



## Oncology Nursing Society

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### RE: ONS Comments on Most Favored Nation Model interim final rule with comment period (CMS-5528-IFC)

*Submitted electronically via regulations.gov*

Dear Administrator Verma:

The Oncology Nursing Society (ONS) writes in response to the recently released interim final rule containing the Most Favored Nation (MFN) Model (CMS-5528-IFC). Thank you for your continued commitment to lowering drug prices, as well as the opportunity to submit feedback on the MFN Model.

It is no secret that the cost of cancer care is prohibitively high. Indeed, these costs are so high that, years ago, cancer care providers such as ONS began referring to the cumulative effects of these costs as “financial toxicity.” Since oncology nurses are often the frontline providers having these conversations with patients, we are keenly aware of the very real impact that financial toxicity can have on health outcomes. While drugs are not the only driver of cost in oncology, they are a contributor.

As such, we support the concept of driving down Part B drug prices and are pleased to see CMS take such a bold step toward that goal. However, we hope that you will consider the following input before implementation of the MFN Model.

First, the rule states that a portion of the projected savings are attributable to beneficiaries no longer accessing their medicines via the Medicare benefit. In Part B, most beneficiaries have wraparound coverage. For beneficiaries who do not, the Model will presumably lower their out-of-pocket costs. This means that the loss of access predicted by CMS as a result of the Model cannot be the result of increased costs for beneficiaries. Rather, it is likely the result of loss of *places* in which to receive treatments such as infusions. Already, there is a documented trend towards consolidation among oncology providers.<sup>1</sup> Even if the Model can make drugs cheaper, accelerating closures and consolidation of oncology care providers will not benefit cancer patients. ***We urge you to include more robust safeguards to monitor and immediately remedy access issues for beneficiaries as a result of closures and consolidation among providers.***

Second, the Model was announced on November 20, 2020 and will go into effect on January 1, 2021, even though the comment period for the rule does not close until January 26, 2021 – almost a month *after* the Model will have gone into effect. This provides affected stakeholders little opportunity for meaningful input and does not allow practices much time to adjust to the new system. Given that the Model will apply nationwide, it is critical for cancer patients that we get this right. ***We urge you to delay rollout of the Model until after the comment period closes***, so that CMS can benefit from input by all affected stakeholders.

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<sup>1</sup> “What’s driving cancer clinics to close? Cuts to 340B, Medicare Part B, oncologists say” Advisory Board Daily Briefing (May 4, 2018).

ONS appreciates the opportunity to comment on these important issues, and we look forward to a continuing dialogue. If you have any questions about our comments, please contact Alec Stone, Public Affairs Director, at [astone@ons.org](mailto:astone@ons.org).

Sincerely,

The Oncology Nursing Society

***About ONS***

The Oncology Nursing Society (ONS) is a professional organization of over 39,000 registered nurses and other healthcare providers dedicated to excellence in patient care, education, research, and administration in oncology nursing. ONS members are a diverse group of professionals who represent a variety of professional roles, practice settings, and subspecialty practice areas. Oncology nurses are leaders in the healthcare arena, committed to continuous learning and leading the transformation of cancer care by advocating for high-quality care for people with cancer.