

Issues

Raise Your Voice

BY LEAH RALPH



On Wednesday, March 29, ACCC advocates will descend on Washington, D.C., for our annual Capitol Hill Day—this year with newfound motivation. As Congress grapples with the future of the Affordable Care Act (ACA) and debates the merits of protecting patients with pre-existing conditions vs. high-risk pools, refundable tax credits vs. subsidies, requirements for essential health benefits vs. more flexibility in benefit standards, oncology providers see insurance coverage—and their patients' access to cancer care—at stake.

The political messaging—not to mention policy minutiae—is difficult to sort through, even for the wonkiest of policy wonks in Washington. The ACA has been plagued with insurer drop outs and significant premium increases for the unsubsidized individual market, but the law provided critical patient protections, put an end to discriminatory practices by insurers, and covered 20 million new lives through Medicaid expansion and the health insurance exchanges. Having made ACA repeal their rallying cry for years, Republicans are now trying to find a path forward to make changes to the law—but how do they maintain those critical (and politically popular) patient protections, preserve essential benefits, and cover more people while reducing costs for both the system and the patients? Not an easy task.

On Capitol Hill Day, cancer providers have a critical story to tell about the unique needs of cancer patients and the costs of their treatment; cancer, in many ways, demonstrates the precise need—and role—for insurance. Cancer diagnoses are inherently unpredictable. Cancer patients can't plan

when they are going to be sick or what kind of insurance they will need to cover their costs. In addition to the personal, emotional, and physical toll cancer takes, patients need good insurance to protect against the risk of catastrophic treatment costs.

The ACA included critical protections for consumers, including eliminating the ability of insurance companies to discriminate based on pre-existing conditions, or impose lifetime or annual dollar limits on policies. And by providing subsidies to those up to 400 percent of the federal poverty level to purchase insurance, the ACA made progress in closing the disparities gap in accessing cancer care.

In record numbers, ACCC members will set out on March 29 to educate Congress on what proposed changes to the ACA would mean for cancer patients and survivors. In the context of any ACA repeal and/or replace plan, ACCC members will ask legislators to:


- Protect access to comprehensive, affordable insurance coverage, particularly for cancer patients facing high-cost treatments that often turn into chronic, long-term conditions.
- Preserve critical patient protections, such as the ban on discriminating based on pre-existing conditions, no annual or lifetime limits, guaranteed issue, and allowing dependents to remain on their parents' plan until age 26.
- Preserve essential health benefits that require insurers to cover preventive services, like cancer screenings, at minimal or no cost-sharing.
- Maintain meaningful access to clinical trials.
- Strengthen patient access to adequate

provider networks that include cancer specialists and the full range of services required to provide quality cancer care.

- Meaningfully engage cancer patient and provider groups in any real effort to repeal and/or replace the ACA.

ACCC members will also reiterate their commitment to value-based care and efforts to improve quality, affordability, and access in cancer care. ACCC members support the mission and goals of the ACA-created Center for Medicare and Medicaid Innovation (CMMI), which has been the subject of recent scrutiny. More than half of the CMMI Oncology Care Model participating practices are ACCC members. They are dedicating significant time and resources to making this pilot program work.

However, in the wake of CMMI's flawed proposed Part B Drug Payment Model, ACCC members will also strongly encourage Congress to place guardrails on CMMI's authority, including limiting its scope to targeted, voluntary (rather than mandatory) demonstration programs.

Yes, ACCC members have a lot to communicate to busy Congressional representatives and staffers this year. But the stories you share from the frontlines of cancer care will bring home the impact of policy decisions in the clearest and most powerful terms. Now is a critical time to raise our voices and be heard—for our patients today and those who will become our patients tomorrow. Join us for ACCC Capitol Hill Day. Your story can make a difference. 

Leah Ralph is ACCC Director of Health Policy.