Oncology Issues

ISSN: 1046-3356 (Print) 2573-1777 (Online) Journal homepage: https://www.tandfonline.com/loi/uacc20

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To cite this article: Jamie Young (1995) Out with the Old, in with the New(t), Oncology Issues, 10:1, 6-6, DOI: 10.1080/10463356.1995.11904511

To link to this article: https://doi.org/10.1080/10463356.1995.11904511

Published online: 28 Sep 2017.

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by Jamie Young

In the November/December column I stated that, "The outcome of the November elections may result in a change in the makeup of the Congress that could drastically affect the health care reform debate." I don't think anyone could have predicted just how monumental the tidal wave would turn out to be—not just on the federal level but also on the state level across the country.

Washington State is a good example of how quickly the change is taking root. Shortly after being swept into power, the new Republican leadership in the state legislature vowed to rewrite the Clinton-style health care reform legislation enacted a couple of years ago. The chair-elect of the House Health Care Committee in that state has said that universal access to health care insurance is not a realistic goal. Furthermore, he raised the question, "At what point do we want to trade jobs for health care?"

Seemingly in response, the Washington State Health Services Commission has revisited an earlier decision not to include deductibles and co-payments for its uniform benefits package and instituted these mechanisms to lower the eventual health premium costs for such a system. That system, in fact, was designed to be mandatory. In all likelihood, however, it will emerge as a voluntary system that will have to be made as attractive as possible, i.e., more affordable to employers.

Other state capitols will no doubt face similar about-faces in their attempts to "re-engineer" their health care systems. In our nation's Capitol, all eyes are upon the Speaker of the House and his new(t) agenda, the "Contract with America." Newt Gingrich (R-Ga.) and others have pledged House action on this agenda during the first 100 days of the 104th Congress. Many of these 10 reform proposals could have significant impact for health care reform and oncology interests.

Based on the number of questions received in our offices and at ACCC meetings about the implementation of "Stark II," any consideration given to clarifying or repealing the prohibition on physicians being compensated directly or indirectly for either the value or volume of their referrals would be of great interest to the medical community.

Regardless of what happens in the House of Representatives, the checks and balances built into our system by the Founding Fathers, namely the Senate, could have a moderating influence. No doubt the White House will attempt to flex its muscle as well.

Jamie Young is ACCC Director for State Societies and Government Relations.

OFF-LABEL ASSISTANCE

Since fall 1992, 15 states have put into place laws assuring that off-label uses recognized in the three compendia (the American Medical Association's *Drug Evaluations*, the United States Pharmacopeia's *Drug Information*, and the American Society of Hospital Pharmacists' *AHFS Drug Information*) will be covered by insurers in those states.

For 1995, the ACCC Columbus office has received requests for information or assistance in the following states: Arkansas, Arizona, Florida, Maine, Minnesota, Missouri, Nebraska, Nevada, Pennsylvania, South Carolina, Tennessee, Vermont, and Wisconsin. Any ACCC members in these locations who would like more information on off-label activity in their state should contact the ACCC Columbus office at 614-848-5404. Our fax number is 614-848-5420.

PATIENT ACCESS AND CLINICAL TRIALS

ACCC will be seeking to assist the Illinois Medical Oncology Society in an effort to educate the members of the Illinois General Assembly about the importance of patient access to clinical trials.

Illinois has been chosen by The Campaign for Women's Health in Washington, D.C., to be a demonstration site for a state initiative to support, on the local level, public education and advocacy on issues of specific concern to women with regard to national and state health reform.

At a November hearing held in Springfield, Ill., to collect testimony about the barriers and the solutions to the health problems of women, ACCC presented written information on the need for men and women alike to have access to clinical trials and to have their insurance cover the patient care costs of such trials. These trials are both treatment and prevention trials, including breast cancer research studies. Many women around the country have been denied entrance to these trials because of insurance restrictions.

The expected end result of this process of gathering information will be a summary report for Illinois legislators that can be the basis for legislation aimed at improving women's health. Clinical trials' coverage is a necessary part of any such legislation. ■