September 6, 2016

Andrew Slavitt
Acting Administrator
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244

Re: CMS-1656-P

Dear Acting Administrator Slavitt:

The American Lung Association appreciates the opportunity to submit comments with regard to the Centers for Medicare & Medicaid Services (CMS) Hospital Outpatient Prospective Payment System (OPPS) proposed rule.

The American Lung Association is the leading organization working to save lives by improving lung health and preventing lung disease through education, advocacy and research. The organization represents lung disease patients, their families, loved ones and caregivers.

During 2016, an estimated 224,390 new cases of lung cancer are expected to be diagnosed.[1] The American Lung Association acknowledges that Medicare is a major payer for lung cancer treatments. Lung cancer accounts for about one in six new cancer cases among the elderly.[2] Lung cancer is the leading cause of cancer deaths in those over age 65, accounting for 29 percent of all cancer deaths in this age group.[3] At least 8.6 million Americans are considered high risk for lung cancer and are recommended to receive screening with low-dose computed tomography (LDCT).[4] Early detection by LDCT screening among the high risk population can decrease their lung cancer mortality by 14%. [5, 6]

The proposed rule significantly reduces reimbursement for lung cancer screening counseling visits and lung cancer screening in hospital outpatient settings for calendar year 2017, by 64 percent and 44 percent, respectively. The American Lung Association is

deeply concerned that this reduction will have a negative impact for thousands of people who are at risk for lung cancer and who would greatly benefit from the preventive services that CMS aims to restructure payments on. These preventive services provide an opportunity for early diagnosis and better treatment options that has been proven to save lives.

The Lung Association strongly urges CMS to address our concerns regarding the negative impact on access to care and quality of care, and to reconsider the proposed rule.

Cost Reporting

Medicare began to cover annual LDCT screening only as of February 2015. In light of this new preventive service offered for Medicare beneficiaries, providers who administer such services may still be determining adequate and appropriate cost tracking and reporting methodologies to adequately assess the actual costs associated with these services.

Because the information gathered thus far is only reflective of the initial year of administering lung cancer screening, the American Lung Association strongly recommends that CMS not make any revisions to current reimbursement rates but instead urges CMS to allow further data to be collected over a longer period of time that will allow for a more comprehensive understanding of costs. This would provide more adequate determinations and justifications toward achieving reimbursements that are more accurately reflective of actual costs.

Patient Access to Care

The American Lung Association is concerned that reductions in reimbursement for both lung cancer screening counseling visits and lung cancer screenings will negatively impact the availability and access to this important and potentially lifesaving preventive service for those who are at risk for lung cancer.

Lung cancer screening counseling visits offer an opportunity for the provider to adequately assess the patient's eligibility for lung cancer screening, discuss lung cancer screening benefits and risks, smoking cessation methods and the patient's treatment options. These visits provide the patient an opportunity to determine proper courses of treatment and healthy behavioral lifestyles which will positively impact and improve their health outcomes. Such shared decision making between patient and provider strengthens treatment adherence and coordination of care.

Lung cancer screening's availability and access to patients may be adversely impacted due to the proposed rule's payment reduction for the screening and the actual costs associated for providers or health care settings to administer the screening itself. In light

of our concerns surrounding the cost reporting data available at this time, the proposed rule's payment restructuring may dissuade either the continuation of currently administered lung cancer screenings or reduce the incentive for additional hospital outpatient settings to begin administering LDCT screenings. This is also likely to have a significant impact on various underserved and vulnerable communities that these hospital outpatient settings serve.

Patient Quality of Care

The American Lung Association is concerned that the patient's quality of care will be jeopardized because of the proposed rule's potential impact of reducing or limiting the availability and access to both lung cancer screening and counseling visits. If patients do not have access to preventive services which would otherwise provide early diagnosis and better treatment, then the lack of coordinated patient care will lead to poorer health outcomes.

Conclusion

The American Lung Association respectfully asks that CMS address our concerns on access to care and quality of care and strongly encourages CMS to reconsider the proposed payment restructuring because of the potential significant adverse impacts on Medicare patients, particularly those living with lung disease.

The American Lung Association appreciates the opportunity to submit our comments for the proposed Hospital OPPS rule.

Sincerely,

Harold P. Wimmer
National President and CEO

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[1] Siegel RL, Miller KD, Jemal A. Cancer Statistics, 2016. *CA: A Cancer Journal for Clinicians*. 2016:1-24.
[2] American Cancer Society. *Lifeline: Why Cancer Patients Depend on Medicare for Critical* Coverage. (2013) http://www.acscan.org/content/wp-content/uploads/2013/06/2013-Medicare-Chartbook-Online-Version.pdf Accessed August 25, 2016.
[3] *Id.* citing, National Center for Health Statistics. Prepared by the Surveillance and Health Services Research Program of the American Cancer Society, 2012.
[4] The National Lung Cancer Screening Trial Team. Reduced Lung-Cancer Mortality with Low-Dose Computed Tomographic Screening. NEJM, August 4, 2011; 365(5):395-409

[5] U.S. Preventive Services Task Force. Screening for Lung Cancer: U.S. Preventive Services Task Force Recommendation Statement. AHRQ Publication No. 13-05196-EF-3.
[6] Humphrey L, Deffebach M, Pappas M, Baumann C, Artis K, Priest Mitchell J, et al. Screening for Lung Cancer: Systematic Review to Update the U.S. Preventive Services Task Force Recommendation Statement. Evidence Synthesis No. 105. AHRQ Publication No. 13-05196-EF-1. Rockville, MD: Agency for Healthcare Research and Quality; 2013.