The leading education and advocacy organization for the multidisciplinary cancer team

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Association of Community Cancer Centers

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March 1, 2019

**VIA ELECTRONIC DELIVERY**

Senator Lamar Alexander
Chairman
United States Senate Committee on Health, Education, Labor, and Pensions
United States Senate
Dirksen Senate Office Building
Room 428
201 1st ST NE
Washington, DC 20510

**Re: The Senate Committee on Health, Education, Labor and Pensions (HELP) Request for Information on Rising Healthcare Costs**

Dear Chairman Alexander and Ranking Members of the Senate HELP Committee:

The Association of Community Cancer Centers (ACCC) appreciates the opportunity to respond to the Senate HELP Committee Request for Information (RFI) with steps for the 116th Congress to address America's rising healthcare costs and steps to recommend to healthcare leadership within the Trump Administration, published on December 11, 2018. ACCC is a membership organization whose members include hospitals, physicians, nurses, social workers, and oncology team members who care for millions of patients and families fighting cancer. ACCC represents more than 23,000 cancer care professionals from approximately 2,000 hospitals and private practices nationwide. It is estimated that 65 percent of cancer patients nationwide are treated by a member of ACCC.

The cancer care delivery infrastructure is a fragile construct of hospital outpatient departments and physician offices working together to provide care to patients in their communities. Physicians and providers face growing numbers of patients requiring cancer acer. As a growing public health concern that has great financial impact on the American healthcare system, the practices that treat cancer patients, and those receiving care themselves, face numerous obstacles directly related to cost of care that affect the delivery of oncology therapy services. The ability of members of the cancer care team to provide comprehensive care depends on several factors, including adequate Medicare

payment rates and for cancer care items and services. ACCC is committed to ensuring that cancer patients have access to the entire continuum of quality cancer care, including access to appropriate cancer therapies in the most appropriate setting.

ACCC is pleased that healthcare leadership in Congress is dedicated to continuing to put forth efforts to tackle rising healthcare costs for the American public to ease financial strain on patients, providers, and the overall American healthcare landscape. ACCC remains committed to support policies that reduce overall beneficiary out-of-pocket costs, decrease the administrative burden placed on providers, and decrease the strain on already-challenged aspects of the cancer care delivery system given the high cost of care associated with oncology.

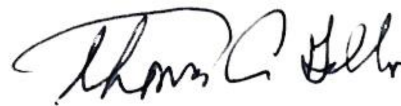
ACCC understands that the United States healthcare system is shifting fundamentally toward a payment and delivery paradigm based on value, and community cancer centers are an integral part of this reform effort. We, as an organization, fully support the overarching goal of this shift to bend the cost curve by improving care, providing the right care at the right time, reducing over-treatment and under-treatment, and decreasing hospital admissions and readmissions. ACCC members have a long history of working with the Center for Medicare & Medicaid Services (CMS) on meaningful payment reform, including partnering with the Center for Medicare and Medicaid Innovation (CMMI) to achieve a shared goal of improving care and reducing costs for cancer patients through the Oncology Care Model (OCM) and the ACCC OCM Collaborative. As a part of these broad value-based care efforts, ACCC recognizes the need for a continued conversation about pharmaceutical pricing and strategies to rein in drug costs for the Medicare program and its' beneficiaries. However, this conversation needs to consider the relative costs and benefits of all aspects of healthcare, rather than focusing narrowly on reducing drug costs to the detriment of quality, access, and innovation.

Of the currently 180 cancer care programs participating in the OCM, ACCC has had the opportunity to engage over 80 percent of these practices through our Collaborative since the model's inception. Many of our members have chosen to take part in this voluntary and revolutionary effort in the wake of their challenges to provide care in their communities at reduced payment rates due to sequestration, decreasing drug administration rates, and inadequate reimbursement for other supportive care services required to provide quality and comprehensive cancer care. ACCC stands firmly in support of the continued release of alternative payment models (APMs) that seek to transform the current fee-for-service healthcare world into a system truly focused on delivery of value-based cancer care. Current practice commitment to OCM demonstrates the oncology communities' commitment and willingness to voluntary participate in new payment models. The willingness of OCM participants in a variety of practice sizes and locations across the United States reinforce the fact that the oncology community likely would support a voluntary drug pricing and healthcare reform effort – with the appropriate patient and provider safeguards. The OCM continues to serve as an example a voluntary model that was developed through careful deliberations with stakeholders buy-in from its participants, though opportunities remain for improvements to that model. Beyond participation in the OCM, ACCC is committed to the support of models from CMS/CMMI that seek direct input in design and dissemination from the patient and provider community through existing statutory authority.

ACCC continues to support voluntary systems that incentivize high value care by empowering physicians to serve as stewards of evidence-based prescribing and utilization aligned with patient needs. With the potential for new models coming out of CMMI, we support the convening of relevant healthcare stakeholders at CMS/CMMI, Congressional healthcare leadership, as well as providers to design and implement new forms of healthcare delivery.

ACCC greatly appreciates the opportunity to comment to the Senate HELP Committee RFI on rising healthcare costs. ACCC and its' members reiterate our commitment to promoting access to effective cancer treatments for all beneficiaries who need them. We look forward to the opportunity to provide organizational perspective to your Congressional staff and members of your committee to further provide for the development of Congressional actions to tackle rising healthcare costs. If you have any questions about our comment letter or would like to discuss our comments in further detail, please contact Blair Burnett at (301) 984-9496, ext., 213, or bburnett@accc-cancer.org.

Respectfully submitted,



Thomas A. Gallo, MS, MDA
President, Association of Community
Cancer Centers

# CANCER DRUG PARITY ACT (H.R. 1730 / S.741)

**BACKGROUND:** Traditionally, intravenous (IV) and injected treatments were the primary methods of chemotherapy delivery. Today, patient-administered chemotherapy has become more prevalent and is the standard of care for many types of cancer. But insurance coverage has not kept pace with medical innovation and the growing trend towards orally administered chemotherapy. While traditional anticancer treatments are covered under a health plan's medical benefit, often requiring patients to pay a minimal co-pay or no cost at all for the medication, oral anticancer medications are usually covered under the health plan's pharmacy benefit, often resulting in burdensome out-of-pocket costs through coinsurance (requiring patients to pay a percentage of the overall cost of the prescription drug). These co-pays can be hundreds or thousands of dollars per month and, as a result, almost 10% of patients choose not to fill their initial prescriptions for oral anticancer medications.

- Oral chemotherapy accounts for approximately 35% of the oncology development pipeline.

- Many oral anticancer medications do not have IV or injected alternatives and are the only option for some cancer patients. As these medications become more prevalent in cancer treatment, they must be as affordable as their IV counterparts.

- This benefit disparity negatively impacts patient adherence and forces physicians to make decisions based on outdated health plan benefit designs rather than what is best for the patient.

- 43 states and the District of Columbia have passed oral parity laws, but these laws only affect state-regulated insurance plans. Federal legislation is needed to reach plans regulated by the Employee Retirement Income Security Act (ERISA), which are most private sector health plans, and usually large, multi-state health plans.

- **The Cancer Drug Parity Act of 2019** requires any health plan that provides coverage for chemotherapy treatment to provide coverage for self-administered anticancer medication at a cost no less favorable than the cost of IV, port-administered, or injected anticancer medications. This law is not a mandate as it only applies to health plans that already cover chemotherapy. This bill ensures equality of access and insurance coverage for ALL anticancer regimens.

**Request: In the House, please cosponsor H.R. 1730 to ensure every cancer patient has access to the anticancer treatments recommended by their physicians.**
**In the Senate, please cosponsor S.741 to ensure every cancer patient has access to the anticancer treatments recommended by their physicians.**

*For more information on the bill or to sign on as a cosponsor, in the Senate, please contact Gohar Sedighi in Representative Tina Smith's office at Gohar_Sedighi@smith.senate.gov, and, in the House, please contact Jessica Burnell in Representative Brian Higgins' office at Jessica.Burnell@mail.hous.gov.*

Association of Community Cancer Centers

# THE CLINICAL TREATMENT ACT (H.R. 913) – GUARANTEE COVERAGE OF ROUTINE CARE COSTS OF CLINICAL TRIALS FOR MEDICAID PATIENTS

**BACKGROUND:** Medicaid insures nearly one-fifth of the U.S. population and is the only major payer that is not required by federal law to provide coverage of the routine care costs of participation in an approved clinical trial for Medicaid enrollees. Removing the states that already guarantee this coverage, there are still approximately 42.2 million Medicaid patients potentially without needed protection. Twelve states plus the District of Columbia have written, publicly-available statutes, regulations and/or policies that require the coverage of the routine costs of clinical trials under Medicaid. These states are: Alaska, California, Florida, Indiana, Maryland, Michigan, Montana, New Mexico, North Carolina, Texas, Vermont, and West Virginia.

## CLINICAL TREATMENT Act is vital for cancer patients for:

- Coverage. Medicare and private and commercial payers already guarantee this coverage. Medicare has paid for these services for over a decade through a National Coverage Decision. Private payers are required to provide coverage under the provisions of the Public Health Service Act section 2709 – enacted as part of the Affordable Care Act.
- Research & Innovation. Clinical trial participation benefits cancer patients in ways that go beyond the value of the research data generated within the trial, and clinical trials often provide individuals with cancer with their best clinical option.
- Patient Access to Care. Medicaid also serves a large portion of under-represented minorities and ethnicities that are not well represented in clinical trial enrollment. Failure to address the coverage barrier that Medicaid patients face could further exacerbate existing disparities.
- Affordability. Providing coverage for the routine costs of clinical trials is affordable as several studies have demonstrated a minimal effect on overall care costs. Because in most cases, this is coverage for care patients would be receiving anyway.
- Regional Gaps in Care. Medicaid does not require state programs to provide coverage for the routine costs of clinical trials participation. The absence of a federal requirement limits patient access to cancer treatments that are the best clinical option for many patients.

**Request: In the House please cosponsor H.R. 913 to guarantee coverage of the routine care costs of participation in an approved clinical trial for Medicaid enrollees.**
**In the Senate, please join your House colleagues in introducing this legislation**

*For more information on the bill or to sign on as a cosponsor, please contact Kimberly Espinosa in Representative Ben Ray Lujan's office at Kimberly.Espinosa@mail.house.gov or Thomas Power in Representative Gus M. Bilirakis' office at Thomas.Power@mail.house.gov.*