

MEDICARE CUTS THREATEN ACCESS TO CANCER CARE IN THE UNITED STATES

Medicare's Proposal

The Centers for Medicare & Medicaid Services (CMS) has issued its 2010 physician fee schedule. ASCO is concerned that this cut in Medicare reimbursement would severely restrict patient access to cancer care in their communities.

Medicare patients depend on community-based cancer care:

- 1.4 million Americans are diagnosed with cancer every year.
- 60 percent of cancer patients are covered by Medicare, a proportion that is projected to increase significantly in the coming years.
- More than 80 percent of cancer patients receive care at local community practices, which would be most affected by proposed cuts.

Cumulative cuts to reimbursement over the past several years have caused oncologists to close community practices, consolidate locations, and turn away Medicare patients. Many patients must now seek treatment at far-away hospitals, which do not have the capacity to take in a large influx of new patients. The increased load at hospitals could result in delayed and more costly care.

This additional cut threatens to devastate the system of high-quality, convenient, community-based care that most cancer patients in the United States depend upon.

Past Cuts Already Limiting Access to Community-Based Cancer Care

- An ASCO member is shutting his practice in Chico, California, after 17 years because of past cuts. Closing his practice will displace up to 2,000 patients, many of whom will now have to travel up to 100 miles away from home to receive care.

- Because of past cuts, one ASCO member in Texas did not take a paycheck for the first several months of this year. Further cuts will force him to shut his doors—and his patients may have to travel 100 miles to Dallas to get care.
- Cuts in oncology reimbursement, particularly for chemotherapy drugs, are crippling a southern California practice, which now needs to send more patients to the hospital for their drugs. The hospital's small inpatient oncology unit is having difficulty handling the increased volume of patients, and chemotherapy delays and increased patient waiting times are becoming more common and threaten to interrupt continuity of care.
- Faced with the rising costs of operating her practice (rent, salaries, insurance), a solo practitioner in New York state will have to close her practice if Medicare reimbursement rates are cut any further. Ninety percent of her patients are covered by Medicare.

Need for Cancer Care Growing Fast

The fee schedule cuts come as the need for cancer care among Medicare beneficiaries is projected to rise dramatically:

- Incidence increasing: From 2010 to 2030, cancer incidence among Medicare-aged individuals is expected to increase by 67 percent, compared to an 11 percent incidence increase for the rest of the population.
- Medicare cancer population growing: Medicare patients make up 61 percent of new cancer cases in the United States today; that proportion is expected to rise to 70 percent by 2030.
- Supply of oncologists shrinking: The supply of oncologists is projected to fall far short of the growing

demand for cancer care. These latest proposed Medicare cuts would compound the oncology workforce crisis and further restrict access to care.

Congress Must Act to Preserve Access to Cancer Care

ASCO urges Congress to preserve patient access to community-based cancer care in its broader health care reform efforts.

ASCO advocates for health care reform that provides access to high-quality care for everyone diagnosed with cancer, and fixes Medicare reimbursement to ensure that the costs of cancer care are fully covered.

For the latest updates, and for more information, contact ASCO at 571-483-1368, e-mail publicpolicy@asco.org, or visit www.asco.org/policypriorities.

