



Ensuring High-Quality Cancer Care in the Medicare Program

Medicare is a federal health program in the United States that helps people 65 years of age and older and certain other individuals pay for health care. Medicare Part A is the portion of Medicare that is available premium-free to all eligible individuals and provides services associated with hospital, hospice, skilled nursing care, and home health care. Medicare Part B, the medical insurance portion of Medicare, covers physician services, outpatient hospital care, and many other services typically covered under health insurance plans. Part B is financed through monthly premiums paid by enrollees and by contributions from the federal government. Part C is an alternative to Parts A and B. Under Part C, private health insurance companies contract with the federal government to offer Medicare benefits through their own policies. Medicare Part D, a prescription drug insurance program, has been available since January 1, 2006, and is financed through monthly premiums paid by enrollees. It is administered by private health insurance companies as a stand-alone prescription drug plan or integrated with medical coverage as a Medicare Advantage Prescription Drug Plan (U.S. Department of Health and Human Services, 2006).

A growing population in need, a shrinking cancer care workforce, inadequate Medicare reimbursement, and an insufficient scope of benefits and services coverage combine to pose a potential cancer care crisis for the nation's older population. The United States will be able to sustain its strong safety net of community-based cancer care providers and continue to deliver comprehensive cancer care to all in need only if Medicare provides comprehensive coverage of the full range of cancer-related benefits and services and ensures adequate reimbursement for oncology nursing practice expenses (Oncology Nursing Society [ONS], 2003).

ONS supports policies that ensure that the Medicare program provides comprehensive quality cancer care to all individuals in need. ONS believes that public and private health plans must provide consumers access to and coverage of comprehensive cancer-related care, with timely access to a coordinated team of multidisciplinary oncology specialists when cancer is suspected or diagnosed and protection from high out-of-pocket costs (Langa et al., 2004; ONS, 2005).

It Is the Position of ONS That

- The Medicare program should adequately and appropriately reimburse for the full range of benefits and services provided in the context of comprehensive quality cancer care and ensure effective, comprehensive, and safe cancer services.
- Medicare should not impose high copayments or unreasonable cost-sharing for cancer-related therapies.
- Medicare should not implement or allow the use of cost-cutting strategies such as "brown-bagging" that interfere with quality cancer care and unfairly burden Medicare beneficiaries with responsibilities for purchasing and handling expensive and often temperature- or light-sensitive therapies (March, 2003).
- Medicare should maintain balanced reimbursement for chemotherapy administration and only reduce oncology drug payments (e.g., average wholesale price reimbursement) if commensurate increases are provided in reimbursement for chemotherapy administration and associated supportive care services.
- Medicare should maintain reimbursement and other policies that ensure cancer treatment facilities and

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^a Brown-bagging is a practice by which healthcare plans or insurers require the purchase of medications from specific vendors. The medications are delivered to or picked up by patients, who carry the pharmaceuticals to their physician's office. A similar practice referred to as mandatory vendor imposition is of equal concern. ONS maintains that decisions regarding the best treatment modality should be made by healthcare providers and patients based solely on efficacy and quality-of-life concerns, free of the influence of financial considerations.

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physician offices continue to purchase cancer drugs for treatment and employ personnel who are properly trained and equipped to handle and administer the full range of cancer therapies.

- Medicare should recognize and reimburse for the necessary care and observation by oncology nurses and other members of the multidisciplinary cancer care team for patients who are taking oral anticancer therapies and other prescription drugs to ensure compliance and monitoring for side effects.
- Medicare should develop, implement, and reimburse for specific payment codes for the full range of services provided by oncology nurses.
- Medicare should use valid and reliable data from comprehensive surveys that capture real costs and real practice patterns to ensure that reimbursement rates are accurate and appropriate.
- Medicare should preclude any financial incentives that could have an adverse effect on treatment decisions,

which, in turn, could impact patients' survival and quality of life.

References

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