

## What You Need to Know About the Future of Cancer Care in the United States

BY BLAIR BURNETT



**H**ealthcare remains a top priority, not only for the Trump Administration, but also for most registered voters in the United States. A poll from the *Washington Examiner* released at the end of 2018 found that 71 percent of American voters classify healthcare as a “very important” issue in the 2019 landscape.

Cancer care, specifically, has experienced several tumultuous years, with drug pricing and entitlement reform dominating conversations and affecting patient coverage and access. It is a widely held view that two years into any presidential administration, many of the large regulatory pushes begin to take effect. Entering the second quarter of 2019—with a dramatically different Congress—here’s a quick peek at what to expect for your program, your patients, and oncology delivery overall in the coming months:

- **Drug pricing reform will continue to be a top priority.** In May 2018 we saw a flood of proposals from Secretary of Health and Human Services Alex Azar and other members of the administration’s healthcare leadership focused on tackling the rising cost of drug prices. Over the summer, serious transformation was proposed to Medicare Part B, Medicare Part D, and the commercial space. October 2018 saw the release of the administration’s International Pricing Index model in an advanced notice for public rulemaking that would tie some of the most expensive drugs in Medicare to an “international standard.” Patient and provider groups, including ACCC, have


voiced concern over this proposal, as well as potential changes to the Medicare Part D protected classes, formulary design, and rebate system, calling attention to many access issues faced by cancer patients across the country. We expect to see a follow-up proposed rule on the International Pricing Index model this April or May.

In 2018 drug pricing reform also saw significant action in the regulatory landscape. The Centers for Medicare & Medicaid Services (CMS) issued back-to-back policy memos in August: one allowing Medicare Advantage plans to integrate step therapy as of Jan. 1, 2019, and a second memo announcing changes to Medicare Part D plans slated for 2020. However, with a series of hearings from various House and Senate committees early in 2019, we expect drug pricing reform to garner new possible solutions coming from a Congress flexing increased legislative oversight.

- **The administration’s regulatory agenda will begin to provide more answers than questions.** Two years into the Trump Administration, expect to see not only a continued push on regulatory efforts relating to drug pricing reform but also continued utilization of CMS, as well as the Center for Medicare and Medicaid Innovation (CMMI), in payment reform efforts. Many of the alternative payment model efforts that came out of CMS/CMMI under the Obama Administration held fast to voluntary models. With Alex Azar at the helm of Health and

Human Services, we should expect to see even more models coming out of these centers—not all of them voluntary. As Medicaid expansion efforts grow in many purple states, we also expect the continuation of work requirement waivers to reduce this potentially growing pool.

- **Telehealth will be in the spotlight.** More than half of all U.S. hospitals and practices have some sort of telemedicine or virtual health component to their program, according to the American Telehealth Association. In particular, over recent years, telehealth has become increasingly central to the conversation about rural healthcare delivery. The 2019 Outpatient Prospective Payment System and Physician Fee Schedule final rules saw the expansion of virtual health coverage, and we are seeing increased efforts in Medicare and Medicaid to account for the rising use of telehealth across the country. As programs across the country grapple with the consistently changing healthcare delivery landscape and infrastructure, telehealth is becoming an integral part of the cancer care delivery infrastructure.

All of us in the oncology community can agree that the future of cancer care in the United States will bring change. ACCC’s policy team will continue to keep members prepared for whatever that change may bring. 

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