



Thursday, May 21, 2015

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Energy & Commerce Committee Releases Updated 21st Century Cures Legislation; 340B Reform Measure Not Included

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IMS Institute Unveils Global Oncology Trend Report

The IMS Institute for Healthcare Informatics shared its updated perspective on global oncology trends in a report entitled, "Developments in Cancer Treatments, Market Dynamics, Patient Access and Value." [Read below](#)

CDC Report: Cancer Screening Rates on Decline

A new report from the Centers for Disease Control and Prevention (CDC) finds that Screening rates for breast and colorectal cancer saw no improvement overall from 2010 to 2013. Cervical cancer screening rates fell during that same time period. [Read below](#)

Energy & Commerce Committee Releases Updated 21st Century Cures Legislation



The E&C Committee released their updated version of the 21st Century Cures legislation on May 19, which aims “to bridge the gap between advances in science and medicine” and expedite the approval of breakthrough therapies.

The new draft legislation fills in placeholders for issues such as telehealth and the interoperability of electronic health records. It would also give the Department of Health and Human Services (HHS) 18 months following enactment to begin standardizing data in clinical trial registries to facilitate sharing information on enrollees and potential trial participants. Previous drafts released, such as the one released on [April 29](#), failed to include any concrete timeline.

The E&C Committee will begin mark-up on the bill this week.

House lawmakers now aim to sign the Cures legislation into law by the end of 2015. However, a similar bill in the Senate remains in its earliest stages, which may push the overall legislative timeline into 2016, according to Sen. Lamar Alexander (R-TN).

For the most recent version of the 21st Century Cures legislation, [CLICK HERE](#).

For the section-by-section released May 19, [CLICK HERE](#).

340B Reform Measure Not Included, But Some Reforms May Remain in Play

While a last-minute measure to reform the Medicare 340B drug discount program was not included in the latest draft of the 21st Century Cures bill released May 19, reports indicate that Republican Cures chief Congressman Fred Upton (R-MI) would like to include some of the 340B reforms floated with the Committee last week, which would have made it more difficult for hospitals and providers to receive drug discounts by redefining patient populations eligible for the program.

Instead, lawmakers may consider smaller policy changes such as increased oversight by the Human Resources and Services Administration (HRSA) on the 340B program to provide discounts on outpatient drugs to facilities in rural and underserved communities.

The widely circulated discussion draft outlined numerous potential changes to the drug discount program. Specifically, some of the provisions would have required:

- Eligible entities for drug discounts to see patients in person and maintain their medical records;

- Patients to receive healthcare services that result in hospitals prescribing the discounted drugs and to receive such services from employees or contractors of 340B entities;
- Hospitals to contract with and register each pharmacy and its distance from hospitals they serve;
- Hospitals to track patient income and the amount eligible patients pay for outpatient drugs with each pharmacy; and
- Hospitals, except critical-access hospitals, to submit annual reports to HRSA on their patient mix, aggregate acquisition costs and reimbursement from 340B drugs by each type of payer.

The 340B drug discount program requires drug manufacturers to provide outpatient drugs at significantly reduced prices to eligible health care organizations.

For the full discussion draft of the 340B reform measure, [CLICK HERE](#).

For the 340B policy explanation, [CLICK HERE](#).

Connecticut Senate Bill Proposes Site-Neutral Payment Reforms

A Senate bill (SB 807) introduced in the Connecticut legislature this year contains, amongst other things, language calling for site neutral payment reforms.

The bill language states that each health insurer or other entity that contracts with healthcare providers to provide healthcare services must include in each contract renewed or amended site-neutral reimbursement policies as recommended by the Medicare Payment Advisory Commission's June 2013 Report to the Congress. It would require the same reimbursement to all healthcare providers regardless of where the services are performed on or after October 1, 2015.

According to a [bill summary](#), the legislation aims “to promote the use of low-cost, high-quality healthcare providers, mitigate the anticompetitive effects of hospital consolidations and encourage administrative efficiency.”

The bill was referred to the Senate Committee on Appropriations on May 5, following introduction by the Insurance and Real Estate Committee.

The US Oncology Network, as part of the Alliance for Site-Neutral Payment Reform, strongly supports policy reforms to address the growing access to care issues for patients created by disparities in payment rates for identical clinical services provided in different healthcare settings.

Petition Calls for Expanded Copay Assistance Programs, Patient Access to Cancer Care



A new petition has been circulated, urging policymakers to advance policies to allow providers to utilize manufacturer-offered co-pay assistance for patients insured through federal programs, such as Medicare, Medicaid, VA, DOD or Tricare. Under current law, government-funded insurance does not allow its beneficiaries to participate in prescription co-pay assistance programs for expensive specialty medications, which are available to subscribers of commercial insurance.

Peggy Polito, a Nurse Navigator at Virginia Cancer Specialists, filed the petition as part of the Open Government Initiative on May 18. As Polito explains, current policy “leaves some of our neediest patients with monthly co-pays as high as \$5,000 to \$10,000.” Therefore, she adds, “[m]any patients choose to forgo first line oral chemotherapy treatments or other equally important treatments in favor of paying for food or shelter.”

If the petition is able to garner 100,000 signatures by June 17, it will require an official response from the White House.

For more information or to sign the petition, [CLICK HERE](#).

IMS Institute Unveils Global Oncology Trend Report

The IMS Institute for Healthcare Informatics shared its updated perspective on global oncology trends in a report entitled, “Developments in Cancer Treatments, Market Dynamics, Patient Access and Value.”

On the whole, the group asserted that earlier diagnoses, longer treatment duration, and increased effectiveness of drug therapies are leading to an increase in spending on cancer care and, in turn, have contributed to a rapidly changing care environment for oncologists, payers and governments alike.

According to the IMS, key findings from the report include:

- Global spending on oncology medicines – including therapeutic treatments and supportive care – reached the \$100 billion threshold in 2014, even as the share of total medicine spending of oncologics increased only modestly.
- Growth in global spending on cancer drugs – measured using ex-manufacturer prices and not reflecting off-invoice discounts, rebates or patient access programs – increased at a compound annual growth rate (CAGR) of 6.5 percent on a constant-dollar basis during the past five years.
- Earlier diagnosis, longer treatment duration and increased effectiveness of drug

therapies are contributing to rising levels of spending on medicines for cancer care.

- In most instances, five-year survival rates have risen through continuous and small improvements in detection and treatment – including refinements with existing treatments and gains from new treatment options.
- By 2020, most oncology drugs will carry multiple indications, reflecting developers' pursuit of genetic targets across multiple tumors, and the rise of immuno-oncologics, which may have more than six indications
- Of 88 cancer drugs marketed in 2014, 40 were for single indications and 48 for multiple indications.

For the full report, [CLICK HERE](#).

CDC Report: Cancer Screening Rates on Decline

A new report from the Centers for Disease Control and Prevention (CDC) finds that screening rates for breast and colorectal cancer saw no improvement overall from 2010 to 2013, while cervical cancer screening rates fell during that same time period. The CDC report was published in the May 8 issue of the *Mortality and Morbidity Weekly Report*.

The report findings were based upon the goals set for cancer screening in the Healthy People 2020 program, which follows the current US Preventive Services Task Force guidelines. The report authors also used National Health Interview Survey data to track progress toward these targets.

Key findings include:

- **Papanicolaou Testing:** More than 80 percent of women aged 21 to 65 years reported recent testing, however this is below the Healthy People 2020 goal of 93 percent. The screening rate also declined by 5.5 percentage points between 2000 and 2013.
- **Mammography:** The overall rate of mammography screening remained flat between 2000 and 2013. However, among women aged 50 to 74 years, 81.1 percent reported having a mammogram in 2014 – 8.5 percentage points lower than the Healthy People 2020 goal.
- **Colorectal Screening:** Overall, colorectal cancer testing rates rose 24.6 percentage points between 2000 and 2013, however the rate was flat between 2010 and 2013. Among respondents aged 50 to 75 years, more than 58 percent reported recent colorectal cancer testing, which falls below the Healthy People 2020 target of 70.5 percent.

The CDC report further concluded that screening rates for some cancer varied greatly across population demographics including ethnic background, education, income and insurance coverage.

"Increased efforts are needed to reach Healthy People 2020 cancer screening targets and reduce disparities," the researchers stated. "More intensive or focused efforts might be required to overcome persistent barriers among specific population subgroups."

To download the full CDC report, [CLICK HERE](#).

To learn more about the Healthy People 2020 objectives, [CLICK HERE](#).

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