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March 7, 2014

Joseph Chin, MD, MS
Lead Medical Officer
Centers for Medicare and Medicaid Services
7500 Security Blvd.
Baltimore, MD 21244

Dear Dr. Chin,

The Association of Community Cancer Centers (ACCC) thanks the Centers for Medicare & Medicaid Services (CMS) for this opportunity to comment on our support for coverage and reimbursement by CMS of low-dose CT screening (LDCT) as recommended by the US Preventive Services Task Force (USPSTF) for the early detection of lung cancer for high-risk people who smoke or have smoked.

ACCC is a membership organization whose members include hospitals, physicians, nurses, social workers, and oncology team members who care for millions of patients and families fighting cancer. ACCC's more than 1900 member institutions and organizations, when combined with our physician membership, treat 60 percent of all U.S. cancer patients.

Lung cancer is the leading cause of all cancer deaths in both the general and Medicare populations. According to SEER data, 60% of new cases are diagnosed between the ages of 65-84 and the vast majority of those are diagnosed at late stage. The cost of treating late stage lung cancer is twice as much as early stage and is almost inevitably futile. The Medicare population bears the brunt of this.

The USPSTF awarded a B grade to annual lung cancer screening for a defined population between ages 55 and 80 who are either current heavy smokers or former heavy smokers who have quit within the past 15 years. By operation of the Affordable Care Act, this B grade means that lung cancer screening is now an "Essential Health Benefit" -- at least for some of the defined population.

The Essential Health Benefit designation means that most Americans between ages 55 and 64 who purchase health care coverage through private plans will soon have coverage for this new life saving benefit. Such coverage will be offered without a co-payment. However, because the Affordable Care Act does not statutorily mandate CMS coverage of Essential Health Benefits, such screening will not be automatically covered in the Medicare Population, notwithstanding the fact that people 65-80 years of age were specifically included in the favorable USPSTF recommendation.

We urge CMS to reimburse lung cancer screening in Medicare population as included in the USPSTF recommendation. Such coverage is reasonable and appropriate for the Medicare population. It is indisputable that the risk for lung cancer increases with age. The median age for lung cancer diagnosis is 70 years old. Many of those diagnosed have already heeded the call to quit. In the vast majority of cases, when lung cancer is diagnosed, it has already spread. There is still no cure for lung cancer at advanced stage. However, when lung cancer is found early and localized, it can be surgically removed and survival rates increase dramatically. This is what makes lung cancer screening such a life saving tool. It shifts the stage of diagnosis and increases survival rates as a result.

Concerns have been raised regarding co-payments and cost sharing associated with pre-screening consultations with physicians where the benefits and risks of lung cancer screening are discussed and appropriateness of such screening for a specific patient is determined. Given that lung cancer screening is only recommended for a specific target population, our expectation would be that such consultation be considered integral to responsible screening. As such, we would urge CMS to include specific reimbursement for such a consultation again, without co-payments or cost-shares that would create barriers to access for many patients.

The coverage of both screening and consultation without patient co-pay is vitally important especially now, and many ACCC member institutions are in development of multidisciplinary lung cancer screening programs. Many cancer centers hold lung cancer screening outreach events, or are expanding their screening capabilities. Having the knowledge that many patients will not be billed for these services will go a long way for both patients and providers alike. In the past year, ACCC has held webinars and educational sessions about lung cancer screening programs and a common theme throughout is the patient financial responsibility. This is clearly a concern for providers, and positive coverage will go a long way to solving this issue.

Lung cancer screening's lifesaving benefit will be equitably available to seniors only if Medicare covers it. Without coverage, many health facilities cannot offer lung cancer screening. Those facilities that do offer it will have no choice but to

require seniors to pay for it out of pocket. For many seniors who live on fixed incomes, this would leave screening out of their reach.

We urge you to include this preventive service as a covered benefit under Medicare.

Respectfully,

A handwritten signature in cursive script that reads "Virginia T. Vaitones".

Virginia T. Vaitones, MSW, OSW-C
President
Association of Community Cancer Centers