



ACCC PRINCIPLES FOR DRUG, DIAGNOSTICS, and BIOMARKER REIMBURSEMENT

BACKGROUND: ACCC members provide cancer care in practices and hospitals that are both private and nonprofit and academic and community-based. The diversity of our membership uniquely positions ACCC to effectively engage with policymakers in dialogues about the need for reforms to reduce out-of-pocket costs for prescription drugs and drugs administered in practices, clinics, and hospitals.

ACCC believes that to improve the current treatment options available for patients at the lowest cost without decreasing access to care, the following principles should be taken into consideration:

- Any discussion about changing the current structure for reimbursing drugs or diagnostic tests in the U.S. must not come at the cost of reimbursement to providers who prescribe, manage, or administer drugs or diagnostic tests. The cost of overhead, staff salaries, new technologies, patient care coordination, and adequate staffing structure require sufficient reimbursement from payers so patients with cancer can receive comprehensive care for their diagnoses.
- Congress should not propose any drug pricing mechanism or reduction in diagnostic testing reimbursement that would limit beneficiary access to therapeutics or diagnostic tests shown to be the most effective for a given cancer. Access to innovative new cancer therapies—particularly immunotherapies and cellular therapies—is crucial for improving patient outcomes.
- Before implementing any proposed model for reimbursing drugs or diagnostic testing (inclusive of biomarker and genetic testing) that can potentially impact oncology programs and practices financially, payers should give providers and administrators adequate time to sufficiently prepare for such proposals and protect against any negative impact to patients. Payers should not make mandatory any suggested pilots or demos.
- Reimbursement for drug administration, diagnostic testing, or biomarker testing should not be unfairly reduced for smaller community and/or rural oncology programs and practices. Any proposals should support small community oncology programs and practices to prevent limiting access to care for beneficiaries.

Any proposed changes in reimbursement for drugs, diagnostics, and biomarker testing should decrease health inequities and not negatively impact the ability of cancer programs and practices to provide necessary supportive care services for potentially disadvantaged patients.

Please visit acc-cancer.org/advocate for additional policy and advocacy information for the cancer care community.

Request: As Congress, the Health Resources & Services Administration (HRSA), and the Centers for Medicare & Medicaid Services (CMS) work to consider reforms to drug pricing and consider changes to the reimbursement of diagnostics and biomarker testing, the Association of Community Cancer Centers requests that no proposed, modeled, or implemented reimbursement plan negatively impact patient access to care and/or the ability of oncology programs and practices to provide quality cancer care to any patient in need, particularly patients from disadvantaged populations in which health disparities can create poor health outcomes.