The American Society of Clinical Oncology (ASCO) is pleased to submit this statement in connection with the hearing entitled, “Examining Bipartisan Legislation to Improve the Medicare Program.” ASCO appreciates the work of the Energy & Commerce Committee, specifically this subcommittee, to strengthen the Medicare program.

ASCO is the national organization representing more than 42,000 physicians and other healthcare professionals specializing in cancer treatment, diagnosis and prevention. Medicare beneficiaries over the age of 65 account for 54% of all new cancer care cases. With that in mind, we offer our strong support for two pieces of legislation reviewed by this subcommittee today.

The first, H.R. 849, Protecting Seniors’ Access to Medicare Act of 2017, enjoys the strong support of many in the physician community, including ASCO. While ASCO understands the need to address the costs of the Medicare program, it has serious concerns with the Independent Payment Advisory Board (IPAB) as constructed in the Affordable Care Act.

We are committed to working with Congress and the Administration toward a more stable, rational and sustainable system that ensures access for Medicare beneficiaries with cancer. To that end, we strongly support the path to approval of alternative payment models, such as ASCO’s Patient Centered Oncology Payment® model, created by the Medicare Access and CHIP Reauthorization Act. However, we are concerned that IPAB’s goal of finding savings on an annual basis could undo much of the payment and delivery innovation currently taking place.

ASCO’s objections to IPAB include the following:
• IPAB unfairly targets physicians for savings as hospitals and other providers are exempt from IPAB cost-saving recommendations until 2020. This could lead to cuts in physician reimbursement so substantial that physicians in general and oncologists specifically could no longer participate in the Medicare program. The plan for exempting hospitals may inadvertently drive care from the lower cost outpatient setting into hospitals where the costs are typically higher.

• The selection and appointment of candidates to IPAB is of concern. IPAB puts decisions affecting the practice of medicine into the hands of fifteen unelected board members with no guarantee physicians will have adequate representation.

• The law makes it very difficult for Congress to make changes to the recommendations made by the IPAB. In order for Congress to change the recommendations, it has to identify the same amount of savings, or both chambers may vote to waive the requirement, but it must pass by a 3/5 supermajority vote in the Senate.

ASCO applauds the leadership of Representative Roe in sponsoring this legislation and the efforts of this committee to shepherd it through to hopeful signage by the President.

Additionally, we offer our strong support for H.R. 3120, To amend title XVIII of the Social Security Act to reduce the volume of future electronic health record-related significant hardship requests. In ASCO’s 2016 State of Cancer Care in America report, a survey of oncologists showed electronic health records (EHRs) implementation as the most often reported pressure on their practices.

ASCO strongly supports the use of interoperable EHRs in oncology practice, both to streamline patient care and as the initial step to harnessing the possibility of big data. However, EHR usage should not impact care quality by creating an unnecessary hardship on the provider. The current provision under the HITECH Act that the Department of Health and Human Services place requirements that are more stringent for meaningful use over time places an arbitrary burden on practices, rather than promoting impactful quality reporting.

ASCO again thanks the subcommittee for its bipartisan commitment to strengthening the Medicare program. If you have questions about this or any issue affecting cancer care, feel free to reach out to Amanda Schwartz at Amanda.schwartz@asco.org or 571-483-1647.