



**ASSOCIATION CHAIR
OF THE BOARD**

Lori J. Pierce, MD, FASTRO, FASCO

ASSOCIATION TREASURER

Jason R. Westin, MD, MS, FACP

ASSOCIATION DIRECTORS

Ethan M. Basch, MD, MSc, FASCO

Elizabeth A. Mittendorf, MD,
PhD, MHCM, FASCO

Xylina T. Gregg, MD

Lynn M. Schuchter, MD, FASCO

Michael A. Thompson, MD,
PhD, FASCO

Everett E. Vokes, MD, FASCO

Eric P. Winer, MD, FASCO

NON-VOTING DIRECTOR

Chief Executive Officer

Clifford A. Hudis, MD,
FACP, FASCO

June 27, 2022

Chiquita Brooks-LaSure
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-4199-P
P.O. Box 8013
Baltimore, MD 21244-4199

Submitted Electronically at www.regulations.gov

Re: Medicare Program; Implementing Certain Provisions of the Consolidated Appropriations Act, 2021 and other Revisions to Medicare Enrollment and Eligibility Rules (CMS-4199-P)

Dear Administrator Brooks-LaSure,

I am pleased to submit these comments on behalf of the Association for Clinical Oncology (ASCO) in response to the Implementing Certain Provisions of the Consolidated Appropriations Act, 2021 proposed rule published in the Federal Register on April 27, 2022.

ASCO is a national organization representing nearly 45,000 physicians and other health care professionals specializing in cancer treatment, diagnosis, and prevention. We are also dedicated to conducting research that leads to improved patient outcomes, and we are committed to ensuring that evidence-based practices for the prevention, diagnosis, and treatment of cancer are available to all Americans.

* * * * *

In accordance with the Consolidated Appropriations Act, 2021 (CAA), CMS is proposing changes to Medicare enrollment policy such that Medicare Part A and Part B coverage would become effective sooner after an individual enrolls during the Initial Enrollment Period IEP, deemed IEP, or General Enrollment Period (GEP). Under current law,

- If an individual enrolls during any of the first three months of their IEP, coverage is effective the first month of eligibility (e.g., age 65).
- If an individual enrolls during their IEP in the month they become eligible, coverage is effective the month after they sign up.

- If an individual enrolls during any of the last three months of their IEP, coverage is effective 2-3 months after they enroll.
- If an individual enrolls during the GEP which runs from January 1st through March 31st every year, enrollments are effective July 1st.

ASCO supports CMS' proposal to effectuate coverage the month after Medicare enrollment when a beneficiary enrolls during the GEP or during any of the last three months of their IEP thereby eliminating the current delays in coverage.

The CAA gives the Secretary of the Department of Health and Human Services (HHS) the authority to establish new special enrollment periods (SEPs) for individuals who meet exceptional conditions. Each of these SEPs would allow individuals to enroll without waiting for the GEP. CMS has proposed the following SEPs:

- Individuals Impacted by an Emergency or Disaster
- Health Plan or Employer Error
- Formerly Incarcerated Individuals
- Coordinate with Termination of Medicaid Coverage
- Other Exceptional Conditions

ASCO supports CMS' proposal to establish SEPs that would provide individuals who meet certain exceptional conditions and who missed a Medicare enrollment period an opportunity to enroll without waiting for the GEP and without being subject to a late enrollment penalty (LEP).

ASCO is committed to supporting policies allowing individuals to access affordable insurance without interruption¹, and we agree with CMS that these proposals would likely increase access to continuous Medicare coverage.

ASCO believes that all eligible individuals should be able to apply, enroll in, and receive Medicare coverage benefits in a timely and streamlined manner that promotes equitable coverage, especially for individuals with a cancer diagnosis, or who are at increased cancer risk. Efforts to preserve access to health insurance, given the integral link to health care access, can improve cancer health outcomes.² Enrollment delays or restrictions result in disruptions in care, unanticipated treatment delay, and delays in screening and care, all of which are linked to worse cancer care outcomes. When patients are no

¹ <https://www.asco.org/sites/new-www.asco.org/files/content-files/2017-ASCO-Principles-Healthcare-Reform.pdf>

² Yabroff KR, Reeder-Hayes K, Zhao J, et al: Health insurance coverage disruptions and cancer care and outcomes: Systematic review of published research. J Natl Cancer Inst 112:671-687, 2020

longer able to access screening or other preventative care services, they may (knowingly or not) delay seeking treatment until their disease is at an advanced stage.³

We support CMS' proposal to include the SEPs listed above, and we applaud CMS for including the "Other Exceptional Conditions" SEP. This would allow CMS to grant SEPs on a case-by-case basis for unanticipated circumstances that could create a barrier to enrollment. CMS acknowledges that there is no way to predict the full range of circumstances that would warrant an SEP. We agree with CMS that this SEP is necessary to address the needs of beneficiaries with unique cases and to afford these individuals the opportunity to enroll in Medicare.

To prevent delays in coverage and protect access to life-saving cancer care we urge CMS to finalize these policies as proposed.

* * * * *

We appreciate the opportunity to comment on the Implementing Certain Provisions of the Consolidated Appropriations Act, 2021 proposed rule. Please contact Gina Hoxie (gina.baxter@asco.org) with any questions or for further information.

Sincerely,



Lori Pierce, MD, FASTRO, FASCO
Chair of the Board
Association for Clinical Oncology

³ Amini A, Jones BL, Yeh N, et al: Disparities in disease presentation in the four screenable cancers according to health insurance status. *Public Health*, 138, 50-56, 2016