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COALITION DEFEATS IL LEGISLATION

The Illinois Medical Oncology Society (IMOS), with coordination by ACCC and the support of a coalition of concerned health care organizations, defeated an attempt to override the Illinois Governor's veto of a bill that would have defined all off-label drug use as experimental. The proposed amendment to the state's Medical Practice Act would have required an informed consent for every patient receiving an FDA-approved drug for an off-label indication.

From the time the bill was reintroduced, received almost unanimous support by the Illinois House, and was sent to the Illinois Senate for an override vote, the IMOS and ACCC had less than two weeks to mobilize the support of medical oncologists throughout the state. ACCC assisted with a mass mailing to Illinois-based oncologists, including the preparation of sample letters to be sent to members of the Illinois Senate. The resultant telephone calls, telegrams, letters, and personal contacts by medical oncologist were instrumental in the Senate's decision to allow the Governor's veto to stand by more than a two-third's vote, according to James Wade, M.D., IMOS President. "From my perspective, and in talking with my Senator," Wade says, "The grass roots uprising by medical oncologists across the state was responsible for creating a ground swell of support in the Senate."

Kathleen Dunn, Director of Government Relations for the Illinois Hospital Association, agrees that medical oncologists were "key to the entire process," because they were able to "involve the Illinois State Medical Society" and they effectively represented the "perspective of the patient's point of view."

But according to Dunn, another reason for the success of the coalition, which included representatives from the Illinois Hospital Association, the Illinois State Medical Society, the American Society of Pharmacists, IMOS, and other organizations, was that everyone involved had a "common interest and a common concern: the legislation's restrictions on drug therapies," instead of "different people with different concerns

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worried about the final outcome of proposed legislation."

However, members of the coalition are not ruling out the prospect that the legislation may be reintroduced yet again. "The future is very uncertain," Wade says. "We may see similar legislation introduced in the next session."

As a result, he stresses the importance of ongoing contact between the IMOS and other organizations, particularly their lobbyists, if medical oncologists are to effectively keep abreast of future initiatives. "Members of the Illinois House were not educated about the implications of the bill, which is why they supported the attempt to override the Governor's veto," Wade points out. "We have to have better communications if we are to prevent similar actions in the future."

ACCC PROTESTS HCFA'S PROPOSED EXCLUSION OF HOME I.V. CHEMOTHERAPY

Members of ACCC flooded Louis Hayes, Acting Administrator of the Health Care Financing Administration (HCFA) with letters protesting Medicare's proposed exclusion of coverage for chemotherapy in the home setting. ACCC Headquarters received copies of letters from almost 150 individuals representing 65 institutions

and 50 solo or group practices.

The responses made an impassioned plea for reconsideration of the proposed rule (BPD-621-PN, List of Covered Drugs for Home I.V. Therapy). ACCC members cited specific cost savings of home i.v. chemotherapy administration vs. inpatient stays of as much as \$1,700 per day, and ambulatory pump infusion vs. outpatient treatment of as much as \$2,450 per month. In addition to cost savings, ACCC membership stressed the safety and efficacy of continuous home infusion, the decreased side effects, and the therapeutic benefits over bolus injections.

Finally, and perhaps most importantly, letters emphasized the potential impact on patient out-of-pocket costs and their quality of life, including unnecessary inpatient stays, travel time and associated expenses, weather conditions, discomfort, anxiety and stress, risks of iatrogenic complications, transportation expenses including ambulance service, and loss of work time.

ACCC executive staff will be meeting with HCFA staff to discuss the proposed rules further, and to stress the overwhelming response and concern of cancer care providers. Membership will be updated on the status of the proposed rule as soon as further information is available.

ACCC PARTICIPATION IN PROSTATE CANCER AWARENESS WEEK

A total of 53 ACCC Delegate Institutions in 22 states participated in the first annual Prostate Cancer Awareness Week, providing free cancer screening and prostate cancer information to the public.

According to the prostate Cancer Education Council, which developed the program, the support of ACCC institutions was invaluable to the success of this public service program. ACCC member institutions screened more than 9,239 men. The total number of men screened nationwide was 14,000 at 80 participating hospitals/medical institutions in 30 states.

ACCC Executive Staff have already made arrangements for the participation of interested institutional members in next year's screening program.

ASSOCIATION NEWS

ACCC BOARD APPROVES NEW DELEGATE MEMBERS

The ACCC board has approved the following 52 institutions for delegate membership. To date, ACCC delegate institutions number 398.

Anne Arundel General Hospital & Medical Center
Annapolis, MD

Baptist Cancer Center
Gadsden, AL

Bayfront Medical Center, Inc.
St. Petersburg, FL

Bergan Mercy Cancer Center
Omaha, NE

Cape Cod Hospital
Hyannis, MA

Cheshire Medical Center
Keene, NH

Good Samaritan Medical Center
Zanesville, OH

Griffin Hospital
Derby, CT

Hillcrest Baptist Medical Center
Waco, TX

Holmes Regional Medical Center
Melbourne, FL

Indian River Regional Cancer Center
Vero Beach, FL

Illinois Masonic Medical Center
Chicago, IL

Jupiter Hospital, Inc.
Jupiter, FL

Kaweah Delta District Hospital
Visalia, CA

Kuakini Medical Center
Honolulu, HI

Lewistown Hospital
Lewistown, PA

Mercy Hospital
Davenport, IA

Mercy Hospital
Rockville Center, NY

Mercy Hospital
Springfield, MA

Metropolitan Mt. Sinai Medical Center
Minneapolis, MN

Mid-Michigan Regional Medical Center
Midland, MI

Mills-Peninsula Hospitals
Burlingame, CA

Moses Taylor Hospital
Scranton, PA

Medical Center of Delaware
Wilmington, DE

The Norristown Regional Cancer Center
Norristown, PA

Oakwood Hospital
Dearborn, MI

Pacific Presbyterian Medical Center
San Francisco, CA

Petaluma Valley Hospital
Petaluma, CA

Porter Memorial Hospital
Denver, CO

Presbyterian Hospital
Eugene, OR

Rapid City Regional Hospital
Rapid City, SD

Sacred Heart General Hospital
Eugene, OR

Sacred Heart Medical Center
Spokane, WA

St. Agnes Medical Center
Fresno, CA

St. Alphonsus Regional Medical Center
Boise, ID

Saint Joseph Hospital
Lexington, KY

St. Joseph Hospital
Tacoma, WA

St. Mary's Medical Center
Long Beach, CA

St. Mary Medical Center
Walla Walla, WA

St. Mary's Hospital
Richmond, VA

St. Vincent Hospital
Indianapolis, IN

St. Vincent's Hospital
Birmingham, AL

Scott & White Memorial Hospital
Temple, TX

Scottsdale Memorial Hospital
Scottsdale, AZ

Shadyside Hospital
Pittsburgh, PA

Thompson Cancer Survival Center
Knoxville, TN

Toledo Hospital
Toledo, OH

United Medical Center
Moline, IL

Washington County Hospital
Hagerstown, MD

The Washington Hospital
Washington, PA

Westmoreland Hospital
Greensburg, PA

Winter Park Memorial Hospital
Winter Park, FL ■