

COA Statement on Destructive 2023 Physician Fee Schedule and Hospital Outpatient Prospective Payment System Final Rules

CMS Will Grossly Overpay Large 340B Health Systems While Devastating Independent Practices and Small Rural and Urban Hospitals

WASHINGTON, DC, UNITED STATES, November 2, 2022 /EINPresswire.com/ -- Statement from Ted Okon, Executive Director, Community Oncology Alliance:

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Ted Okon, COA

The 2023 Medicare Physician Fee Schedule and Hospital Outpatient Prospective Payment System final rules show a complete disregard of the law by the Centers for Medicare and Medicaid Services (CMS) and abdication of duty to what is right for our nation’s health care system and patients.

Just as President Biden seeks to make major efforts to reduce health care spending and lower the price of drugs, it is unbelievable that his administration will grossly overpay large health systems abusing the 340B Drug Pricing Program, which will cost Medicare seniors more out-of-pocket for their Medicare Part B drugs.

CMS’ decision to increase paying 340B hospitals at inflated Average Sales Price (ASP) + 6% is arbitrary and capricious, and a clear violation of the Administrative Procedure Act. In fact, the Supreme Court decision CMS points to specifically validates the ability of the agency to use hospital survey data to set more appropriate reimbursement rates. CMS already has survey data and even went into detail in the 2021 proposed payment rule that they should be paying 340B hospitals at ASP – 28.7%.

Every patient, employer, and taxpayer besieged by high health care costs should be outraged by CMS decisions in these final rules. We are all being abused by 340B hospitals whose own data shows them [marking up pricey cancer drugs five times their costs](#) and continue to be [exposed as abusers of a public program](#) meant to help poor patients

Even more shocking is that, because of budget neutrality requirements, CMS’ decision will result

in [reduced payments to 80% of all hospitals](#), including those small urban and rural hospitals that are struggling to keep their doors open. How do the final rules released today make our health care system better or stronger? And how will they impact patient access to care in underserved communities? They won't. They will increase drug costs and further reduce access to independent community physicians.

Adding insult to injury, the final Physician Fee Schedule retains the significant cut in payments for medical oncology, radiation treatment, and diagnostic imaging. This is even though independent providers are proven to be the lower cost site of service for health care and should be supported by CMS, not punished while coming out of the pandemic and facing record setting inflationary pressures. It is becoming increasingly clear that the current CMS is out to obliterate independent medical practice in favor of large health systems, especially those with 340B that grossly overcharge patients for their drugs.

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About the Community Oncology Alliance: COA is a non-profit organization dedicated to advocating for community oncology practices and, most importantly, the patients they serve. COA is the only organization dedicated solely to community oncology where the majority of Americans with cancer are treated. The mission of COA is to ensure that patients with cancer receive quality, affordable, and accessible cancer care in their own communities. More than 5,000 people in the United States are diagnosed with cancer every day and deaths from the disease have been steadily declining due to earlier detection, diagnosis, and treatment. Learn more at www.CommunityOncology.org. Follow COA on Twitter at [www.twitter.com/oncologyCOA](https://twitter.com/oncologyCOA) or on Facebook at www.facebook.com/CommunityOncologyAlliance.

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