April 9, 2019

Seema Verma, Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Hubert H. Humphrey Building
200 Independence Avenue, SW
Washington, DC 20201

Dear Administrator Verma:

The undersigned organizations, representing providers and patient groups, are writing to express our concern that the current Medicare inpatient reimbursement for chimeric antigen receptor (CAR) T-Cell therapy is inadequate to protect patient access to this life-saving treatment and demonstrate that we are united in seeking potential solutions to improve this situation.

As a community of healthcare providers and advocates, we are working to provide patients and physicians with the information they require to make informed treatment decisions and access the next generation of cancer treatments safely and effectively. We are concerned that Medicare beneficiaries will continue to face barriers accessing CAR T-cell therapy unless providers are reimbursed equitably for this treatment. The current Medicare inpatient payment system does not adequately reimburse for variable patient care costs or the cost of the product itself. Providers currently bear the financial burden of providing this life-saving treatment to patients for whom this is a therapy of last resort as they have relapsed and failed previous treatments. At a time when access is a matter of life and death, there is no time to determine if their centers can withstand the associated financial losses of offering CAR T-cell therapy.

Due to these financial challenges, we are concerned that patient access to CAR T-cell therapy will be further limited as providers may be slow to become certified or to offer programs to patients. As fewer providers elect to offer CAR T-cell therapy, those delivering the treatment will face increased financial pressure and be forced to make difficult decisions based not on patient-centered care but on their capacity and reimbursement. Hospitals should not be placed in the position of artificially limiting the number of cancer patients treated with innovative therapies based upon financial and capacity issues rather than selecting treatments most likely to benefit individual patients.

Our organizations urge CMS to include policies in the FY 2020 Inpatient Prospective Payment System proposed rule to improve the reimbursement associated with delivering CAR T-cell therapy to patients. Specifically, we recommend that CMS implement a cost-to-charge ratio (CCR) CCR of 1.0 that would allow providers to report the actual product cost without markup. We also suggest that CMS increase the NTAP to eighty percent of the product cost, which would significantly improve reimbursement for centers without covering the cost of the therapy which CMS has previously declined to do. We are aware that the American Hospital Association has communicated similar recommendations on this issue.
Innovative treatments like CAR T-cell therapy are changing the way in which we think about cancer care and we are grateful for CMS’ commitment to ensuring that patients can access these therapies. We collectively ask that CMS act swiftly to ensure timely and appropriate reimbursement for CAR T-cell therapy and are committed to working with you to implement solutions that will ensure that Medicare beneficiaries benefit from this transformative treatment.

Sincerely,

American Society of Clinical Oncology
American Society of Gene & Cell Therapy
American Society of Hematology
American Society for Transplantation and Cellular Therapy
Cancer Support Community
Lymphoma Research Foundation
National Marrow Donor Program/Be the Match