

# Congress Must Act Now to Avert Physician Pay Cuts and Start Major Action to Curb PBM Abuses

*Statement from Ted Okon, executive director, Community Oncology Alliance (COA)*

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EINPresswire.com/ -- The Community Oncology Alliance (COA) implores Congress to pass the continuing resolution (CR) to keep the government funded, while also averting damaging Medicare payment cuts, extending critical telehealth flexibilities, and starting to curb pharmacy benefit (PBM) abuses. This will set the stage for Congress to dig in next year to meaningfully work on much-needed health care reform because medical costs for Americans are out of control and quality is suffering.



## Medicare Physician Fee Schedule

COA appreciates the effort of Congress in the CR to partially avert draconian Medicare physician payment cuts that are forcing independent physicians to either retire or be employed by costly hospital systems. Failure to at least soften the blow from payment cuts will be tragic, increase costs, and cause access problems for seniors in finding a physician. Year after year, Medicare payment cuts push independent medical practices to the financial brink as they are unable to make projections for the coming year. In oncology, payments for essential cancer care services have long [fallen behind inflation by at least 28%](#). The annual trend of placing a "band-aid" on CMS' cuts is needed more than ever, but next year Congress must work to arrive at a permanent solution before it is too late.

Telehealth

One of the lessons that the COVID public health emergency (PHE) taught us was the vital role that telehealth plays in medical treatment. COA commends Congress for extending critical telehealth flexibilities in the Medicare program through 2026. These provisions have been a lifeline for patients with cancer and other serious diseases, improving continuity of care, and helping overcome barriers like travel, illness, and mobility issues. We urge Congress to make these flexibilities permanent to support patient-centered care in an increasingly digital world.

### Pharmacy Benefit Managers

After years of PBM abuses that have fueled medical costs and diminished the quality of care, Congress has finally taken the first meaningful steps to halt key PBM abuses, including but not limited to ensuring that plan sponsors must contract with “any willing pharmacy” under reasonable and relevant terms, delinking rebates from drug prices, mandating that PBMs pass through 100% of drug discounts and rebates to health plans, and requiring complete PBM transparency on drug pricing, formulary design, and other critical information that PBMs guard. These reforms are a significant initial blow to PBM profiteering and we applaud Congress for taking this bipartisan step to end PBM abuses. COA will continue fighting to ensure full transparency and end PBM/insurer ownership of pharmacies.

### Cancer Drug Delivery

Finally, despite overwhelming significant bipartisan support, COA is deeply disappointed that Congress did not take action to end CMS harmful restrictions on delivering or allowing caregiver pickup of cancer drugs and other critical medications (H.R. 5526). CMS is punishing vulnerable seniors, particularly those in rural areas, who may be too sick to travel. Ironically, this failure only strengthens PBMs and mail-order specialty pharmacies, who profit off these harmful policies. The incoming Congress must act immediately to correct this and ensure patients get their life-saving treatments when they need them, not when it’s convenient for PBMs and their monopolistic partners.

COA supports immediate passage of the CR and health care provisions because, although some believe these will increase costs, this legislation is an important first step in actually controlling medical costs, while increasing the quality of care.

COA looks forward to collaborating closely with the 119th Congress and the incoming Trump administration to tackle these critical health care issues. While we’ve made progress, much remains to be done, including permanently fixing the Medicare physician fee schedule, eliminating prior authorization abuses, achieving site-neutral payment reforms, fixing the broken 340B program, and ending CMS drug delivery restrictions. The fight for patients with cancer and the practices that serve them continues, and we will not rest until meaningful, lasting reforms are enacted.

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About the Community Oncology Alliance (COA): The Community Oncology Alliance 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 1.5 million people in the United States are diagnosed with cancer each year and deaths from the disease have been steadily declining due to earlier detection, diagnosis, and treatment. Learn more about COA at [www.communityoncology.org](http://www.communityoncology.org).

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