



National
Comprehensive
Cancer
Network®

275 Commerce Drive, Suite 300
Fort Washington, PA 19034
215.690.0300
Fax: 215.690.0280
For Clinicians: NCCN.org
For Patients: NCCN.org/patients

Robert W. Carlson, MD
Chief Executive Officer
carlson@nccn.org

March 21, 2017

The Honorable Greg Walden
Chairman
House Committee on Energy and Commerce
U.S. House of Representatives
2185 Rayburn House Office Building
Washington, D.C. 20515

Dear Chairman Walden:

The National Comprehensive Cancer Network® (NCCN®) is an alliance of 27 leading academic cancer centers in the United States that treat hundreds of thousands of cancer patients annually and develops authoritative information regarding cancer prevention, screening, diagnosis, treatment, and supportive care that is widely used by clinical professionals, patients, and payers.

NCCN believes that an essential part of ensuring access to high-quality cancer care is ensuring such care is affordable both at the monthly premium level and at the out-of-pocket level. If care is too high-cost or there are minimal quality options available, then high-quality cancer care is truly not accessible. NCCN believes that any health care plan proposed to repeal, replace, or modify the Patient Protection and Affordable Care Act (ACA) must provide equal or greater coverage, access, and affordability for diagnosis and treatment, without undue hardship or financial constraint, for all patients with cancer.

NCCN agrees there are ways to improve the current health care system for Americans with cancer, the clinical professionals who care for them, and payers. NCCN is pleased that the currently proposed American Health Care Act (ACHA) maintains the requirement of coverage of individuals with preexisting conditions and excludes annual or lifetime dollar limits. However, we are concerned for Americans with cancer that affordability, coverage of products and services in cancer treatment, and overall access will be impeded by allowing health insurers to set their own rates, or by providing states the ability to experiment with Medicaid coverage, without appropriate patient protections.

If Congress repeals certain components of the ACA's insurance provisions, health insurers will be able to set their own payment rates for critical services. In this case, repeal of these provisions could inadvertently result in lower coverage for quality cancer care services and potentially make treatment unaffordable for many patients.

Since the passage of the ACA, 20 million people have gained insurance coverage including patients with cancer.¹ Under the ACA, proven cancer screening and other preventive care are available at no cost for consumers. Removing these important provisions will reduce early detection, thus increasing adverse health outcomes and costs for Americans with cancer. With

Fred & Pamela Buffett
Cancer Center

Case Comprehensive Cancer
Center/University Hospitals
Seidman Cancer Center and
Cleveland Clinic Taussig
Cancer Institute

City of Hope Comprehensive
Cancer Center

Dana-Farber/Brigham and
Women's Cancer Center
Massachusetts General Hospital
Cancer Center

Duke Cancer Institute

Fox Chase Cancer Center

Huntsman Cancer Institute
at the University of Utah

Fred Hutchinson Cancer
Research Center/
Seattle Cancer Care Alliance

The Sidney Kimmel
Comprehensive Cancer
Center at Johns Hopkins

Robert H. Lurie Comprehensive
Cancer Center of Northwestern
University

Mayo Clinic Cancer Center

Memorial Sloan Kettering
Cancer Center

Moffitt Cancer Center

The Ohio State University
Comprehensive Cancer Center -
James Cancer Hospital and
Solove Research Institute

Roswell Park Cancer Institute

Siteman Cancer Center
at Barnes-Jewish Hospital
and Washington University
School of Medicine

St. Jude Children's
Research Hospital/
The University of Tennessee
Health Science Center

Stanford Cancer Institute

University of Alabama at
Birmingham Comprehensive
Cancer Center

UC San Diego
Moore's Cancer Center

UCSF Helen Diller Family
Comprehensive Cancer Center

University of Colorado
Cancer Center

University of Michigan
Comprehensive Cancer Center

The University of Texas
MD Anderson Cancer Center

University of Wisconsin
Carbone Cancer Center

Vanderbilt-Ingram
Cancer Center

Yale Cancer Center/
Smilow Cancer Hospital

¹ Health Insurance Coverage and the Affordable Care Act, 2010 - 2016. ASPE. <https://aspe.hhs.gov/pdf-report/health-insurance-coverage-and-affordable-care-act-2010-2016>. Published July 16, 2016. Accessed March 10, 2017.

approximately 1.5 million Americans with a history of cancer relying on Medicaid coverage,² NCCN is deeply concerned that the proposed reduction in Medicaid funding could leave the most vulnerable patient populations without affordable and timely access to optimal cancer diagnosis and evidence-based cancer treatment.

NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) and compendium products are utilized by the majority of commercial payers in the United States. Moreover, the NCCN Drugs & Biologics Compendium (NCCN Compendium®) is recognized by public and private insurers alike, including the Centers for Medicare & Medicaid Services (CMS). Our research with commercial payers has shown significant cost reductions when providers are asked to adhere to evidence-based, consensus driven NCCN Guidelines® and compendium products.³ This is not reform based on cost, but upon facilitating providers to follow good medical practice. We further have released compendia for biomarkers, radiation, imaging and soon surgery that allow for additional adherence-based cost reductions. Our 27 member institutions are actively pursuing value-based approaches to care based on NCCN Guidelines and compendium products: bundles in breast, colon, and lung cancers; indication-based pricing; combination-based pricing; and other pilots that are widely accepted and done in partnership with national and regional payers.

The President includes three key elements in coverage reform: repair necessary aspects of the ACA, ensure greater access, and lower total cost of care. NCCN is and should be a part of those initiatives. We are committed to work with policymakers, the Administration, and other stakeholder groups to ensure that all Americans with cancer have access to high-quality, effective, and efficient cancer care.

Thank you for your consideration on this important matter.

Sincerely,



Robert W. Carlson, MD
Chief Executive Officer
National Comprehensive Cancer Network

cc: Members of the House Committee on Energy and Commerce
Members of the House Committee on Ways and Means
Members of the Senate Committee on Finance
Members of the Senate Committee on Health, Education, Labor, and Pensions

² House Health Bill Would Lead to Less Coverage, Higher Patient Costs. American Cancer Society Cancer Action Network. <https://www.acscan.org/releases/house-health-bill-would-lead-less-coverage-higher-patient-costs>. Published March 7, 2017. Accessed March 10, 2017.

³ Newcomer LN, Weinger R, Carlson RW. Transforming Prior Authorization to Decision Support. *Journal of Oncology Practice*. 2017;13(1). doi:10.1200/jop.2016.015198.