ASSOCIATION NEWS

COMMITTEE OF PRESIDENT'S CANCER PANEL SEEKS ACCC INPUT

On March 15, 1989, ACCC Executive Director, Lee Mortenson, testified before the National Committee to Review Current Procedures for Approval of New Drugs for Cancer and AIDS of the President's Cancer Panel. The National Committee's agenda for this meeting was to hear testimony on 1) the economic implications of national reimbursement policies for experimental drugs, 2) third-party reimbursement for "off-label" use of therapeutic drugs, 3) fiscal implications of FDA drug approvals for the pharmaceutical industry, and 4) the economic impact of FDA drug approval on research and biotechnology.

Mortenson brought three specific points to the attention of the National Committee:

 Third-party payers are beginning to enforce long-standing coverage policies that deny payment for patients on clinical trials, including hospitalization costs and, in some cases, physician fees.
 New innovations that are widely accepted by the medical community are no longer being paid for by insurers.
 Some insurance carriers are limiting reimbursement to only those indications included on FDA package insert labeling.

"The days are gone when third-party insurers follow the policy lead of the federal government (the Health Care Financing

ACCC MEMBERSHIP UPDATE

At the ACCC Annual Meeting in late March, the board approved the following 12 institutions for delegate membership: AMI Park Plaza -Hospital, Houston, TX Analytical Biosystems . Corp., Warwick, RI Dakota Clinic, Ltd., Fargo, ND DePaul Hospital, Norfolk, VA Elmhurst (IL) Memorial Hospital

Heartland Health
 System, St. Joseph, MO
 Holy Cross Medical
 Center, Mission Hills, CA

Hospital (CVPH)
 Medical Center,

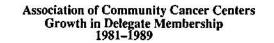
Plattsburgh, NY Indiana Community

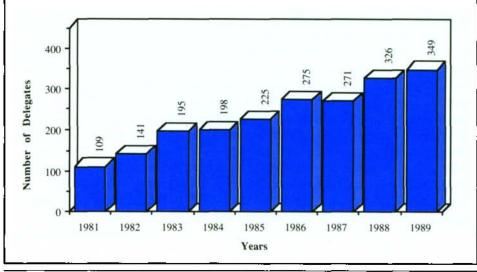
- Cancer Care, Inc.,
- Indianapolis
- Roper Hospital,
- Charleston, SC
- San Jose (CA)
- Medical Center
- Sequoia Hospital

District, Redwood City, CA
St. Joseph Hospital, Houston, TX
University of New

- Mexico, Albuquerque
- William Beaumont Hospital, Royal Oak, MI

Total delegate membership now numbers 361 institutions. The following graph depicts ACCC delegate institution growth from January 1, 1981, to January 1, 1989.





Administration)," Mortenson contended, although HCFA policymakers still need to be influenced. If growing payment dilemmas are to be solved, however, two other parties need to be involved, according to Mortenson. First, state legislatures must be lobbied to enact uniform payment policies that reference such drug compendia as the U.S. Pharmacopeia Dispensing Information (US PDI). And, finally, with the growth of self-insured companies, which are usually not subject to federal or state legislation, the public must be educated about the types of cancer benefits these insurers are providing and how those benefits compare to standard, state-of-the-art cancer therapy.

In response to National Committee Members' requests for further information about the reimbursement problems facing cancer care providers, there is a questionnaire on the next two pages that readers of *Oncology Issues* are encouraged to complete and mail to ACCC Headquarters. The results of this poll will be analyzed and presented to the National Committee prior to its July 20 meeting.

This is an opportunity for ACCC members and concerned nonmembers to have an impact on future reimbursement policies.

ACCC SUPPORTS ONS POSITION ON RCTS

The ACCC Board, at its January meeting, unanimously agreed to oppose the American Medical Association's proposal to introduce Registered Care Technologists (RCTs) as a new category of bedside caregiver in hospitals.

The ACCC Board adopted the position of nursing and the Oncology Nursing Society (ONS) that the "establishment of the RCT position is unnecessary, duplicative, costly and can only serve to fragment patient care. Most importantly, the RCT proposal does not address the increased demand for qualified registered nurses at the bedside."

At Oncology Issues deadline, the AMA was planning to proceed with the establishment of pilot programs to trains RCTs, despite the objections raised by the ANA, ONS, and 44 other national nursing organizations.