November 27, 2017

Seema Verma, Administrator
Center for Medicare & Medicaid Services
Department of Health and Human Services
7500 Security Blvd.
Baltimore, MD, 21244

RE: CMS-9930-P, Patient Protection and Affordable Care Act; HHS Notice of Benefit and Payment Parameters for 2019

Dear Administrator Verma,

The National Comprehensive Cancer Network® (NCCN®) is pleased to comment on the HHS proposed rule for 2019 Benefit and Payment Parameters under the Patient Protection and Affordable Care Act, as it relates to NCCN's mission of improving the quality, effectiveness, and efficiency of cancer care so that patients can live better lives.

As an alliance of 27 leading academic cancer centers in the United States that treat hundreds of thousands of cancer patients annually, NCCN is a developer of authoritative information regarding cancer prevention, screening, diagnosis, treatment, and supportive care that is widely used by clinical professionals. NCCN Clinical Practice Guidelines in Oncology® (NCCN Guidelines®) are the recognized standard for clinical policy in cancer care and are the most thoroughly and frequently updated clinical practice guidelines available in any area of medicine. Since 2008, CMS has recognized the NCCN Drugs & Biologics Compendium (NCCN Compendium®) as a mandated reference for establishment of coverage policy and coverage decisions regarding the use of drugs and biologics in cancer care. The NCCN Guidelines® and their derivatives help ensure access to appropriate care, clinical decision-making, and assessment of quality improvement initiatives.

**Qualified Health Plan Minimum Certification Standards**

In the March 2017 Market Stabilization rule, HHS finalized several standards to affirm the role of States in overseeing their health insurance markets while reducing the regulatory burden of participating in Exchanges for issuers. In the 2019 Notice of Benefit and Payment Parameters, HHS proposes to continue to enhance State flexibilities in Qualified Health Plan (QHP) certification by removing the requirement that State-based Exchanges on the Federal platform (SBE-FPs) establish and oversee network adequacy and essential community provider requirements for their issuers that are no less strict that the manner in which these regulatory requirements are applied to Federally-Facilitated Exchange (FFE) issuers.

Additionally, beginning in the 2019 plan year, HHS proposes to defer to States’ network adequacy review for FFES and SBE-FPs in States that are determined to have an adequate review process “with the authority to enforce standards that are at least equal to the ‘reasonable access standard’ defined in §156.230 as a means to assess issuer network
adequacy.” For States in which they do not have authority to conduct sufficient network adequacy review, HHS proposes they rely on an issuer’s accreditation or, for those unaccredited issuers, submission of an access plan as part of the QHP application.

Timely access to a robust provider network is a critical component of high-quality cancer care. While NCCN supports reducing duplicative regulations, we remain concerned that a reduced federal role in ensuring network adequacy could lead to increased geographic disparities in timely patient access to high-quality and affordable cancer care. NCCN supports network adequacy standards that allow health insurance companies to negotiate appropriate rates with all high-quality, high-value providers, including academic cancer centers, which frequently see higher severity cases and offer best-in-class and innovative therapies as well as access to clinical trials. Academic cancer centers remain the backbone of oncology care, providing essential resources that patients with cancer may not be able to access in other settings of care; in turn, it is imperative that access to academic centers is available—at affordable rates—via the provider networks in both the federal and state health insurance marketplaces. NCCN encourages HHS to incorporate additional guidance into the network adequacy requirements specific to cancer-related care, which tends to be multidisciplinary and often multisite, requiring close care coordination and adherence to established evidence-based guidelines to optimize outcomes in the highest quality and most cost-effective way.

**Essential Health Benefits Benchmark Plan**

HHS seeks comment on a federal default Essential Health Benefit benchmark plan and specifically seeks comment on a national benchmark plan standard for prescription drugs. NCCN supports a federal benchmark for states to meet when offering essential health benefits, particularly for prescription drugs used in oncology, if this benchmark is driven by continuously updated, transparent, and high-quality clinical guidelines like the NCCN Guidelines. NCCN believes that a patient’s postal code should not determine the level of care they receive. Instituting federal standards, driven by high-quality, transparent, and continuously updated clinical guidelines, will decrease geographic disparities, reduce treatment costs, and improve equitable access to high-quality cancer care.

Off-label uses of therapies are uniquely important to oncologic care. Recognizing the need for an evidence-based guideline for clinicians to follow when prescribing off-label indications, NCCN developed the NCCN Compendium®. Derived directly from the recommendations within the NCCN Guidelines, the NCCN Compendium is recognized by public and private insurers alike, including, but not limited to CMS, as an evidence-based reference for establishment of coverage policy and coverage decisions, including off-label use of anticancer and cancer-related medications. The NCCN Compendium is internationally respected, continuously updated, and a free-to-low-cost resource that States can use to ensure prescription drug cost savings. To ensure that any national drug standard allows ease of access to medically appropriate off-label therapies, NCCN recommends utilizing the NCCN Compendium when developing the national benchmark plan standard for prescription drugs.

Innovation in cancer care is occurring at a rapid pace, creating a need for clinical care standards that are adaptable and continuously updated. The NCCN Guidelines—from which the NCCN Compendium is derived—are transparent, continuously updated, and available free of charge online and through a multitude of health information technology vendors. Additionally, NCCN Guidelines and compendia products are already utilized by commercial payers that represent more than 75 percent of covered lives in the United States.

NCCN again appreciates the opportunity to comment on HHS’ PPACA Notice of Benefit and Payment Parameters for 2019. If you have any questions, we would welcome the chance to discuss our comments further. Thank you for your time and consideration of our comments today.

Sincerely,

Robert W. Carlson, MD
Chief Executive Officer
National Comprehensive Cancer Network carlson@nccn.org
215.690.0300