

## ONCOLOGISTS WANT CMMI GUARDRAILS ADDED TO EXTENDERS PACKAGE

The Community Oncology Alliance (COA) is pushing for passage this spring of a bipartisan House bill that would create guardrails on demonstrations from the Center for Medicare and Medicaid Innovation (CMMI). The alliance hopes the bill by Rep. Terri Sewell (D-AL) will be included in any deal on funding health extenders -- and possibly drug pricing and surprise billing measures -- this spring, and Sewell's office says it will try to get the bill included in whatever appears to be the most viable vehicle.

Sewell, along with Reps. Adrian Smith (R-NE), Tony Cardenas (D-CA), John Shimkus (R-IL), Brad Wenstrup (R-OH) and Kurt Schrader (D-OR) introduced the Strengthening Innovation in Medicare and Medicaid Act on February 3rd. The legislation would limit demonstrations to five years and keep CMS from putting more beneficiaries into a demonstration than are necessary to get a statistically viable sample -- a move COA Executive Director Ted Okon said could help protect against mandatory models, which the group has long cautioned against. Okon said those mandatory models can become an end-run around Congress.

Okon said including the bill in the expected health package in May is one of COA's priorities. At the end of last year, Congress funded the so-called health extenders through May 22, and lawmakers are attempting to pass drug pricing reforms along with surprise billing legislation before that funding runs out. Some see that package as the next legislative vehicle for health policy changes.

The bipartisan bill also would allow for hardship exemptions if mandatory demonstrations cause undue economic hardship for providers or suppliers, or a loss of access to a provider for vulnerable populations.

Mandatory CMMI demonstrations have been controversial, with the Obama administration laying out the first mandatory demos, which were pulled back under former Health and Human Services (HHS) Secretary Tom Price. HHS Secretary Alex Azar, however, reversed course and has unveiled multiple mandatory demonstrations. Some stakeholders have raised concerns that mandatory demonstrations amount to a policy change, and not really a true program test, especially if a large swath of affected beneficiaries or providers are included.

The legislation also would require HHS to develop and implement a plan to monitor the effect of a model on beneficiaries and mitigate negative impacts; create an expedited congressional disapproval process if lawmakers are against a demonstration; create a new process for public input including advance public notice and an opportunity for public comment on the establishment, testing, implementation, evaluation and expansion of a demonstration.

The bill would further require CMMI to consult with representatives at different federal agencies affected by the models, as well as analytical experts including those with expertise in minority, rural and underserved populations and the financial needs of safety net, community-based, rural and critical access providers.

Rep. Schrader's office said that while the bill is not a direct response to any particular model, there is room for improvement at CMMI and such improvements haven't been undertaken since the center's creation under the Affordable Care Act. ■