December 21, 2016

Andrew Slavitt
Acting Administrator
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244

Re: CMS-2016-26515

Dear Acting Administrator Slavitt:

The American Lung Association appreciates the opportunity to submit comments to the Centers for Medicare & Medicaid Services (CMS) regarding the final rule on the Medicare Hospital Outpatient Prospective Payment System (OPPS) and the Medicare Ambulatory Surgical Center (ASC) payment system. This set of comments from the Lung Association addresses reimbursement changes for lung cancer screening.

The American Lung Association is the leading organization working to save lives by improving lung health and preventing lung disease through education, advocacy and research. The organization represents lung disease patients, their families, loved ones and caregivers.

The American Lung Association had previously submitted comments in September 2016 surrounding the proposed reimbursement changes for both the shared decision-making session of low-dose computed tomography (LDCT) lung cancer screening (G0296), and the LDCT lung cancer screening (G0297). In our September 2016 comments, the Lung Association expressed our deep concern of significant adverse impacts on patient access to care that may result as a consequence of the proposed reimbursement reductions.

The Lung Association acknowledges CMS' slight payment increase for G0296 (in comparison to 2016 rates), as described in the final rule. However, we continue to be deeply concerned that the significant reduction in payments for G0297 will have a negative

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impact for people who are at risk for lung cancer and who would greatly benefit from preventive services.

During 2016, an estimated 224,390 new cases of lung cancer are expected to be diagnosed.[1] The Lung Association recognizes that Medicare is a major payer for lung cancer treatment and screening. Lung cancer accounts for about one in six new cancer cases among the elderly.[2] Lung cancer is the leading cause of cancer deaths in those over age 65, accounting for 29 percent of all cancer deaths in this age group.[3] An estimated 8.6 million Americans are considered high risk for lung cancer and are recommended to receive screening with low-dose computed tomography (LDCT).[4] Patients eligible for lung cancer screening are between the ages of 55-77. Early detection by LDCT screening among the high risk population can decrease their lung cancer mortality by an estimated 14 percent - 20 percent. [5, 6]

The American Lung Association strongly reiterates that this payment reduction for lung cancer screening may dissuade the continuation of currently administered lung cancer screenings programs and reduce the incentive for additional hospital outpatient settings to begin administering LDCT screenings. This would severely impact the underserved and vulnerable communities who rely on hospital outpatient settings. Lung cancer screening provides a critical opportunity for early diagnosis and better treatment options that has been proven to save lives.

The American Lung Association respectfully appreciates the opportunity to submit our comments for the final rule on the OPPS and ACS payment systems. The Lung Association strongly urges CMS to address our concerns by ensuring that appropriate measures will be enforced to safeguard patient access to quality care and life-saving screenings.

Sincerely,

Harold P. Wimmer
National President and CEO

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[1] Siegel RL, Miller KD, Jemal A. Cancer Statistics, 2016. *CA: A Cancer Journal for Clinicians*. 2016:1-24.
[2] American Cancer Society. *Lifeline: Why Cancer Patients Depend on Medicare for Critical* Coverage. (2013) http://www.acscan.org/content/wp-content/uploads/2013/06/2013-Medicare-Chartbook-Online-Version.pdf Accessed August 25, 2016.
[3] *Id.* citing, National Center for Health Statistics. Prepared by the Surveillance and Health Services Research Program of the American Cancer Society, 2012.

[4] The National Lung Cancer Screening Trial Team. Reduced Lung-Cancer Mortality with Low-Dose Computed Tomographic Screening. NEJM, August 4, 2011; 365(5):395-409
[5] U.S. Preventive Services Task Force. Screening for Lung Cancer: U.S. Preventive Services Task Force Recommendation Statement. AHRQ Publication No. 13-05196-EF-3.
[6] Humphrey L, Deffebach M, Pappas M, Baumann C, Artis K, Priest Mitchell J, et al. Screening for Lung Cancer: Systematic Review to Update the U.S. Preventive Services Task Force Recommendation Statement. Evidence Synthesis No. 105. AHRQ Publication No. 13-05196-EF-1. Rockville, MD: Agency for Healthcare Research and Quality; 2013.