



COA Warns Congress of Eroding Cancer Care Infrastructure and Misguided Legislative Proposals

Yesterday, the Community Oncology Alliance (COA) sent [a letter to Congressional leaders](#) warning of the impact that misguided legislative proposals under consideration in Washington could have on the nation's eroding cancer care infrastructure.

In the letter to the majority and minority leaders in both the House and Senate, COA notes that while Congress is working to address physical and "human" infrastructure, it is overlooking the very real threats to the nation's cancer care infrastructure and the strain it is under. Against all odds during the COVID-19 pandemic, independent community oncology practices have bravely managed to keep their doors open and continue providing cancer care while hospitals have had to understandably shift resources to caring for COVID-19 patients. While practices have been successful to date, the ongoing pandemic has left them facing significant unexpected expenses, staffing shortages, and burnout from taking care of patients with more advanced cancers.

- [Click here to read COA's letter to Congressional leaders on the cancer care infrastructure.](#)

Rather than Congress asking what it should be doing to help community oncology practices keep their doors open to treat Americans with cancer, it is doing the exact opposite – risking putting even more strain on practices by considering misguided proposals to "negotiate" Part B drug prices; continuing the Medicare sequester cut to cancer treatment payments; standing by while the Centers for Medicare & Medicaid Services (CMS) advances devastating cuts to cancer care diagnosis and treatment; and allowing CMS, via its Center for Medicare and Medicaid Innovation (CMMI), to force practices into a mandatory experiment on radiation cancer treatment in the middle of the ongoing PHE and pandemic.

"While Congress is considering schemes of price fixing drugs – the so-called Medicare 'negotiation' – that will limit patient access to life-saving cancer therapies, or not stopping CMS from making even more payment cuts for cancer treatment, they are failing to address the continued pressures on the country's cancer care infrastructure," said [Ted Okon, executive director of COA](#). "Drug prices are too high, but the proposals that Congress is considering are the wrong way to address the high cost of cancer care for Americans. There are real solutions to these problems, but instead Congress is choosing to go with sound-bite 'fixes' that will do nothing to truly transform our convoluted health care system. It's incredibly disappointing that Congress and this administration want to address every aspect of this country's infrastructure except the erosion of our cancer care infrastructure."

COA notes in the letters that the Federal government and Congress should focus on fixes that include eliminating all the secretive "rebates" and "discounts" demanded by intermediary PBMs and insurers; stopping misguided and abused public regulations, such as the 340B Drug Pricing Program; reexamining hospital mergers that have consolidated the nation's health care system into large state, regional, and national monopolies; encourage more use of less expensive biosimilars; and allow more value-based drug arrangements to push pharmaceutical manufacturers to compete. Doing this will truly result in lower drug prices for Americans.

Read COA's full letter to Congressional leaders: <https://communityoncology.org/coa-letter-on-cancer-care-infrastructure-crisis/>

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***About the Community Oncology Alliance:** COA is a non-profit organization dedicated to advocating for community oncology practices and, most importantly, the patients they serve. COA is the only organization dedicated solely to community oncology where the majority of Americans with cancer are treated. The mission of COA is to ensure that patients with cancer receive quality, affordable, and accessible cancer care in their own communities. More than 1.5 million people in the United States are diagnosed with cancer each year, and deaths from the disease have been steadily declining due to earlier detection, diagnosis, and treatment. Learn more at www.CommunityOncology.org. Follow COA on Twitter at [www.twitter.com/oncologyCOA](https://twitter.com/oncologyCOA) or on Facebook at www.facebook.com/CommunityOncologyAlliance.*