



Oncology Nursing Society

125 Enterprise Drive • Pittsburgh, PA 15275-1214
Toll Free: 866-257-4ONS • Phone: 412-859-6100 • Fax: 412-859-6165
help.ons.org • www.ons.org

November 27, 2023

Dr. Danielle Carnival
Coordinator, White House Cancer Moonshot
White House
1600 Pennsylvania Ave NW
Washington DC 20001

Dear Dr. Carnival,

Oncology nurses are privileged to support people with cancer through the entire cancer experience, from diagnosis and treatment into survivorship or as they face their end-of-life journey. As such, we are honored to participate in the President's Cancer Moonshot and welcome the opportunity to advance that initiative's goals through federal policy.

As you know, the Centers for Medicare and Medicaid Services recently released its final version of *CY 2024 Payment Policies under the Physician Fee Schedule and Other Changes to Part B payment and Coverage Policies*, which proposed reimbursement for Principal Illness Navigation (PIN) services. We are pleased to see CMS recognize the importance of navigation services for patients facing serious illness, particularly those with cancer, and those from traditionally underserved communities. However, we remain concerned that several provisions of this final rule may inadvertently hinder the Moonshot's goals.

Personnel Training. Under the final rule, persons providing navigation services must be certified or trained to provide all included PIN service elements and be authorized to perform them under applicable State law and regulations. In States that do not have applicable licensure, certification, or other laws or regulations, CMS proposed to require auxiliary personnel providing PIN services to be trained to provide them. In order to ensure that patients can fully benefit from these services, ONS proposes that navigators meet a minimum level of requirements, before beginning navigation-specific training which include:

- Holding an associate's or higher degree in a healthcare-related field;
- Having at least five years of experience in a healthcare setting; and,
- Possessing knowledge of:
 - Healthcare systems,
 - Medical insurance and pharmacy benefit plans, including knowledge of utilization management, step-therapy and prior authorization protocols,
 - Medicare coverage and benefits, and
 - Privacy and other relevant health laws.

Without these qualifications, navigators may not possess the necessary skills and knowledge to appropriately guide patients through an incredibly complex and fragmented healthcare system. This is especially true when a patient may require additional services, such as home care, transportation or other social services. We must ensure that those providing these critical services can do so in a way that best serves the needs of patients.

External Contracting. We are pleased to see CMS clarify that there must be “sufficient clinical integration” between a provider, a navigator and a patient. However, under this model, the billing practice will still need to ensure that services are being provided by the appropriate personnel and that documentation and other requirements are met. Outsourcing this service may also create more opportunities for patients to “fall through the cracks”, defeating the very purpose of navigation services.

Telehealth. We are disappointed that CMS did not allow for these services to be provided via telehealth, including audio-only telephone since many navigation services can be easily provided remotely. This may lead to a significant lack of access for those in rural areas, those with limited transportation options, or those with limited access to technology (be it from limited technology literacy or socioeconomic conditions) or, in the case of oncology patients, those with compromised immune systems. Requiring in-person visits may result in loss of wages from additional missed work, increased need for childcare and increased transportation costs, all of which may reduce a patient’s willingness to participate in these services. Navigation should ease the burdens of the cancer journey, not add to them. If patients are to fully benefit from navigation services, practitioners must have the option to provide them in a variety of settings.

Cost-Sharing. Finally, we must ensure that cost-sharing for navigation services does not present a financial barrier for patients, particularly those from lower-income backgrounds. Already, cancer patients and their families often must make treatment choices based on financial concerns, instead of purely medical ones. Any additional costs for navigation services will place them out of reach for those patients who need them most. We therefore propose that President Biden waive cost-sharing requirement for PIN services in Medicare in his Fiscal Year 2025 Budget Request.

We appreciate your consideration of how this proposal impacts cancer care, and we look forward to working with you to ensure that all cancer patients receive the specific care they need. Should you need more information, please contact Jaimie Vickery, ONS Director of Government Affairs and Advocacy at jvickery@ons.org.

Sincerely,



Dayna Gardner, PhD, RN, NPD-BC, OCN®, CCRN-K
President, Oncology Nursing Society



Brenda Nevidjon, MSN, RN, FAAN
CEO, Oncology Nursing Society

About ONS The Oncology Nursing Society (ONS) is a professional organization of over 35,000 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.