



September 17, 2021

The Honorable Chiquita Brooks-LaSure
Administrator
Centers for Medicare & Medicaid Services
US Department of Health & Human Services
Attention CMS-1753-P
P.O. Box 8010
Baltimore, MD 21244-1850

Re: CMS-1753-P Medicare Program: Medicare Program: Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs; etc.

Dear Administrator Brooks-LaSure,

The Cancer Support Community (CSC), an international nonprofit organization that provides support, education, and hope to cancer patients, survivors, and their loved ones, appreciates the opportunity to comment on the proposed rule to revise Medicare's Hospital Outpatient Prospective Payment System (OPPS) and Ambulatory Surgical Centers (ASC) Payment Systems and Quality Reporting Programs; etc. for Calendar Year (CY) 2022 (Proposed Rule). As the largest provider of social and emotional support services for people impacted by cancer, CSC has a unique understanding of the cancer patient experience. In addition to our direct services, our Research and Training Institute and Cancer Policy Institute are industry leaders in advancing the evidence base and promoting patient-centered public policies.

Data used in CY 2022 OPPS/ASC Ratesetting

Ensuring patient access to equitable, timely, and affordable comprehensive cancer care is at the forefront of the CSC's mission and the policies we support. The COVID-19 Public Health Emergency (PHE) negatively influenced patients' access to care whether as a result of re-directed resources, safety measures implemented to reduce the spread of the virus, or patients' self-imposed limitations out of concern for contracting COVID-19. CSC therefore **supports the Centers for Medicare & Medicaid Services' (CMS) use of CY 2019 data in lieu of CY 2020 data to set CY 2022 OPPS and ASC payment rates.**

Updates to Requirements for Hospitals to Make Public a List of Their Standard Charges

Cancer is an expensive disease to treat at any age, but older cancer patients living on fixed incomes confront enormous financial challenges. Cancer patients are two and a half times more likely to file bankruptcy than those without cancer (Mapes, 2016). Cancer patients and survivors, as well as all Medicare beneficiaries requiring care, should have ready access to a hospital's list of standard charges and hospitals that fail to comply should be held accountable. **CSC expresses concern for CMS's decision to employ a scaling factor based on a hospital's number of beds to determine the *maximum daily civil monetary penalty (CMP)* for a noncompliant hospital *notwithstanding* that the hospital may be in violation of multiple discrete requirements.** This scaling factor fails to hold hospitals of all sizes fully accountable, thus enabling, instead of curbing, noncompliance. Ensuring patients' access to accurate cost information and stopping unjustifiably excessive charges calls for a CMP determination method that

prioritizes these goals. CMS notes the proposed maximum dollar penalty amount determined on the sliding scale is commensurate with the level of severity of the potential violation considering that nondisclosure of standard charges doesn't pose the same harm to patients as other violations such as safety and quality concerns. While safety and quality concerns are paramount, the high cost of health care leads people, especially older adults from vulnerable populations, to avoid seeking necessary care (America's Health Rankings, 2021). Securing patient trust and preventing excessive rising costs so that patients are willing *and* able to obtain the care they need warrant CMP's that will achieve those goals.

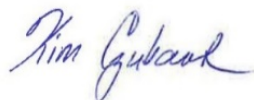
Radiation Oncology Model

The COVID-19 pandemic continues to place significant strain on our health care system. **CSC expresses concern for implementing the Radiation Oncology (RO) Model during the PHE and as the prior, current, and future implications of COVID-19 continue to impact our health care system** - hospitals, community-based clinics, providers, and patients. This concern is amplified by the mandatory nature of the RO Model. Included in our September 16, 2019 comments to the Centers for Medicare and Medicaid Services on the RO Model, CSC asked CMS to ensure that the proposed payments are sufficient to adequately compensate providers for their services to ensure that beneficiaries receiving RT services under the RO Model receive the same quality care as beneficiaries not included in the RO Model – specifically noting that consideration should expand beyond direct payment and include such factors as the ability to purchase new and/or improved technologies that may become available during the timeframe of the proposed RO Model. This consideration is elevated in importance due to the implications of the pandemic. While CSC continues to recognize radiotherapy as an appropriate test subject to determine the potential benefit of bundled prospective episode-based payments to beneficiaries and the Medicare system, we are concerned that the ongoing PHE and its impact on patients' access to care and providers' delivery of care jeopardizes the adequacy of the proposed RO Model payments to compensate providers and support the purchase of new and/or improved technologies to ensure beneficiaries included in the RO Model receive the same quality of care. **CSC asks CMS to consider either delaying the implementation of the RO Model until the PHE has concluded and our health care system has recovered or to consider reducing the discount factors to minimize the challenges imposed by the PHE and the potential for disparate care for patients.**

Conclusion

Thank you again for the opportunity to share these comments. We look forward to working with the Centers for Medicare & Medicaid Services to ensure all Medicare beneficiaries have access to high-quality, comprehensive, and affordable health care coverage. If you have any questions or would like to discuss these comments in more detail, please reach out to Kim Czubaruk at kczubaruk@cancersupportcommunity.org.

Sincerely,



Kim Czubaruk, Esq.
Senior Director, Policy and Advocacy
Cancer Policy Institute
Cancer Support Community Headquarters

References

- Mapes, D. (2016). Cancer, bankruptcy and death: study finds a link. *Fred Hutch, Hutch News Stories*. Retrieved from <https://www.fredhutch.org/en/news/center-news/2016/01/cancer-bankruptcy-death-study-financial-toxicity.html>
- United Health Foundation. (2021). America's health Rankings. Retrieved from https://www.americashealthrankings.org/explore/senior/measure/costburden_sr/state/ALL