

WORD FROM WASHINGTON



Warning: Proposed Prescription Drug Bill May Be Hazardous To Your Health

(NAPSA)—While millions of American seniors anxiously await final Congressional action on a new Medicare drug benefit, what they don't realize is that the same piece of legislation promises steep cuts in funding for cancer care. These drastic cuts—which could total \$16 billion—would affect thousands of Medicare patients who account for 60 percent of all cancer diagnoses each year.

Buried in the mundane, arcane language of the massive prescription drug bill now before Congress is an obscure provision, that when examined closely, will be the gatekeeper for Medicare patients seeking cancer care in their communities.

The proposed legislation cuts cancer care funding by a mind-boggling 30 percent, the single largest cancer cut in history. For cancer patients who rely on Medicare to pay the doctor's bills, there will be new rules affecting where they can get treatment. For their doctors, it will mean reducing the number of Medicare patients they can treat to maintain a viable practice, or their doctors may end up refusing Medicare patients altogether to avoid massive losses.

Under the proposed legislation (H.R. 1 and S. 1), the existing infrastructure of community-based outpatient cancer treatment centers, where more than 80 percent of cancer care is provided, will no longer be adequately reimbursed for treating Medicare patients. Instead, Medicare patients, especially those in rural communities, will be forced to travel long distances to hospital outpatient set-



Proposed changes in the Medicare drug benefit may result in cuts in service to many cancer patients. For additional information go to www.savecancer.org.

tings. Patient advocates worry that the inconvenience will hinder patients' ability to receive continuous quality care, especially in rural America.

Hospitals in line to receive these new Medicare cancer patients have indicated that they do not have the capacity or the nursing staff to treat a large volume of new patients on an outpatient basis. Closing community-based treatment centers and inundating hospitals with new patients will create a crisis in cancer care in our country, particularly in rural parts of the country.

The massive cuts will also have ramifications for cancer research by reducing the number of Medicare patients who can participate in clinical trials. For many cancer patients, access to these

breakthrough therapies may be their only hope. And the long-term impact on cancer research is another devastating unknown.

Cancer doctors have long juggled the Medicare reimbursement inequities. And they are the first to acknowledge an imbalance in reimbursement for cancer-related Medicare expenses. While Medicare currently overpays for cancer drugs, it severely underpays for related oncology practice expenses: oncology nurses, pharmacists, social workers and others involved in the delivery of quality care, but not adequately reflected in current Medicare reimbursement.

Fortunately, it is not too late to avoid this crisis, and still enact meaningful and worthwhile reform. A thoughtful, educated inventory of cancer care, its costs, delivery systems, and most importantly its patients, should be taken. Those in the position to write legislation must recognize the importance of community-based outpatient cancer care to the vast majority of cancer patients who use the centers. Legislators must listen to the concerns of medical professionals who worry about the impact closing community-based treatment centers will have on their patients and on the progress being made in cancer research.

It is not too late to replace the current proposal with a system that accurately reflects the actual cost of providing quality patient care. By doing so, access to community-based cancer care will be preserved, as will so much of the progress America has achieved in its war on cancer.