COA Statement on Trump Administration Most Favored Nation Drug Pricing Announcement

Trump Administration's Most Favored Nation Model is Brazen and Unhinged, will Ultimately Cost Americans More for Their Cancer Care

Statement from Ted Okon, Executive Director, Community Oncology Alliance (COA):

Washington, D.C. – November 20, 2020 – Today's announcement by President Trump of the mandatory, nationwide Most Favored Nation (MFN) model is brazen and unhinged. It is one of the most outrageous health policy proposals I have ever seen in nearly 20 years in Washington. It not only threatens community oncology providers as they struggle to treat a majority of Americans with cancer during an unchecked pandemic, but it also brazenly bypasses existing law as established by the legislative branch of the government.

Misguided public policy over the past decade has resulted in Americans paying more for their cancer care as treatment has been clearly documented as shifting to the consolidating hospital and health system complex in this country. The ratcheting down of Medicare drug payments to community oncology practices by the Trump Administration will further fuel this shift. As a result, Americans will ultimately pay more for their cancer care.

Rather than give community oncology providers the support they need during this third wave of the pandemic, as they struggle to keep their facilities and staff COVID-19 free while treating cancer patients, the Trump Administration is essentially throwing these providers under the bus. Forcing a radical change in the entire health care system during a global pandemic is not rational or safe. It puts politics over people.

As the frontline providers of care for the majority of Americans battling cancer, independent community oncology is completely committed to comprehensive oncology payment reform, including addressing drug payment, sites of service, and other related cost drivers. Today, community oncology practices are engaged in more than 35 payment reform models nationwide focused on enhancing the quality of cancer care while controlling costs. However, we cannot support forcing such a radical proposal on providers during an unchecked national health emergency.

It is imperative that we do not harm Americans' access to the latest, innovative cancer treatments or put obstacles in the way of oncologists providing these treatments. This is particularly true as community oncology practices have bravely managed to continue providing virtually uninterrupted cancer care to patients during the COVID-19 pandemic. Implementing an untested and mandatory national experiment during this still raging health crisis is simply unconscionable.

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About the Community Oncology Alliance: *The majority of Americans battling cancer receive treatment in the community oncology setting. Keeping patients close to their homes, families, and support networks lessens the impact of this devastating disease. Community oncology practices do this while delivering high-quality, cutting-edge cancer care at a fraction of the cost of the hospital setting. The Community Oncology Alliance (COA) advocates for community oncology and smart public policy that ensures the community cancer care system remains healthy and able to provide all Americans with access to local, quality, affordable cancer care. Learn more at www.CommunityOncology.org.*