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The Patient's Voice | since 1996

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September 17, 2010

Dear Senator or Representative:

National Patient Advocate Foundation (NPAF) is the voice for millions of patients who have sought care after a diagnosis of a chronic, debilitating or life-threatening illness. On behalf of those patients who encounter obstacles in accessing health care daily and whose case details are documented in a comprehensive database maintained by our companion organization, Patient Advocate Foundation (PAF), we strongly urge Congress to oppose recently proposed oncology-specific cuts in Medicare physician reimbursement.

The advocacy activities of NPAF are informed and influenced by the experience of patients who receive case management services from PAF, which provides professional case management services to patients with chronic, debilitating or life-threatening conditions. In 2009, PAF resolved 55,384 patient cases and received four million additional inquiries from patients nationally from all 50 states. The total of closed cases since 1996 is more than 400,000.

PAF has documentation of 172 medical practices that have closed over the last three years in response to continuing Medicare reimbursement difficulties. States with closures include AL, CO, CT, FL, GA, MA, MD, MS, NC, NJ, NM, NV, NY, SC, TX, UT, VA, WV and WY. Other practices have reported struggling financially, being sold to hospitals, other practices or corporations and referring ALL chemotherapy and drug administration to the hospital setting or other site of care due to reimbursement, financial risk and patient out of pocket exposure. In particular, small oncology practices lose money on the most commonly used drugs for cancer care and increasingly refer patients to hospital settings.

Eighteen percent of the patients served last year by PAF were Medicare patients. These patients have mounting concerns that they could be at risk of not having a physician as evidenced by their outreach to PAF case managers serving this population.

The proposed cuts for cancer care only compound the existing problem of inadequate Medicare physician reimbursement and elevate the concern of the patients we serve about continued access to oncology services. Almost seventy-seven percent of PAF's patients have a cancer diagnosis. In 2005, NPAF commissioned a *Geographic Access to Care* study as part of its Global Access project. This study was published by researchers at the University of North Carolina and summarized the distribution of cancer patients and cancer care providers across regions and population types, paying special attention to potential differences in access to care that might be related to rural location, race, ethnicity or low-income status. The study, which can be found at www.npaf.org, found that:

“Forty-five percent of all rural counties in the study states have no oncology service providers at all – neither a hospital nor a hematology or medical oncologist....Nearly one-fourth of the urban counties also have no cancer care providers....Eighteen percent of rural counties have hospitals that report providing oncology services, yet there are no oncology physicians located within the county according to the CMS files.”

Congress needs to assure that physicians are adequately compensated for providing cancer care to Medicare patients. Otherwise, increasing numbers of Medicare beneficiaries will be unable to access care as more physicians decline to accept Medicare patients. This problem will be most acute, as noted above, in rural areas and some urban counties.

Sincerely,

A handwritten signature in cursive script, appearing to read "Nancy Davenport-Ennis". The signature is written in black ink and is positioned above a thin horizontal line.

Nancy Davenport-Ennis
Chief Executive Officer and President