

Congress of the United States
Washington, DC 20515

October 22, 2013

Ms. Marilyn Tavenner
Administrator and Chief Operating Officer
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Room 445-G, Hubert H. Humphrey Building
200 Independence Avenue SW
Washington, DC 20201

Dear Administrator Tavenner:

We write regarding the 2014 Medicare Physician Fee Schedule (MPFS) proposed rule, and in particular the proposal to cap certain 2014 MPFS payment rates at 2013 Hospital Outpatient Prospective Payment System (OPPS) payment rates (or 2013 Ambulatory Surgery Center (ASC) rates, if lower). If implemented, we are extremely concerned that this proposal could directly impact seniors' access to life-saving cancer treatments and increase costs for both seniors and Medicare.

Community cancer clinics across the country are struggling to keep their doors open due to inadequate reimbursements. Over the past 6 years, the Community Oncology Alliance (COA) has tracked the changing landscape of community cancer care.¹ During that period, 1,338 clinics have been impacted, most notably with 288 treatment facilities closing and 469 practices (typically having multiple treatment facilities) merging into or affiliating with hospitals. Just eight years ago, 87% of cancer care was provided in community cancer clinics.² By 2011, that had dropped to 67% and the shift to hospital-based cancer care accelerated in 2012 through 2013 due to a 20% increase in the rate of oncology clinic closings and hospital acquisitions.³ This has resulted in seniors with cancer losing access to cancer care close to home — particularly in rural areas.

CMS is proposing to cap 2014 payments to community cancer clinics using 2013 hospital payment rates not just for chemotherapy administration, but also for other essential cancer care services such as diagnostic imaging, therapeutic radiation, and pathology. CMS' proposal will cut payment for cancer care and, in the process, substantially widen the payment rate differential for cancer care services between settings. For example, under the proposed 2014 Medicare payment rules, community cancer clinics would be paid 50% less than hospital rates for a representative mix of chemotherapy administration services and 35% less than hospital rates for a representative mix of radiation therapy services.

¹ *Community Oncology Practice Impact Report*; Community Oncology Alliance, June 2013.

² *Analyses of Chemotherapy Administration Utilization and Chemotherapy Drug Utilization, 2005-2001 for Medicare Fee-for-Service Beneficiaries*; The Moran Company, May 2013.

³ See *supra*, footnote 1.

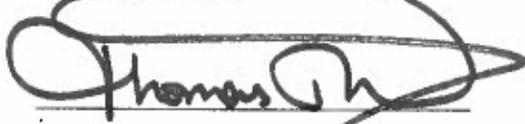
We also note that many other areas of medicine would be adversely impacted by using 2013 OPPS rates to cap 2014 MPFS rates. For example, for interventional pain management services, ambulatory surgical centers would be paid at 53.3% of the OPPS schedule for the majority of procedures, whereas for some procedures it would be as low as 14%.

We urge CMS to not cut and cap payment cuts to cancer care and related medical services as proposed in 2014 MFPS. Like you, we share the goals of providing seniors access to cost-effective, quality cancer care and decreasing costs to Medicare.

Thank you for your attention to this important matter.

Sincerely,

Rep. Paul Tonko



Rep. Tom Price, M.D.



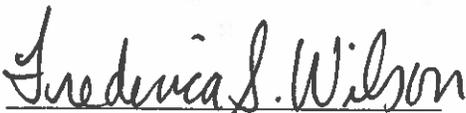
Rep. Patrick Tiberi



Rep. Bill Posey



Rep. Leonard Lance

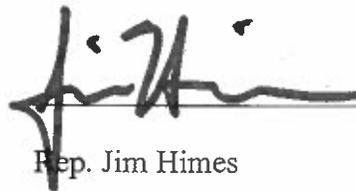


Rep. Frederica Wilson

Rep. Devin Nunes



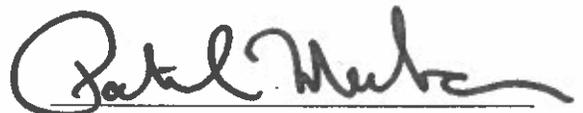
Rep. Donald Payne, Jr.



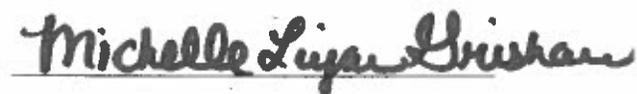
Rep. Jim Himes



Rep. Joe Heck



Rep. Pat Meehan



Rep. Michelle Lujan Grisham

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October 22, 2013

The Honorable Debbie Stabenow
Chairwoman
Senate Agriculture Committee
328A Russell Senate Office Building
Washington, DC 20510

The Honorable Thad Cochran
Ranking Member
Senate Agriculture Committee
192 Russell Senate Office Building
Washington, DC 20510

The Honorable Frank Lucas
Chairman
House Agriculture Committee
1301 Longworth House Office Building
Washington, DC 20515

The Honorable Collin Peterson
Ranking Member
House Agriculture Committee
1305 Longworth House Office Building
Washington, DC 20515

Dear Chairmen Stabenow and Lucas and Ranking Members Cochran and Peterson:

As you prepare to go to conference on the 2013 farm bill, we respectfully urge you to modernize U.S. international food aid by including broadly supported reforms in the trade title (Title III) of the Senate Farm Bill.

Every year, U.S. international food aid programs reach at least 65 million hungry people around the world. These programs play a vital role in preventing famines, reversing acute and chronic child malnutrition, assisting those uprooted by conflict or natural disaster, and enabling vulnerable populations to build resilience against future food price shocks.

Although notable progress has been made over the past several years to improve U.S. food aid programs, it has become increasingly clear that our current system needs more flexibility to achieve maximum impact in responding to complex emergency situations. Moreover, in a time of constrained budgets and increasing needs, more must be done to enhance the effectiveness and efficiency of our food aid system.

Specifically, we urge you to include the following items in the Farm Bill conference agreement:

- Decrease the reliance upon monetization by providing greater flexibility in funding for non-emergency food assistance programs as proposed in Sections 3001, 3008, and 3201 of the current Senate version of the Farm Bill and by establishing a ceiling, rather than a floor, for funds that may be used to support monetization.

- Support Section 3207 of the Senate bill that makes permanent the authority for local and regional procurement (LRP) projects at USDA at an annual authorized level of \$60 million, with preference given to organizations carrying out programs under the McGovern-Dole Food for Education and Child Nutrition Program. The 2008 Farm bill authorized a pilot program to implement and study LRP activities in both emergency and non-emergency settings. The results of the LRP pilot showed savings in both money (50 percent savings for unprocessed grain and some pulses) and time (on average an increase of 62 percent in timeliness).
- Support section 3002 of the Senate bill extending the authority from the 2008 Farm Bill allowing USDA and USAID to accelerate the use of products that have proven to be superior in improving nutritional outcomes, and continuing to test new food aid products.

We appreciate your thoughtful leadership on this issue and look forward to working with you to support the passage of a Farm Bill that improves U.S. food aid programs to ensure that they meet the humanitarian and development needs of the 21st century.

Sincerely,

ANDER CRENSHAW
Member of Congress

ADAM SMITH
Member of Congress

Madeline Waters

Rois Capp

Jenni Sewell

Mike Drigley

Bert McBlair

William Engert

Rail M. Hendon

Steven Horsford

Michelle Lujan Grisham

John F. Treanor

Ken A. Waxman

Greg Kadel

Earl Blumenreich

Beto O'Rourke

Paul Huffer

Paul Peltis

Glee Lofgren

