

ISSUES

Fasten Your Seat Belts...

BY LEAH RALPH



As we head into the New Year, 2016 is rapidly receding in the rear view mirror. Still, it was quite a year. We saw the Obama Administration finalize regulations around sweeping physician payment reform in Medicare, oncology practices nationwide navigate the first year of the Oncology Care Model (OCM), policymakers try—and fail—to push through drug pricing reform with a national mandatory demonstration program, the 21st Century Cures Act signed into law, and the drug pricing debate hit a fever pitch. More, the surprise election of Donald Trump and transition to a Republican President and Congress that has prioritized repealing the Affordable Care Act (ACA) in early 2017 marks the beginning of an uncertain and tumultuous period in health policy. And fasten your seat belts because it may happen fast: the first 18 months of a new presidency and congress is the most active period of policymaking in the U.S.

With respect to the ACA, while the health reform law is far more than the insurance exchanges, the public debate to date has been focused on the coverage mandate and subsidies in the individual marketplace. President-Elect Trump has signaled he favors politically popular consumer protections in the ACA, such as banning insurers from discriminating against people with preexisting conditions and allowing children to remain on their parents' health plan until age 26. However, the path to achieve this remains unclear. And while there's no agreed-upon replacement plan, Congressional Republicans have also supported allowing the sale of health insurance across state lines, expanding the use of health savings accounts (HSAs),

replacing the ACA's health insurance subsidies with tax credits, and establishing high-risk pools. Yet none of these proposals would meaningfully restore access to insurance coverage for the more than 20 million people who have gained coverage under the ACA.

What will these changes mean for cancer patients and providers? While the scope and details remain unclear, generally, under the proposals put forward to date, cancer providers may see an increased number of patients who are under- or uninsured, and higher uncompensated care costs. For the exchange population, benefits and cost-sharing assistance will likely be less generous, which could pose significant access barriers to care. At the same time it's important to note that the ACA overpromised and underperformed—while patients without access to subsidies are seeing out-of-pocket costs spike, concurrently providers' expectations of gaining fully insured patients under the ACA have not necessarily been realized. Patients with exchange coverage have generally been sicker and more expensive to treat and, on top of that, some providers are starting to see their Disproportionate Share Hospital (DSH) payments evaporate, as agreed to under the law. Fixes to the ACA—beyond what Republicans are proposing—are needed to shore up the long-term viability of our healthcare system for both patients and providers.

As the New Year rings in the changes in Washington, D.C., there will undoubtedly be a significant impact on the direction of federal policy with respect to access and coverage in 2017. Still, we expect that key market trends, such as value-based

purchasing will continue. The fate of the Center for Medicare and Medicaid Innovation (CMMI), which was created by the ACA, remains in limbo, but we suspect that Medicare's push towards value-based payment is inherently non-partisan and the movement to test different ways to pay providers based on cost and quality is here to stay. Despite the election, Medicare is moving forward with a fundamental shift in physician payment, from fee-for-service (FFS) to value-based purchasing as required under the Medicare Access and CHIP Reauthorization Act (MACRA). The private sector, too, will continue to push towards value; the pharmaceutical industry is engaged in value-based purchasing as they're increasingly pursuing outcomes-based contracts with private plans.

In 2017, ACCC members will need to consider how value-based payments will increasingly shift responsibility for managing cost and quality to providers, and how your cancer program is positioned to engage in a risk-based reimbursement structure. Providers should also prepare for a shift in coverage for patients, and anticipate how to respond to changes in access to care.

Now more than ever is the time for providers' voices to be heard—join us in Washington, D.C., March 29-31, 2017, for our annual policy meeting, **CANCERSCAPE**, to understand how policy changes will impact your program and patients, engage in policy discussions with your colleagues, and help shape the future of healthcare policy in 2017 and beyond. So buckle up, check out the agenda (accc-cancer.org/CANCERSCAPE), and register today. 