

Community Oncology Alliance Backs Major Hospital Payment Reforms in 2027 OPPS Proposed Rule

Urges CMS to Finalize 340B Payment Reform, Expand Site-Neutral Policies, and Strengthen Hospital Price Transparency

WASHINGTON, DC, UNITED STATES, August 24, 2026 /EINPresswire.com/ -- The Community Oncology Alliance (COA) has [submitted comments](#) to the Centers for Medicare & Medicaid Services (CMS) on the Calendar Year 2027 Hospital Outpatient Prospective Payment System (OPPS) proposed rule, supporting major reforms to hospital payment and price transparency.

COA strongly supports CMS' proposal to rebalance Medicare payment for drugs acquired through the 340B Drug Pricing Program, while also urging the agency to expand clinically appropriate site-neutral payment and strengthen hospital price transparency requirements.

Under the proposed OPPS 340B policy, CMS would pay hospitals for 340B-acquired drugs at Average Sales Price (ASP) minus 33.4 percent, based on the agency's 2026 hospital acquisition-cost survey. Hospitals currently receive ASP plus 6 percent even when they acquire drugs at steep 340B discounts, allowing some large, high-volume hospital systems to retain substantial margins between acquisition cost and Medicare reimbursement.

COA said the proposal would better align Medicare payment with actual hospital drug costs, reduce beneficiary cost sharing, and redistribute Medicare dollars across the broader hospital outpatient system.



Community Oncology Alliance Logo

A [recent Avalere analysis](#) found that, because of required budget-neutrality, 78 percent of OPPS hospitals would receive a net payment increase due to the 340B drug payment rebalancing. Rural hospitals would see an average increase of 3.4 percent, while hospitals with fewer than 100 beds would see an average increase of 7.0 percent.

“CMS has put forward a very commonsense rebalancing of Medicare profits from 340B drugs,” said Ted Okon, executive director of COA. “Seniors should not be paying cost sharing based on inflated drug reimbursement when a hospital acquired that drug at a steep discount. Correcting that policy can reduce costs for beneficiaries while redirecting Medicare dollars to smaller, rural, and community hospitals that are under tremendous financial pressure.”

COA's 2027 proposed OPPS comments focus on three major areas:

1. Finalize acquisition-cost-based payment for 340B drugs. COA supports ASP minus 33.4 percent with no add-on payment for 2027 and future years. We support a targeted exemption for rural, sole community hospitals because of their distinct access and financial challenges.
2. Expand clinically appropriate site-neutral payment. COA supports applying Physician-Fee-Schedule-equivalent rates to imaging without contrast in excepted off-campus hospital departments and urges CMS to identify additional services and locations suitable for payment alignment, with appropriate rural and access safeguards.
3. Make hospital price transparency truly usable for cancer patients. COA recommends standardized payer and plan identifiers along with structured reporting in common downloadable shoppable-services file for every hospital. CMS should add infusion administration, PET/CT imaging, and tumor genomic-sequencing panels to its list of shoppable services.

“For people facing cancer, affordability, access, and information all matter,” said Debra Patt, MD, PhD, MBA, FASCO, president of COA. “Patients should be able to understand what their care may cost, compare options where appropriate, and receive high-quality treatment in the setting that best meets their needs. These reforms can help move Medicare in that direction.”

COA thanked CMS for addressing longstanding structural problems in hospital payment and urged the agency to finalize the 340B payment correction, continue advancing clinically appropriate site-neutral policies, and strengthen hospital price transparency in the final 2027 OPPS rule.

Read the full comment letter here:

<https://mycoa.communityoncology.org/publications/comment-letters/coa-comments-on-medicare-program-calendar-year-2027-proposed-hospital-outpatient-prospective-payment-and-ambulatory-surgical-center-payment-systems-and-quality-reporting-programs-etc>

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About the Community Oncology Alliance

The Community Oncology Alliance (COA) is a nonprofit organization dedicated to ensuring that patients have access to the highest-quality, most affordable, cutting-edge cancer care close to home. COA is the only national organization focused exclusively on community oncology, where the majority of Americans with cancer receive treatment. Through policy, advocacy, and community, COA works to support independent community oncology practices and advance access to high-quality cancer care for patients nationwide. Learn more at www.communityoncology.org.

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