

Community Oncology Alliance Releases Prescription for Health Care Reform 2.0

Updated Framework Outlines Policy Solutions to Restore Competition, Lower Costs, and Protect Patient Access

WASHINGTON, DC, UNITED STATES, April 29, 2026 /EINPresswire.com/ -- The Community Oncology Alliance (COA) announced today the release of the [COA Prescription for Health Care Reform 2.0](#), an updated and expanded legislative framework examining the root causes of dysfunction in the United States health care system and outlining the policy solutions needed to restore competition, lower costs, and protect patient access.

Building on the first COA Prescription for Health Care Reform, the updated report reflects changes in the legislative and regulatory landscape, as well as new research and evidence that affects how policymakers address the issues facing patients and providers.

Each section of the COA Prescription for Health Care Reform 2.0 focuses on a critical aspect of reform. While the framework is rooted in the experience of independent community oncology practices, the systemic issues it addresses, including consolidation, inequitable payment structures, workforce shortages, escalating costs, and access barriers, affect the broader health care system.

Structured as a five-part plan, each section of the COA Prescription for Health Care Reform 2.0 diagnoses a core problem and outlines legislative and regulatory solutions to restore competition, stabilize the care delivery system, and better protect patients. These include:



1. **Hospitals and Health System Consolidation:** The current regulatory system has allowed hospitals to consolidate into large health systems that raise costs, reduce provider choice, and limit competition. Reform must begin with site-neutral payment policies to create fairer reimbursement, stronger 340B Drug Pricing Program participation and transparency requirements to ensure discounts reach patients, closer scrutiny of nonprofit hospital status, and limits on aggressive debt collection practices.
2. **Insurance and Pharmacy Benefit Manager (PBM) Consolidation and Market Dominance:** Recent federal action has begun to expose PBM market manipulation, but more must be done. Policymakers can build on that progress by closing transparency loopholes, prohibiting pharmacy ownership by insurers and PBMs, addressing overuse of prior authorization, and protecting patients and independent providers and pharmacies from anticompetitive steering and coverage practices.
3. **Fixing Physician Reimbursement and Workforce Shortages:** Outdated Medicare reimbursement models continue to threaten the viability of independent medical practices, making it harder for them to provide care and recruit staff. The Centers for Medicare and Medicaid Services (CMS) and Congress should halt further Medicare Physician Fee Schedule (MPFS) cuts, align reimbursement updates with inflation, eliminate payment sequestration, expand residency positions supported by Medicare and create stronger incentives for physicians to practice in rural and underserved areas.
4. **Ensuring Access to Oncology Therapies (Drugs):** Community oncology practices face steadily increasing drug costs, chronic shortages of key therapies, and instability in the biosimilars market. Policymakers should incentivize domestic drug manufacturing, stabilize generic sterile injectable and biosimilar pricing, and address the harmful unintended consequences of Medicare price negotiations under the Inflation Reduction Act (IRA) that could reduce access to care for patients.
5. **Modernizing Structural CMS Medicare Policies:** Current Medicare policies were created for a health care system that no longer exists. Congress should protect patients' ability to receive physician-dispensed drugs by courier or mail, hold CMS to account when responding to regulatory noncompliance, strengthen oversight of Medicare Part D, and reevaluate the role of the Center for Medicare and Medicaid Innovation (CMMI) in light of evidence showing its models are failing to support patients and independent practices.

"Independent physician practices need immediate action from Congress and CMS," said Ted Okon, executive director of COA. "The regulatory, legislative, and market forces aligned against independent cancer care providers can be countered by implementing the fixes found in the Prescription 2.0 to create a health care system with lower costs for all, a more competitive landscape, and better outcomes for patients."

While the framework is grounded in the experience of community oncology, the policy problems it addresses extend well beyond cancer care. Oncology provides a clear view into the broader failures of the health care system because it touches nearly every part of care delivery, from physician reimbursement and drug pricing to payer interference and access barriers. Drawing on more than two decades of experience representing independent community oncology, COA

developed this updated Prescription to help policymakers address those challenges across the health care system.

Read the full COA Prescription for Health Care Reform 2.0 at <https://mycoa.communityoncology.org/education-publications/report/coa-prescription>

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About the Community Oncology Alliance

The Community Oncology Alliance (COA) is a nonprofit 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. Learn more about COA at www.communityoncology.org.

Drew Lovejoy
Community Oncology Alliance
info@coacancer.org

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