



Health Care Reform Revisited

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by Jamie Young

In late March, the ACCC Columbus office was one of several sponsors of the 1995 Ohio Health Day. This one-day program was designed for individuals concerned with health care, chronic diseases, and other health issues to discuss the changing times in health care and learn what might be expected from state leaders. Among the speakers were the director of the Ohio Department of Health and the chairpersons of the health committees in both the House and Senate of the Ohio General Assembly. While the conference focused on health issues in that state, it is clear from recent events on the national level that state legislatures are where much of the action on health care is taking place.

State Representative Dale Van Vyven, chairman of the House Health, Retirement, and Aging Committee, informed the audience that he had just returned from a trip to Washington, D.C., to meet with congressional leaders. According to them, he said, the top issue in the next 100 days will be health care. However, he also noted his own view that states are "mini-incubators on reform."

Representative Van Vyven also finds himself in a position not unlike many of his colleagues around the country. His party unseated the long-standing majority of the Ohio House Democrats and now finds itself setting the policy and controlling the agenda after a 20-year plus stint in the minority. Of the 22 members on the committee, more than a third are new to the committee. Representative Van Vyven and his committee have

started slowly in considering the 18 pieces of legislation assigned to their committee because of a desire to have numerous educational briefings. However, among their first priorities is a repeal of certificate-of-need, the desire being to allow the marketplace to decide what should be offered and by whom. Certainly, this is a sign of things to come in many states as new Republican majorities seek to free the regulatory chains placed on the marketplace by their predecessors.

Such is the case in Washington State, where the new House Republican majority, with significant assistance from the other side of the aisle, has taken the first step in an attempt to repeal or revise the 1993 Health Services Act. House Bill 1046 does away with many of the major components of that law, including the employer mandate. The original law set 1997 as the date for reaching universal access to care.

CLINICAL TRIALS LEGISLATION UPDATE

As reported in the previous *Oncology Issues*, the Illinois Medical Oncology Society (IMOS) and ACCC have been working together with additional support from the Illinois Division of the American Cancer Society to advocate for coverage of the patient care costs of clinical trials by third-party payers. House Bill 168 was introduced by State Representative Judy Erwin of Chicago.

At a House Insurance subcommittee hearing held on March 7, several people testified in favor of the bill, including a representative of the ACCC Columbus office and IMOS officers James L. Wade III, M.D., and Edward L. Braud, M.D.

Unfortunately, the legislation was not able to meet the procedural deadlines for discharge from the insurance committee and therefore

is prevented from moving forward as House Bill 168. However, our efforts to educate the Illinois legislature will continue with a legislative reception planned for the evening of April 25 in Springfield. Much work is needed to assure that access to trials is an option for future cancer survivors.

MORE OFF-LABEL SUCCESS

By the time that this issue reaches you, Arkansas should have become the 18th state to pass some version of off-label drug legislation to law. Governor Jim Guy Tucker was expected to quickly sign into law Senate Bill 816, sponsored by State Senator Victor Snyder. The bill was introduced on March 14, 1995, and moved quickly through both houses with virtually no opposition. Susan Henry, ACCC delegate representative from the St. Vincent Cancer Center at St. Vincent Infirmary Medical Center in Little Rock, was a key player in assuring the speedy passage of the bill. Once signed, the law will require coverage of off-label uses of FDA-approved cancer drugs when the off-label use is recognized as safe and effective for treatment of that specific type of cancer in any of the three compendia or two articles from major peer-reviewed professional medical journals.

In Missouri, House Bill 531 has been introduced by State Representative Quincy Troupe. The ACCC Columbus office has been providing assistance to The Missouri Society of Clinical Oncology on the bill. A hearing was held on March 14 before the House Insurance Committee during which Joe Muscato, M.D., president of the state society, and myself testified in favor of the bill. Some changes to the bill will be necessary if it is to pass before adjournment in Missouri. ■

Jamie Young is ACCC director for state societies and government relations.