



September 19, 2016

The Honorable Lynn Jenkins
U.S. House of Representatives
1526 Longworth House Office Building
Washington, DC 20515

The Honorable Ron Kind
U.S. House of Representatives
1502 Longworth House Office Building
Washington, DC 20515

Dear Congresswoman Jenkins and Congressman Kind,

On behalf of The US Oncology Network, which represents over 10,000 oncology physicians, nurses, clinicians and cancer care specialists nationwide, I am pleased to offer our support for the Local Coverage Determination Clarification Act (H.R. 5721) which would provide much needed transparency and accountability into Medicare's coverage determination process. H.R. 5721 will ensure that local Medicare coverage decisions are in the best interest of patients and do not limit access to new treatment options and technologies.

The US Oncology Network is one of the nation's largest and most innovative networks of community-based oncology physicians, treating more than 750,000 cancer patients annually in more than 450 locations across 40 states. The Network unites over 1,000 like-minded physicians around a common vision of expanding patient access to the highest quality, most cost-effective integrated cancer care to help patients fight cancer, and win.

There are over 8 million Medicare beneficiaries living with cancer whose care is directly affected by the Local Coverage Determinations (LCDs) issued by Medicare Administrative Contractors (MACs). The current LCD process lacks transparency and has resulted in unreasonably restrictive coverage and reimbursement decisions as well as inconsistent coverage policies from region to region. The Office of the Inspector General recently released a report reviewing how MACs make Medicare Part B drug coverage determinations. The OIG concluded the varying methodologies employed by the MACs may contribute to discrepancies in drug coverage across states¹. These discrepancies can impact what treatment options are available to cancer patients based on their location.

H.R. 5721 will make common sense changes to the LCD process including requiring the disclosure of rationale and evidence relied upon when drafting an LCD, prohibiting MACs from adopting an LCD from another jurisdiction without first conducting its own independent evaluation of the evidence and enhancing the reconsideration process.

On behalf of the nation's leading community cancer care providers, we appreciate your leadership on this issue and look forward to working with you to advance this legislation. Feel free to use us as a resource throughout this process as we are happy to provide any additional insight.

Sincerely,

Lucy R. Langer, MD, MSHS
Chairman, National Policy Board
The US Oncology Network

¹ OIG, "MACs Continue to Use Different Methods to Determine Drug Coverage", August 2016