

# **CANCER LEADERSHIP COUNCIL**

A PATIENT-CENTERED FORUM OF NATIONAL ADVOCACY ORGANIZATIONS  
ADDRESSING PUBLIC POLICY ISSUES IN CANCER

**April 23, 2013**

## **CANCER LEADERSHIP COUNCIL STATEMENT ON SEQUESTRATION AND CANCER CARE REIMBURSEMENT**

More than half of all cancer diagnoses in the United States occur among Medicare beneficiaries, and reliable access to outstanding cancer care depends on a smoothly functioning Medicare payment system. The Cancer Leadership Council, a coalition of cancer patients, physicians, and researchers, supports a Medicare payment system that rewards the delivery of quality care and operates without disruption.

The Cancer Leadership Council supports the efforts of a bipartisan group of Members of Congress to obtain information from the Centers for Medicare & Medicaid Services (CMS) about the impact of the sequestration cut on patient access to care and to ascertain the flexibility of CMS in implementation of sequestration.

Cancer Leadership Council organizations have mobilized their patient services programs, information networks, and outreach programs to detect possible barriers to care for cancer patients and also to provide assistance to any patients who may experience difficulties in obtaining the care they need.

The sequester has also directed attention to the weaknesses and inappropriate incentives in Medicare reimbursement for cancer care. The Cancer Leadership Council urges Congress, even as it considers the impact of sequestration and solutions to any disruptions in care, to consider these core principles for Medicare cancer care payment reform:

- Medicare reimbursement should support: 1) physician-patient communication for treatment planning, 2) coordination of symptom management and active treatment, 3) delivery of evidence-based cancer care, and 4) the transition from treatment to survivorship monitoring and follow-up care.
- Physician services for quality cancer care should be supported by direct reimbursement and not through margins on drugs.

- Current systems for acquisition and payment of cancer drugs, including average sales price-based reimbursement in Medicare Part B and the 340B drug discounting system, should be evaluated for their significant impact on cancer patients, including the quality of care they receive and the site at which they receive care, and for their effects on the overall cancer care delivery system.

Reform of the Medicare cancer care payment system is an urgent matter for current beneficiaries and for baby-boomers soon to join their ranks and must focus on creation of a system of patient-centered care that is appropriately reimbursed.

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American Cancer Society Cancer Action Network  
Bladder Cancer Advocacy Network  
Cancer Support Community  
Fight Colorectal Cancer  
International Myeloma Foundation  
**LIVESTRONG** Foundation  
Leukemia & Lymphoma Society  
Lymphoma Research Foundation  
National Coalition for Cancer Survivorship  
National Lung Cancer Partnership  
Ovarian Cancer National Alliance  
Pancreatic Cancer Action Network  
Prevent Cancer Foundation  
Sarcoma Foundation of America  
Susan G. Komen for the Cure Advocacy Alliance  
Us TOO International Prostate Cancer Education and Support Network