermining patient access and increasing costs to the Medicare program.

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<sup>1</sup> [Estimating the Spillover Impact of IRA Part B Negotiation | Avalere Health Advisory](#)

## H.R. 4299 is a Solution that Preserves Savings While Protecting Patients and Physicians

H.R. 4299 prevents these unintended consequences while fully preserving, and even building upon, the savings Congress intended by:

- **Maintaining physician reimbursement at current ASP-based levels for selected Medicare Part B drugs**, preserving the payment structure necessary for community practices to deliver complex cancer care. A [Milliman](#) analysis found that under H.R. 4299, physicians avoid \$56.3 billion in reimbursement losses that would occur under IRA alone.<sup>2</sup>
- **Requiring manufacturers to pay Medicare a rebate equal to the difference between ASP and the lower MFP**, ensuring the federal government achieves the same negotiated savings without cutting physician reimbursement. [Milliman](#) found that H.R. 4299 would save the Medicare program \$71.3 billion over 10 years - \$68.1 billion from IRA negotiation and an additional \$3.3 billion through the rebate mechanism.
- **Ensuring patient coinsurance is calculated using the lower MFP**. [Milliman](#) found that under H.R. 4299, patients save \$93.3 billion in cost-sharing while maintaining access to care.
- **Protecting access to community-based oncology care and preventing care migration to higher-cost settings**, particularly in rural and underserved areas.
- **Preserving the IRA's cost-saving intent while correcting an unintended structural flaw that threatens patient access to independent oncology practices.**

These findings demonstrate that Congress can fulfill the intent of the Medicare Drug Price Negotiation Program without dismantling the community oncology care delivery system that a majority of Medicare cancer patients depend on. At the core, this needed legislative solution seeks to mitigate the pending disruption to community oncology providers across the country.

We appreciate your leadership and respectfully urge you to advance H.R. 4299 and reintroduce its Senate companion to protect patient access to life-saving cancer treatment.

Should you have any questions or require additional information, please contact Ben Jones, Senior Vice President of Government Relations, at [Ben.Jones@usoncology.com](mailto:Ben.Jones@usoncology.com).

Respectfully,



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The US Oncology Network



**Mark Fleming, MD**  
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The US Oncology Network

<sup>2</sup> <https://www.milliman.com/en/insight/ira-impact-on-part-b-provider-payments>



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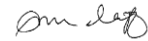
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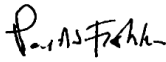
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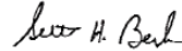
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