

# Taking political action

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**P**olitical apathy is no longer an option. That message was sounded throughout at the recent Community Oncology Conference held in Washington, DC, on February 1 and 2. “Why should you get politically active?” asked Ted Okon, MBA, executive director of the Community Oncology Alliance. “Very simple. The Medicare program is running out of money!” The result: declining reimbursement and threats to access to community cancer care.

With predictions that Medicare will be broke by 2019—and maybe even as early as 2014—there is a special urgency to act now. This year, President Bush will introduce budget cuts to Medicare of \$6 billion for 2009, rising to \$91 billion by 2013. But

funding for cancer treatment has been eroding for some time. The Medicare Modernization Act (MMA) was supposed to eliminate \$4.2 billion in cancer treatment funding over 10 years, but the actual cuts were \$14.7 billion. “There was a huge underestimation of the impact of MMA,” Mr. Okon noted.

Medicare Part B reimbursement continues to decline. There has been a decline of more than 25% in payments for chemotherapy administration since 2004, and a 1% decrease in relative value units. With these cuts will come “crazy suggestions,” such as the concept of comparative effectiveness of drugs and regimens. “The cuts associated with MMA are severe, but we will see more such attempts,” Mr.

Okon warned attendees.

He noted that the issue of erythropoiesis-stimulating agents (ESAs), the most reimbursed drug category, is “just the tip of the iceberg.” The Centers for Medicare and Medicaid Services (CMS) has, in effect, created its own drug labeling out of a payment policy in order to restrict medical treatment decisions, virtually ignoring FDA labeling and evidence-based guidelines. This creates displacement for patients without adequate secondary insurance and a two-tiered system. Private-pay patients have access to ESAs at a hemoglobin level of around 10 g/dL, for example, but Medicare patients do not. Private payers are subsidizing the Medicare business, and “this

## For Senator Specter, politics is personal

SENATOR ARLEN J. SPECTER (R-PA) knows a thing or two about cancer. Professionally, he has championed the cause in Washington, especially the need to correct deficits in Medicare reimbursements. In July 2007, he introduced Senate bill 1750, which aims to do so. Personally, he has battled stage IVB Hodgkin’s lymphoma. During a grueling treatment, Senator Specter remained active in the Senate, presiding over confirmation hearings for Supreme Court nominees.

In his keynote address to the Third Annual Community Oncology Conference in February, Senator Specter decried the years-long declines in funding for Medicare, Medicaid, and medical research and

the “tremendous bureaucracy that has developed between doctors and their patients.”

“President Nixon declared war on cancer in 1970. If that war had been pursued with the same intensity as our other wars, I might not have gotten lymphoma,” he said.

During his 10-year chairmanship of the Senate Appropriations Committee, Senator Specter led the fight to raise the National Institutes of Health (NIH) budget from \$12 billion to nearly \$30 billion. “But in recent years,” he added, “it has become impossible to keep pace with the budget increases we need.” The 2008 NIH budget will reportedly increase by \$328 million next year, though in actuality it is just \$133 million, since \$196 million goes to the

global fund for HIV/AIDS. “That’s peanuts,” he commented. “We need over \$1 billion just for the cost of living increase.”

Moreover, there are concerns that may be even greater than underfunding, he continued, such as the prohibition against NIH funding of embryonic stem cell research and the waste of 400,000 embryos. “Ideology ought not to trump science. This is scandalous!” he maintained.

It is time for true political activism, he said. “A ‘Million Person March’ on the Washington Mall would be heard in the living quarters of the White House,” he said. “Community oncologists are a powerful political force. You’ve got to get involved in the political process.”

is fraught with problems," Mr. Okon maintained.

"And we all know that private payers eventually follow Medicare's lead," he added. "Obviously, this has great implications for patients and practices. We are asked to do more with less of everything. Something has to give."

### **The good news**

Fortunately, the American public supports reform, ranking healthcare concerns second only to economic concerns and ahead of the war in Iraq. "But to correct the system is a daunting challenge," Mr. Okon pointed out. "The aging population is consuming more costly resources, and an antiquated system is having to pay for these."

The good news is that community oncologists and staff can have an impact by becoming politically active, he

emphasized, pointing out that their involvement in the MMA debates helped keep drug reimbursement from dipping lower than average sale price +6% and after MMA helped get demonstration projects funded in 2005 and 2006.

This is an election year, "so there are a lot of legislators listening to you," he said, including all 435 members of the House and 29 members of the Senate running for re-election. (There are a total of 35 Senate contests.) "You have incredible clout. We have got to deliver our message now! These cuts have got to stop!"

Community oncologists have to be more proactive than ever in advancing solutions that will modernize the payment system, says Mr. Okon. Of primary concern is the fair reimbursement for all aspects of cancer treatment, including drugs, invento-

ry, delivery, and administration. Reimbursement for cognitive services is also well overdue, he noted.

Specifically, he called for support of Senate bill 1750 and House bill 1190. The strategy is to include key aspects of these bills in a "Medicare package." These bills are backed by several powerful legislators and they have growing sponsorship, he noted.

"The cosponsors of these bills got on board because you urged them to," added former Congressman Harold Ford, Sr. (D-TN). "Get busy immediately calling your House and Senate members. Have them come visit you in your offices. Get them to understand that provisions of these bills should move into the Senate Medicare Bill." The months between April and June are particularly critical, he said. So the time to act is now.