

Commentary

Senators Specter and Casey introduce Community Cancer Care Preservation Act

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In 1970, President Nixon declared war on cancer. Had that war been prosecuted with the same diligence as other wars, my former chief of staff, Carey Lackman, a beautiful young lady of 48, would not have died of breast cancer. One of my very best friends, a very distinguished federal judge, Edward R. Becker, would not have died of prostate cancer.” With these sober remarks, Senator Arlen Specter (R-PA) introduced the Senate version of The Community Cancer Care Preservation Act (S 1750). He was joined by his colleague, Senator Bob Casey (D-PA). The House version of the bill (HR 1190) has more than 70 cosponsors.

Senator Specter also spoke of his own traumatic experience with Hodgkin’s lymphoma 2 years ago as another reason that prompted him to introduce the bill, describing it as legislation to help community oncologists adversely affected by reforms under the Medicare Modernization Act (MMA). Over the next 5 years, said Senator Specter, the cost of S 1750 will be relatively small compared to the vast reductions in Medicare reimbursement.

The language of the Senate bill reflects the intent of the House companion bill to bring about balanced reform for cancer care reimburse-

ment. S 1750 would:

- Remove prompt pay discounts from inclusion in the calculation of average selling price (ASP)
- Shorten the two-quarter time lag for ASP calculation of price increases to a maximum of 2 months
- Increase by 32% the payment for the first hour of chemotherapy
- Restore payment for the subsequent hour of chemotherapy (to 70% of the first hour)
- Create a pharmacy facility code that begins at 2% of the cost of the drug and is eventually converted into a relative value unit (RVU) code. The transition to RVUs will be budget neutral
- Create two oncology treatment planning codes: “moderate” and “complex”

Showing leadership

In his floor statement, Senator Specter cited the oft-quoted PricewaterhouseCoopers study, which details the way in which the MMA overcorrected reimbursement for cancer care by more than three times the amount that was intended by Congress. The latest analysis shows reductions in reimbursement of \$14.7 billion over 10 years. Congress had intended to save \$4.2 billion.

The Community Oncology Alliance (COA) worked closely with Senator Specter on this legisla-

tion and appreciates his leadership on this issue. The senator’s floor statement demonstrates a keen understanding of the importance of community oncology practices in winning the war on cancer. “Community cancer clinics treat 84% of Americans with cancer,” Senator Specter said. “They provide patients with early diagnoses, effective cancer therapies, and innovative supportive care that reduces fatigue, nausea/vomiting, and pain. The accessibility of treatment in the hands of skilled community oncologists has decreased the cancer mortality rate.”

COA is encouraging a massive outreach to members of the House and Senate, asking them to cosponsor HR 1190 and S 1750. We encourage clinics to have all of their staff and patients call their members of the House and Senate and politely and professionally ask them to cosponsor these bills. Phone numbers for members of the House and Senate can be obtained through The Legislative Action Center on the bottom red bar of the COA Web site (www.communityoncology.org) or at the Congressional Web sites (www.House.gov and www.Senate.gov).

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