On October 29, the Centers for Medicare and Medicaid Services (CMS) issued a [proposed decision memo](https://www.cms.gov/medicare-coverage-database/details/nca-proposed-decision-memo.aspx?NCAId=280&bc=gIAAAAAAAgAAAA%3d%3d&) regarding Medicare coverage for allogeneic hematopoietic cell transplant (HCT) for three indications: Multiple Myeloma, Sickle Cell Disease and Myelofibrosis. We need the transplant, biomedical and lay community to share their comments with CMS. Your thoughts on these issues are crucial, both for these particular indications and for establishing precedent for how future transplant indications will be evaluated.

**How to submit a comment to CMS**

1. Review the [current proposed decision](https://www.cms.gov/medicare-coverage-database/details/nca-proposed-decision-memo.aspx?DocID=280&DocType=nca&DocName=Stem+Cell+Transplantation+%28Multiple+Myeloma%2c+Myelofibrosis%2c+and+Sickle+Cell+Disease%29&NCAId=280&bc=gIAAAAAAAgAAAA%3d%3d&) and the study requirements.
2. Go to the [CMS page](https://www.cms.gov/medicare-coverage-database/details/submit-public-comment.aspx?DocID=280&DocType=nca&DocName=Stem+Cell+Transplantation+%28Multiple+Myeloma%2c+Myelofibrosis%2c+and+Sickle+Cell+Disease%29&NCAId=280&bc=gIAAAAAAAgBAAA%3d%3d&) created for comments on this issue. You may either post your comment directly into the space provided or send an email to CAGinquiries@cms.hhs.gov with “CAG-00444R Proposed Decision for SCT” in the subject line. Attachments may only be submitted via email.
3. Provide your individual perspective on this issue as a transplant provider, researcher, or other stakeholder. Share the impact of the current coverage barriers and your concerns about how further administrative barriers may impact patients seeking treatment options in your location.
4. Ask that CMS revise their proposed study parameters to ensure that the clinical studies are accessible to patients seeking transplant. If you have detailed thoughts on how to improve the study design, or new research to volunteer for their review, please share that information.
5. Hit “Submit” or send your email comments **on or before November 28, 2015.**

**Guidance on comments**

Many stakeholders worry that they do not have experience in submitting comments to CMS or that they may submit the ‘wrong’ comment. Comments do not have be submitted in a certain style or format and it does not require specific political experience to submit one. Comments vary in length and detail; please be assured that even a few simple sentences can be impactful on this kind of an issue.

In the past, we have received inquiries as to whether it is more impactful for physicians (or a program) to submit one letter as a group vs. at the individual level. There is no best practice for this type of initiative. A significant volume of comments is important and will assist CMS in understanding that these critiques are not coming from a limited group of individuals with a particular viewpoint, but we do not generally encourage a ‘copy and paste’ approach simply to increase numbers. Some centers may elect to submit a group response while also asking their respective experts in these disease indications to provide an individual comment. You are welcome to utilize the talking points provided in this document but please take some time to personalize them to your program or to include additional insight.

Stakeholders vary in their backgrounds and roles in the transplant community. All voices are important during the comment period – physicians, program administrators, financial coordinators, patient advocates and others impacted by these coverage policies are all welcome to comment. You are welcome to share information about this issue with patients and families affected by these indications, but please ask that they assist our efforts by being constructive in their commentary.

There are three indications being proposed for coverage under CED in this decision memo. Commenters may choose to focus on a single disease or any combination of diseases in their responses to CMS.