

Congress of the United States
Washington, DC 20515

September 6, 2016

The Honorable Sylvia Mathews Burwell
Secretary
Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

Mr. Andy Slavitt
Acting Administrator
Centers for Medicare and Medicaid Services
200 Independence Avenue, SW
Washington, DC 20201

Dear Secretary Burwell and Acting Administrator Slavitt:

We write to express our concern over the Centers for Medicare and Medicaid Services' (CMS) proposal to include cuts to lung cancer screening procedures in the Calendar Year (CY) 2017 Hospital Outpatient Prospective Payment System (HOPPS) Proposed Rule. In light of recent policy changes that would expand access to life-saving cancer screening services, we write to specifically raise concern that these proposed reimbursement cuts to screening services will only serve to undermine the recent progress made in this space, and respectfully request that CMS reconsider these proposed cuts.

As you well know, lung cancer remains the most deadly form of cancer in the United States, killing approximately 157,000 Americans annually. In fact, not only is lung cancer more deadly than breast, colon, and prostate cancer combined, it is also the leading cause of cancer death in every racial and ethnic group, as well as the leading cause of cancer-related deaths among women.

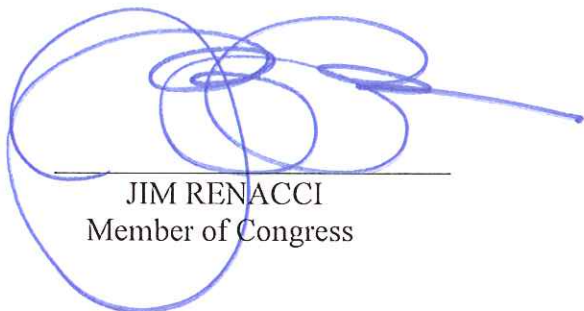
Included in the CY 2017 HOPPS Proposed Rule are provisions that would reduce payment for a lung cancer screening shared decision making visit (G0296), as well as the actual low-dose CT (LDCT) lung cancer screening method (G0297). It is our understanding that these changes will decrease payments for these procedures by 64 and 44 percent, respectively, relative to 2016 payment rates. As you know, a shared decision making visit for patients and physicians to engage in a one-time discussion regarding the importance of smoking cessation and recommended frequency of screening is required by CMS prior to receiving the initial CT scan.

These cuts coincide with recent efforts by the United States Preventive Services Task Force (USPSTF) and CMS to promote greater patient access to LDCT scans. In December 2013, USPSTF assigned a new, higher grade of "B" to annual LDCTs administered to asymptomatic patients who are at a high risk of developing lung cancer. Additionally, in February 2015 Medicare completed its National Coverage Determination (NCD) process and concluded that there is ample evidence for select Medicare beneficiaries to receive annual LDCTs scans to screen for lung cancer.

In June 2014, more than 140 Members of Congress signed a letter to the Department of Health and Human Services (HHS) urging CMS to expeditiously complete the NCD process and provide LDCT lung cancer screens to as many Medicare patients as possible. While we appreciate CMS's coverage decision, we are disappointed that these payment cuts were proposed after USPSTF and Medicare granted greater access to this important screening procedure and we want to ensure that the goal of increased access to lung cancer screenings is realized.

As Medicare and the health care delivery system place greater emphasis on preventive medicine and population screening in order to prevent further costs in the future, we urge you to consider the impact that these cuts may have on lung cancer screening and diagnosis. We appreciate your consideration of our concerns and look forward to your response.

Sincerely,



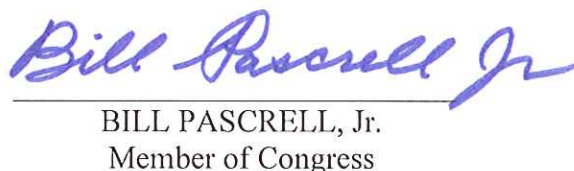
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Member of Congress



RICHARD NEAL
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CHARLES W. BOUSTANY, Jr., M.D.
Member of Congress



BILL PASCRELL, Jr.
Member of Congress