



Diplomates, American Board of Internal Medicine and Medical Oncology  
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November 3, 2005

The Honorable Heather Wilson  
Representative 1<sup>st</sup> District, New Mexico  
318 Cannon Building  
Washington, DC 20515-3101

Dear Heather,

Since you and I last corresponded and met here in Albuquerque, House Resolution 261 has cleared the house. Thanks for your support of this important resolution and we learned today that CMS will continue the demonstration project in a different format.

Within the past few weeks, Congressman Jim Ranstead (R. Minnesota) introduced the Community Cancer Care Preservation Act of 2005, HR4098, to the House of Representatives. We hope the HR4098 will accomplish the following:

1. Address the under reimbursement to practices because of the current ASP methodology. It is absolutely key, as you and I discussed when we met in Albuquerque this summer, that every cancer clinic in this country be able to buy drugs within the ASP + 6% guideline. HR4098 will reimburse community cancer clinics for pharmacy facilities at 2% of ASP, which is what CMS intends to pay outpatient hospital clinics that administer drugs. This is reasonable. As we discussed when we met, we utilize a pharmacist in our practice for our chemotherapy component. This is in the best interest of the patient from a safety standpoint and we believe represents good clinical practice.
2. Create guidelines for extending the demonstration project for quality assessment.

It's essential for the survival of community cancer clinics within the United States to have adequate reimbursement. Subsidization of Medicare patients by non Medicare patients cannot last very long. I know you are very interested in the Medicare patients receiving care within their home community and within the community cancer clinics. With your economic skills you might wish to look into the methodology for the ASP +6% calculation and see where it is flawed in regards to our New Mexico calculations.

Please support HR4098.

I'm writing to you as a representative of the New Mexico Society of Clinical Oncology and all of the oncologists in the state of New Mexico as well as our patients. I appreciate your continued attention to the details relative to Medicare reimbursement for cancer care.

The American Society of Clinical Oncology continues to update our members as to whether our membership can purchase drugs within ASP + 6%. I've not seen the most recent figures, but I can say from my own personal experience in our office, 40% of our individual drugs cannot be purchased for what Medicare reimburses us for these drugs. I don't believe we are different from other members within the state. There is no question, as I discuss this with colleagues around the state, it's becoming more difficult to justify treating Medicare patients within community cancer clinics. Unfortunately for some Medicare patients, they may end up traveling long distances to get the appropriate care. I really resent the Office of the Inspector General implying that in their study the majority of drugs

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can be purchased, in the small sample they looked at, for what Medicare reimburses. It's unacceptable if even one drug is not paid for adequately.

I would certainly appreciate having the opportunity to meet with you here in Albuquerque during the fall or winter when you return. I'm certain that with some lead time, other oncologists would be able to join the meeting.  
Sincerely,

Paul R. Duncan, M.D., FACP  
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