

Dear Oklahoma Oncology Patient,

I am writing you today to inform you of a Medicare issue that you have the power to help resolve. I am speaking of significant cuts in Medicare reimbursement affecting community-based cancer care. A lot of Americans are not aware of this issue, and Medicare patients in particular may not know about it until they begin to experience changes in the delivery of their care.

Prior to the Medicare Modernization Act of 2003, Medicare overpaid physicians for the purchase price of infusion drugs, while underpaying them for the costs associated with administering those drugs. In an attempt for balanced payment reform MMA created a formula for chemotherapy reimbursement which resulted in the problems below.

- Many chemotherapy drugs, supportive care drugs, IV antibiotics, etc. are being reimbursed lower than cost!
- Cancer clinics all over the U.S. are not being reimbursed for chemo supplies, treatment planning, pharmacy functions, chemo waste disposal, or nursing time.
- In the planning phase, it was estimated that the reduction to community cancer care would be about \$4.2 billion over 10 years. Based on actual, current data, PricewaterhouseCoopers estimates that \$14.7 billion will be cut from cancer care payments over this time period.
- By 2015, when the first waves of Baby Boomers are well into retirement, lawmakers aim to cut payments by one third. Doctors will see more patients but be paid less!
- Many Oncology clinics across the U.S. are finding it necessary to refer their Medicare beneficiaries to the hospital for treatment. This results in disjointed care with minimal oncology supervision.
- Many practices are experiencing financial difficulty and have had to close satellite offices which results in inconvenience, increased travel time, multiple visits, treatment delays and longer treatment appointments for rural patients.
- Medicaid and the insurance industry's fee schedules follow the lead of Medicare health Plans.

Fortunately, this scenario does not have to occur. Legislation in the House (HR 1190), and Senate (Senate bill "pending") includes provisions to solve the problems with drug reimbursement created by rushed implementation of a new payment system with no input requested from community oncology.

When the companion Senate bill is activated please help us help you by calling your Congressman regarding (HR 1190) and Senator regarding the Senate bill that is pending at this time and request that they support their respective bill. Collectively we can make a difference.

Respectfully,

G. Lance Miller, M.D.

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President, Oklahoma Oncology, Inc.