



Written by [Brian Koenig](#) on April 4, 2013

Cancer Clinics Cite Sequester in Turning Away Medicare Patients

Cancer clinics across the United States are now turning away Medicare patients, the *Washington Post* [reports](#), citing the sequester budget cuts as the culprit to their financial woes and their inability to fund chemotherapy treatments. According to oncologists at these clinics, the reduced funding, which was activated for Medicare beginning April 1, makes it nearly impossible to provide costly chemotherapy drugs while remaining solvent financially.



“If we treated the patients receiving the most expensive drugs, we’d be out of business in six months to a year,” asserted Jeff Vacirca, CEO of North Shore Hematology Oncology Associates in New York. “The drugs we’re going to lose money on we’re not going to administer right now.”

Following an emergency meeting on Tuesday, Vacirca’s clinics resolved to terminate services for one-third of their 16,000 Medicare patients. “A lot of us are in disbelief that this is happening,” he affirmed. “It’s a choice between seeing these patients and staying in business.”

Regarding the sequester, lawmakers limited most of Medicare’s spending cuts to about [two percent](#), a sum significantly lower than cuts to other government programs. But because cancer medications must be administered by a physician, they are subsidized by the Medicare program that covers doctor visits and are impacted directly by sequestration.

The government generally compensates oncologists for the sales price of chemotherapy medications, in addition to another six percent to cover the costs of storing and administering the drugs. But physicians are now contending that the two-percent cut will be taken out of that six percent overhead. “When I look at the numbers, they don’t add up,” Ralph Boccia, director of the Center for Cancer and Blood Disorders in Bethesda, said in an interview with the *Post*. “Business 101 says we can’t stay open if we don’t cover our costs.”

While cancer patients who are turned away from local clinics can go to hospitals for chemotherapy services, this will cost the federal government approximately \$6,500 more each year than if the treatments were administered in a clinic. Moreover, Medicare patients, who must pay a portion of the overall bill, could pay an average of \$650 more in out-of-pocket costs.

While physicians and healthcare advocacy groups across the country are crying foul over the sequester, other critics insist that the federal government needs to scale back on the insurmountable dollar amount being funneled into the healthcare system. “I don’t think there was an intention to disrupt care or move it into a more expensive setting,” contended Cathy Schoen, senior vice president for policy and research at the The Commonwealth Fund, which recently released a proposal for slashing [\\$2 trillion in healthcare spending](#). “If that’s the case, we’re being penny-wise and a pound-foolish with these cuts.”

Of course, while the Obama administration and its Democratic allies continue to paint their doomsday scenarios of sequester, the cuts really only serve to slow the growth of federal spending and are a



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pittance compared to the overall budget. [According to](#) *The New American's* Chip Wood,

Thanks to the compromise Congress made last month to raise the debt ceiling, the actual cuts this year will be just \$85 billion. And they may be even lower than that trivial amount. Given a federal budget this year of \$3.6 trillion, we're talking about a measly 2.36 percent reduction.

Still, in an effort to "punish" Republicans for the sequester, President Obama swiftly decided to cancel all White House tours, as the administration advised in a [previous statement](#), "Due to staffing reductions resulting from sequestration, we regret to inform you that White House Tours will be canceled effective Saturday, March 9, 2013 until further notice. Unfortunately, we will not be able to reschedule affected tours."

Regarding the availability of chemotherapy treatments, and the alleged impact that the sequester is having on them, if federal budget cuts are the guilty party, one could only suggest that this form of medical rationing is only a precursor to America's future healthcare system — assuming the government fails to scale back its expanding role in funding and regulating the system.

ObamaCare gives the government more control over healthcare and it injects more taxpayer money into the industry. Consequently, the more that Washington takes control, the more perilous future budget cuts will actually be. One need only look at the single-payer healthcare systems in Canada and Great Britain, where healthcare rationing and interminable waiting lists are commonplace.

As *The New American* previously [reported](#):

The bureaucracy that envelops Britain's healthcare system has sparked an ethical dilemma, as the NHS [National Health Service] manipulates data and creates loopholes to comply with various requirements. Doctors have reported that sometimes they prioritize patients with minor ailments over life-threatening illnesses so they can reach government targets. For instance, with wait times for hip and knee replacement surgeries so steep, these patients are often treated before those needing urgent surgery, for operations such as artificial implantation and joint reconstruction.

Britain's National Audit Office (NAO) previously [investigated](#) 50 NHS trusts, involving 558 consultants, and discovered that more than half acknowledged that they had prioritized less critical medical procedures over urgent and more complex procedures. Hospitals found that by performing simpler operations waiting lists would diminish more rapidly, translating into better government treatment and possibly more funding.

Wait times for procedures in the United States versus Great Britain and Canada are widely divergent. While an American may wait a couple of days for an MRI, patients in Canada and Britain may still be on the list after several weeks or even months. Even for critical procedures such as neurosurgery and kidney dialysis, Canadian and British patients could wait months on end — a so-far unusual scenario in the United States.

But such horrific scenarios lie in America's future — that is, if the federal government continues to expand its already massive presence in the U.S. healthcare system. And if the sequester truly is responsible for diminishing chemotherapy treatments, then this only reveals the impact government interference can inflict on Americans' health and well-being.



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