

Congress of the United States

Washington, DC 20515

September 21, 2026

The Honorable Dr. Mehmet Oz
Administrator
Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services
200 Independence Avenue SW
Washington, DC 20201

Administrator Oz,

As Members of Congress, we are concerned that the proposed CMS fixed-dose combination policy for Initial Price Applicability Year 2029 could jeopardize access to innovative cancer treatments that our constituents rely on. We urge CMS to withdraw this proposal from the final rule.

Recent advances in immunotherapy have transformed what is possible for patients with lung, colorectal, kidney, skin, and other serious cancers. The progress made includes not only new medicines, but improvements in how proven treatments are delivered. In some cases, new subcutaneous therapies can replace lengthy intravenous (IV) infusions with a simple injection that takes only minutes to administer and may be available closer to home. Medicare policy should bolster, not stifle this important innovation.

If finalized the proposed fixed-dose combination policy would subject these advancements to negotiation almost immediately after FDA approval, harming patient access as well as incentives to develop these improved therapies.

The impacts of this policy are not abstract. As compared to subcutaneous treatments, infusion is more invasive, more time consuming, and more costly. Instead of a simple injection administered in a physician's office, IV treatments often necessitate a surgically imported port, and hours spent in an infusion chair in a hospital outpatient infusion center. Not only is this added burden on the patient, but Hospital-based IV administration services cost Medicare four times more than subcutaneous injection services.¹

¹ Centers for Medicare & Medicaid Services. Hospital Outpatient Prospective Payment System, 2026 Q2 Addenda B. Available [here](#). Calendar Year 2026 Medicare Physician Fee Schedule final rule, Addenda B. Available [here](#).

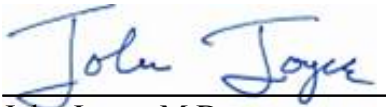
Especially for rural patients, where IV infusion can mean hours of travel to the nearest treatment site, access to innovative subcutaneous treatments represent a drastic improvement in quality of life and access to care. Patients fighting cancer deserve access to the most advanced new therapies, and if CMS finalizes this proposal those advances are less likely to reach those who need it the most.

FDA already evaluates these products as distinct medicines, approves them through separate BLAs, requires separate clinical trials, and recognizes their unique delivery mechanisms and benefits for patients. CMS policy should align with FDA's expert determination by considering these new treatments as different medicines for the purposes of Medicare price negotiation.

Developing a new formulation that makes treatment faster, easier, and less invasive takes years of research, clinical development, and investment. Patients benefit when companies continue improving therapies after initial approval. CMS's proposal if finalized would threaten that work and make future improvements less likely. In addition, CMS actuaries have not been able to show this policy would produce meaningful savings for taxpayers.²

We strongly urge CMS to withdraw the fixed-dose combination proposal from the final rule. The patients we represent need policies that expand access to lifesaving care and reward medical progress and innovation in the treatment of deadly diseases. For patients fighting cancer, this decision is urgent, personal, and consequential. CMS policy should pave the way, not hinder access to medical innovation.

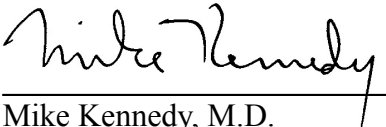
Sincerely,



John Joyce, M.D.
Member of Congress



Darin LaHood
Member of Congress

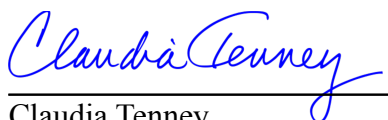


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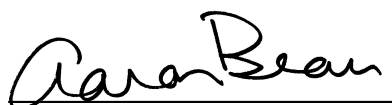
² Centers for Medicare & Medicaid Services. Medicare Drug Price Negotiation Program and Medicare Prescription Drug Benefit Program proposed rule. Available [here](#).



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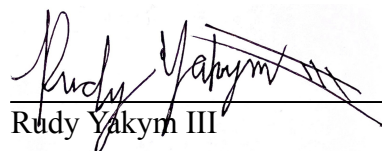
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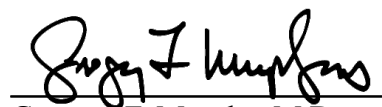
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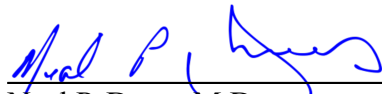
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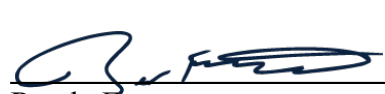
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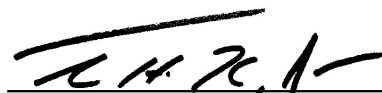
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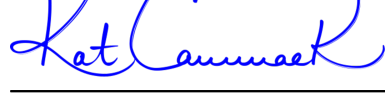
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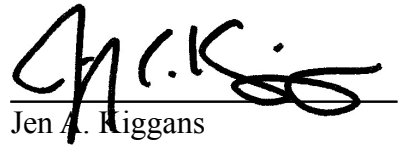
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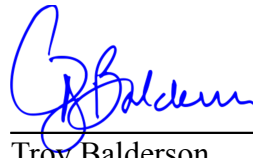
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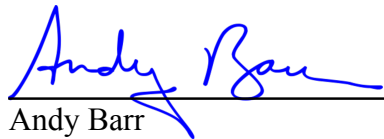
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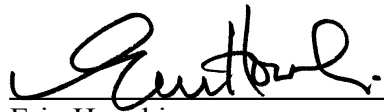
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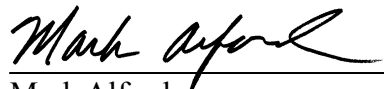
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