January 10, 2017

The Honorable Dr. Phil Roe
U.S. House of Representatives
1109 Longworth House Office Building
Washington, DC 20515

Dear Honorable Doctor Phil Roe and the Members of the GOP Doctors Caucus:

The National Comprehensive Cancer Network® (NCCN®), a not-for-profit alliance of 27 leading academic cancer centers in the United States that treat hundreds of thousands of patients with cancer annually, writes to the GOP Doctors Caucus regarding the:

- Medicare and CHIP Reauthorization Act (MACRA)
- Repeal and replacement of the Patient Protection and Affordable Care Act (ACA) and
- 21st Century Cures Act

NCCN and its member institutions are devoted to patient care, research, and education and dedicated to improving the quality, effectiveness, and efficiency of cancer care so that patients can live better lives. 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®) represent the standard of care for clinicians and policy makers. The NCCN Guidelines® and its derivatives help ensure access to appropriate care, clinical decision-making, and assessment of quality improvement initiatives. NCCN Guidelines are the recognized standard for clinical policy in cancer care and are the most thorough and frequently updated clinical practice guidelines available in any area of medicine.

Since June 2018, 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. Additionally, in July 2016, CMS recognized NCCN as a qualified provider-led entity (PLE) for the new Medicare Appropriate Use Criteria (AUC) Program for developing AUC and establishing policy and decision-making for diagnostic imaging in patients with cancer. The NCCN Imaging AUC™ supports clinical decision-making around the use of imaging in patients with cancer by outlining all imaging procedures recommended in the NCCN Guidelines, including radiographs, computed tomography (CT) scans, magnetic resonance imaging (MRI), functional nuclear medicine imaging (PET, SPECT), and ultrasound.

Should the Caucus support further initiatives focused on quality provision of care as a means to control cost and support and enhance value in care delivery, we wish to note NCCN has developed additional compendia. For example, we developed the NCCN Biomarkers Compendium® out of necessity for patients, providers and payer coverage determination policy in this exploding and exciting area of precision medicine. Moreover, NCCN will be launching a Radiation Therapy Compendium in the first quarter 2017. NCCN is committed to ensuring that
the most up-to-date recommendations are available and our over 1,300 experts from the faculty of our member institutions review and update the NCCN Guidelines and their derivatives on a continual basis to ensure that the recommendations take into account the most current evidence.

MACRA

As the arbiter of the standard of care in oncology, NCCN strives to ensure that patients with cancer have access to the highest-quality and most effective and efficient care possible. We applaud the Doctors Caucus on the passage of MACRA and its commitments to drive continued quality of care improvement. We appreciate your October 6th, 2016 letter to Acting Administrator Andrew Slavitt and the Director of Office of Management and Budget Shaun Donovan that noted CMS should engage clinicians in the Merit-Based Incentive Payment System (MIPS) with a reporting system that is not burdensome and includes detailed and timely feedback, which we too view as critical to improving quality of care for patients and included in our own comments to CMS. In cancer care, where multidisciplinary care provides optimal outcomes, a number of practitioners both in and outside the hospital and practice provide a patient’s care. Thus, a quality reporting infrastructure must be in place that aids with the collaborative nature of cancer care and the provider-patient relationship, so that care delivery is patient-centric, and results in better quality of life, as opposed to a reporting system that is cumbersome and detracts clinician time away from the patient.

Additionally, we acknowledge and understand the position of many in Congress that the Center for Medicare and Medicaid Innovation (CMMI) may have overreached with certain of its pilots and demonstrations promoting changes to other Congressional acts without advice and consent. We do believe that the ability to test new models of care promoting continuous quality of care improvement is an important part of MACRA’s success and a valuable tool provided to the Secretary in shaping the face of Medicare and Medicaid without wholesale overhaul of either law. Seven of the NCCN member institutions are participating in the Oncology Care Model (OCM), a model that we believe to be a good first step in incentivizing cancer care quality improvement and care coordination across collaborative providers and payers to improve patient experience and outcomes. As stated in our June 2016 letter to CMS, NCCN not only supports Advanced APMs such as the OCM but also encourages the formulation of additional models for cancer care provider participation.

Repeal and Replacement of the ACA

Patients with cancer have significant and diverse health needs from time of diagnosis to treatment to long-term survivorship to end of life care. Many of these patients have benefitted immensely from provisions within the ACA, such as being diagnosed earlier, having diagnostics covered and receiving insurance coverage for subsequent treatment. Given NCCN’s commitment to ensuring patient access to high quality cancer care, we have significant concerns with the repeal and replacement of the ACA. Specifically, we urge Congress to:
1) Retain the ban on pre-existing condition exclusions

NCCN supports continuing the ban on pre-existing condition exclusions. Should Congress choose an alternative solution, NCCN hopes that such a solution would continue the spirit of this provision in order to ensure that patients with cancer maintain their access to care. NCCN is concerned about the number of patients who are otherwise healthy prior to diagnosis and who, under the ACA, would be protected if the provision on pre-existing condition exclusions were to continue as is, but who, under alternative language, would lose this critical protection. NCCN urges the Doctors Caucus to engage with NCCN or its member institutions before instituting such a change.

Furthermore, NCCN is concerned about the ability of patients with cancer, or who have previously had cancer, to obtain reasonably affordable insurance coverage that includes access to appropriate treatments and adequate networks of high quality providers (including academic cancer centers) should the ACA be repealed and replaced.

2) Ensure patient out-of-pocket costs do not limit patient access to cancer care

NCCN understands that an ACA replacement may include a system of vouchers and health savings accounts (HSAs) in order to offset potential out-of-pocket costs and keep care affordable in the absence of an individual insurance mandate. However, cancer is among the most expensive conditions, and we fear that vouchers and savings accounts may not sufficiently cover the costs of care, particularly if the insurance risk pool does not include enough incentive for healthy patients to obtain coverage. For this reason, if the individual mandate is sunset and replaced with a voucher and/or HSA system, additional patient protections, such as out-of-pocket maximums, must be put in place to preserve the integrity of insurance coverage for those who need care the most.

21st Century Cures Act

NCCN applauds the Doctors Caucus’ support of the 21st Century Cures Act. A number of sections within the Act align with NCCN’s mission of enabling access to high quality, effective, and efficient cancer care:

- Funding to advance cancer research and the availability of new therapies, vaccines, and prevention and detection tools through the “Cancer Moonshot” and Precision Medicine Initiative
- FDA approval process to allow therapies to reach patients more quickly but with the same standards of review, as well as the inclusion of real-world evidence when appropriate as a factor in certain decisions
- Interoperability of Health Information Technology (HIT) to allow for more seamless patient care and reduce provider administrative burden

In summary, NCCN is committed to working with the Doctors Caucus and other policymakers to ensure that patients with cancer have access to high quality, effective and efficient cancer care.

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care. We applaud the Doctors Caucus for its work with MACRA and the 21st Century Cures Act and hope our concerns regarding the repeal and replacement of the ACA will be taken under careful consideration. We would welcome the opportunity for continued dialogue to ensure that healthcare accessibility and affordability goals within the cancer care space are furthered rather than hindered.

NCCN and its member institutions will make themselves available as any issues of cancer policy arise. NCCN works collaboratively with groups such as the American Society of Clinical Oncology (ASCO), Community Oncology Alliance (COA), and the Association of Community Cancer Centers (ACCC), as well as many patient advocacy groups. Given the new incoming Congress and administration, we would welcome the opportunity to meet with members of the Doctors Caucus in January. We are happy to organize such a meeting through your office and would welcome your invitation to as many Caucus members as you deem appropriate to the meeting.

Sincerely,

Robert W. Carlson, MD
NCCN
Chief Executive Officer