

HUFFPOST POLITICS

Sequestration Forces Cancer Clinic Patients To Travel Thousands Of Miles For Treatment

Posted: 04/09/2013 12:19 pm EDT | Updated: 04/09/2013 3:00 pm EDT

WASHINGTON -- Some cancer patients enrolled in clinical trials in rural areas will have to travel thousands of miles to continue their treatments as a byproduct of spending cuts brought on by the sequester.

Last week, [The Washington Post reported](#) that cancer clinics were starting to turn away Medicare patients because the cost of administering chemotherapy drugs had risen significantly under sequestration. Those patients were left seeking treatments at local hospitals that still had the capacity to provide care.

But the situation is much more complicated and dire when it comes to cancer patients taking part in clinical trials. Because those patients are part of small groups involved in drug development research, their options for supplemental care are limited. In some cases, cancer patients in rural areas may be forced to travel all the way across the country to get the treatment they need.

Devin Goodman, an administrator at Glacier Oncology in Kalispell, Mont., the last private cancer clinic in the state, told The Huffington Post that funding cuts from sequestration may make it too costly for patients undergoing clinical trials to continue chemotherapy there. Since a cancer care facility has to be approved for a clinical trial, the patients can't just go to the hospital in town. Instead, some may have to travel more than 2,000 miles to Washington, D.C., or Boston to continue treatment.

"You have to get that patient approved. You can't do it at any vendor," said Goodman. "These are cancer patients. It is not like they have a case of the flu or the sniffles or something. If they are on a clinical trial they are on the end of their rope. They don't have energy or resources. This is it for them. To put that burden on them is really absurd."

Similar complaints about sequestration from others in the health care community have piled up in recent days. Under the mandatory cuts, the federal government is effectively making cancer treatments prohibitively expensive for Medicare patients getting treatment at private cancer clinics. Before sequestration, Medicare reimbursed those clinics the cost of chemotherapy drugs (under Medicare Part B) at an average sales price, as well as a 6 percent reimbursement for administrative services. Sequestration cuts are being applied to both Part B and those service payments, which are being reduced to 4.3 percent. The end result, health care officials warn, is the equivalent of a 28 percent cut in Medicare reimbursement.

Sen. Barbara Mikulski (D-Md.) [warned about the effect](#) sequestration would have on the thousands of patients undergoing clinical trials before it was triggered in the beginning of March. Others warned that the cuts would dramatically harm local cancer clinics that serve Medicare patients across the country. Their concerns increasingly appear to be prescient.

The New Mexico Cancer Center in Albuquerque [said it might](#) have to end treatment for up to 300 Medicare patients because of sequestration.

At North Shore Hematology Oncology on Long Island, [5,000 Medicare patients were informed](#) that their

treatments could no longer be covered.

A cancer clinic in Charleston, S.C., is making plans to relocate Medicare patients. So to is one in Waco, Texas and Tampa, Fla.

For Glacier Oncology, the same situation is taking place. The clinic will have to turn away Medicare patients -- only a handful of whom are on clinical trials -- because the cost has become too expensive. Local hospitals will pick up the coverage, though more often than not, at a higher cost to the taxpayer. As Goodman notes, hospitals will get reimbursed by Medicare for services beyond the Part B drug coverage that private clinics bill.

But the effects of sequestration will likely be felt beyond the costs accrued by the health care industry.

"Am I going to have to fire a lot of staff? You bet," said Goodman. "I will have to cut way back on staff and overhead and the other vendors we use because my volume has plummeted because I can't treat these folks in house."

"We use local distributors for supplies," he said. "We are ordering from the local supply store. We use the local food supply person and we won't be able to do that anymore. So there is a lot of ripple effect downstream."

http://www.huffingtonpost.com/2013/04/09/sequestration-cancer-clinics_n_3045108.html