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Congress Focuses on CCOP Funding

At ACCC's request, language has been included in both the House and Senate Reports accompanying the FY 1992 NCI appropriations that Congress intends that the Community Clinical Oncology Program (CCOP) receive continued funding. The language in the Senate report is much more explicit than that in the House report, but both are helpful.

The House Committee on Appropriations drafted the following language: "The Committee urges NCI to continue to emphasize the importance of cancer prevention and control research and recognizes the key role of the Community Clinical Oncology Programs (CCOPs) in these efforts. The CCOP network of community cancer specialists, primary care physicians, and other health care professionals represents a critical component in NCI's clinical trial network. The Minority-Based CCOPs reach out to minority populations and provide disadvantaged groups with access to state-of-the-art therapy through clinical trials as well as cancer prevention and control research. The Committee expects that CCOPs will be maintained at least at 1991 funding levels."

The Senate Committee on Appropriations drafted the following language: "The Committee directs that continued emphasis be placed on cancer prevention and control research, particularly in the Community Clinical Oncology Program (CCOP). The CCOP's play a critical role in the NCI's clinical trial network by bringing together community cancer specialists, primary care physicians, and other health care professionals. These efforts are strengthened by the minority-based CCOP's which provide minority populations with increased access to state-of-the-art therapy through clinical trials and cancer prevention and control research. The Committee is concerned that the CCOP Program be funded at \$16,500,000 and funds not be diverted for other purposes, such as the tamoxifen trial."

ACCC hopes that these expressions of Congressional intent will persuade NCI to find other means of funding the tamoxifen trial than the \$16.5 million allocated to CCOPs. Moreover, they form a basis for going back to Congress if NCI does reduce CCOP funding.

RFP for ACCC Management

The ACCC Board of Trustees issued a Request For Proposal (RFP) for the management of the Association on July 1, 1991. The deadline for responding to the RFP is September 4, 1991. The current, four-year management contract with ELM Services, Inc., expires on June 30, 1992.

Interested parties should contact:

Robert T. Clarke, M.H.A.
President-Elect, ACCC
Memorial Medical Center
800 N. Rutledge
Springfield, IL 62781
217/788-3000

ACCC Reimbursement Seminars

Five regional reimbursement and practice management seminars, sponsored by the Association, have recently been scheduled: September 7, 1991, in Burlington, MA; September 12, 1991, in Phoenix, AZ; September 19, 1991, in Minneapolis, MN; October 2, 1991, in Iselin, NJ; and October 11, 1991, in Indianapolis, IN.

The seminar's purpose is to educate oncologists and their office staff about the current reimbursement climate, how it impacts their ability to provide their patients with high-quality cancer care, and suggestions for improving their state's situation.

For further information about the September and October seminars, contact ACCC Executive Offices, 11600 Nebel St., Suite 201, Rockville, MD 20852. Phone 301/984-9496.

NCCS Supports ACCC Uniform Legislation

ACCC's uniform state legislation has picked up the sponsorship of another patient advocacy group, the National Coalition for Cancer Survivorship (NCCS). The NCCS "enthusiastically endorses" the legislation, according to NCCS President, Larry Moore, in recent correspondence to the ACCC.

NCCS joins the national American Cancer Society and many state ACS Divisions in support of uniform state

reimbursement legislation. David K. King, M.D., Chairman of ACCC's Ad Hoc Committee on Reimbursement, applauded the addition of the NCCS. "ACS and NCCS recognize the need to ensure that cancer patients have access to the chemotherapy they need," says King. The Association plans an all-out campaign to seek passage of the legislation in a number of key states this fall.

Surveys Indicate Importance of Uniform Legislation

Data from four states, which were surveyed as part of ACCC's regional reimbursement and practice management seminars, indicate that state legislation governing the payment for off-label drugs has a significant impact on reimbursement. Physicians and office managers in New York state, which passed legislation similar to ACCC's proposed uniform legislation last year, indicate that they are reimbursed 100 percent of the time by non-Medicare insurers for off-label drug uses listed in the three compendia. However, survey respondents in three other states, which do not have such legislation, indicate that they receive payment from non-Medicare insurers for off-label uses only 95 percent of the time (Illinois), 93 percent (Northern California), and 60 percent (Indiana) of the time.

The surveys also found that the New York Medicare carrier also reimburses off-label chemotherapy uses 100 percent of the time, compared to a low of 20 percent in Indiana and a high of 75 percent in Illinois.

ACCC President, Lloyd K. Everson, M.D., notes that this significant disparity in reimbursement practices demonstrates "the value of seeking local relief through state legislative efforts."

ACCC Launches Compendia-Based Drug Bulletin

All ACCC delegate and general members, as well as ACCC chapter members, will soon be receiving a new quarterly publication, *The ACCC Compendia-Based Drug Bulletin*, free of charge. The new bulletin lists all of the antineoplastic drugs,

and the indications for those drugs, that are currently recognized by one or more of the three authoritative drug references: *USP DI* by the United States Pharmacopeia Convention, Inc.; *Drug Evaluations* by the American Medical Association; and *AHFS Drug Information* by the American Society of Hospital Pharmacists, Inc.

"Due to diligent staff work, ACCC was able to obtain copyright permission from all three compendia publishers," says ACCC Executive Director, Lee E. Mortenson, D.P.A.

The eight-page bulletin, which is indexed by both generic drug name and disease indication, is designed so that an office manager can verify that a particular drug and/or indication has been recognized by one or more of the compendia.

"The format of the bulletin allows an office manager to reproduce any page, circle the drug/indication that has been denied reimbursement, and attach it to the denied claim as proof of the drug's efficacy for a particular indication," Mortenson explains. "We've found that many insurance company clerks do not know what drugs/indications are in the compendia. This should help us close the gap between the time a new indication or drug is recognized by one of the compendia and the time it is recognized by insurers," he says.

Membership Survey Guides ACCC's Program, Strategic Planning Efforts

The response to a recent ACCC survey of its membership was "extraordinary," according to Robert T. Clarke, M.H.A., President-Elect of the ACCC and Chairman of the newly appointed Ad Hoc Committee for Strategic Planning. "A broad cross section of Association membership took the time to give us feedback on the issues that are affecting cancer programs and practices, and how the Association can better serve its membership in the future," Clarke says.

Data from the surveys were analyzed and used by ACCC committees and leadership in a variety of ways. "One section of the survey dealt with the content and format of Association meetings," Clarke says, who notes that the suggestions of membership have been incorporated by the

ACCC Program Committee and Executive Staff in formulating the sessions for the fall leadership conference in September.

The bulk of the survey requested input from membership as to how the ACCC was currently of help to membership and how it could help in the future. "The Strategic Planning Committee is impressed with the depth of the comments," Clarke says. "Members took the time to give us a solid idea of what they were getting from the Association and how we could be of further help," he says. "It appears that the Association has been on target in its activities and we will attempt to keep it that way," Clarke says, noting that, to that end, the Strategic Planning Committee will be meeting during the fall leadership conference.

Members of the newly formed Ad Hoc Committee for Strategic Planning include: Robert T. Clarke, M.H.A., Chairman; Albert B. Einstein, Jr., M.D.; Irvin D. Fleming, M.D.; Mary C. Kitchens; Michael Mohnsen, Margaret Riley, and James L. Wade, III, M.D.

Demand High for Patient Brochure

More than 110,000 copies of the ACCC patient brochure, *Cancer Treatments Your Insurance Should Cover: Information for Patients and Their Families*, have been distributed, and there are currently requests for an additional 20,000 brochures.

Immunex Corporation is currently underwriting the brochure's printing and distribution costs. Several other organizations have asked to be considered as sponsors. The Ad Hoc Committee on Reimbursement and the ACCC Board of Trustees are investigating those requests.

Call for Proposed Bylaws Amendments

ACCC Bylaws, adopted March 1984 by the House of Delegates, state: "Bylaws may be amended by the vote or written assent of two-thirds of the Delegate Representatives voting. Written notice of proposed bylaws amendments must be sent to voting members at least 30 days prior to the meeting at which they are to be acted on."

Any delegate representative who wishes to suggest a Bylaws change must inform the ACCC Executive Office of that intent no later than Dec. 2, 1991, for consideration by the House of Delegates in March 1991. All suggested amendments should be sent to Carol Johnson, Director, ACCC, 11600 Nebel St., Suite 201, Rockville, MD 20852. Phone: 301/984-9496.

Call for Officer and Trustee Nominations

The ACCC Nominating Committee is soliciting nominations for the following 1992-1993 board positions:

- President-Elect
- Secretary
- Four (4) Trustee Seats

The term of President-Elect is one year. The Secretary and Trustee positions are two-year terms. Although nominees are not required to be the voting representative of their institution, they must represent an ACCC Delegate Institution.

Letters of nomination should be sent to the ACCC Executive Office, citing the nominees' names and their respective Delegate Institution, along with a copy of their curriculum vitae. Nominations must be received no later than December 2, 1991.

Information about the nomination process is available from Carol Johnson at the ACCC Executive Office, 301/984-9496.

Auto Companies To Pay for Off-Label Uses

The Michigan Society of Hematology and Oncology has successfully persuaded General Motors, Chrysler, and Ford Motor Co. to provide coverage of off-label chemotherapy indications. This change in policy will affect one million plus auto company employees in multiple states.

However, the Society's Executive Committee, auto company executives, and union representatives continue negotiations to resolve other coverage issues—most importantly, lack of coverage for chemotherapy administered by injection, as well as the auto companies' reluctance to cover follow-up chemotherapy visits on the same day of treatment or to extend the benefit from 21 to 28 days or longer. ■