



Wednesday, October 18, 2017

The US Oncology Network PAC Board Meets with Healthcare Policymakers in DC

On Thursday, October 12 members of The US Oncology PAC Board met with healthcare policymakers in Washington, DC, including key leaders of the House Energy and Commerce Committee and Ways and Means Committee, to discuss pressing issues facing community oncology. [Read below.](#)

House Energy & Commerce Oversight Subcommittee Examines 340B Drug Discount Program

On October 11, the House Energy & Commerce Oversight Subcommittee held a hearing, “Examining How Covered Entities Utilize The 340B Drug Pricing Program,” which focused on covered entities’ 340B programs, including how 340B program savings are being used to help patients. [Read below.](#)

President Trump Issues Healthcare Executive Order

On October 12, President Donald Trump signed the “Presidential Executive Order Promoting Healthcare Choice and Competition Across the United States,” allowing small businesses to band together to buy group insurance plans, known as Association Health Plans (AHP). [Read below.](#)

Trump Administration Terminates CSR Payments

On October 12, the Trump Administration announced that cost-sharing reduction (CSR) payments would be discontinued immediately, ending subsidies to health insurers for covering low-income individuals. [Read below.](#)

Trump Names Hargan as Acting HHS Secretary

President Donald Trump has formally designated Eric Hargan as acting secretary of the U.S. Department of Health and Human Services, taking over for a deputy who’s held the job since Tom Price resigned. [Read below.](#)

NIH Partners with Pharmaceutical Companies on \$215M Cancer Moonshot Initiative

The National Institutes of Health (NIH) and a consortium of 11 pharmaceutical companies are launching a public-private partnership to find cancer biomarkers for immunotherapies called Partnership for Accelerating Cancer Therapies (PACT), which is a five-year public-private research collaboration. [Read below.](#)

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The US Oncology Network PAC Board meets with Congressman Kevin Brady (TX-8)



The US Oncology Network PAC Board meets with Congressman Gene Green (TX-29)

On Thursday, October 12 members of The US Oncology Network PAC Board met with healthcare policymakers in Washington, DC, including key leaders of the House Energy and Commerce Committee and Ways and Means Committee, to discuss pressing issues facing community oncology. The Network physicians highlighted the need to expand site neutral payment policies, growth of the 340B program as a contributing factor to the consolidation of community oncology practices and CMS' proposed application of the MIPS adjustment to Part B drugs.

Members of The US Oncology PAC Board met with the following lawmakers:

- Congressman Greg Walden (OR-02) – Chair, House Energy and Commerce Committee
- Congressman Kevin Brady (TX-08) – Chair, House Ways and Means Committee
- Congressman Michael Burgess, MD (TX-29) – Chair, House Energy and Commerce Health Subcommittee
- Congressman Gene Green (TX-29) – Ranking Member, House Energy and Commerce Health Subcommittee
- Congressman Don Beyer (VA-08)
- Congressman Larry Bucshon, MD (IN-08)
- Congressman Bill Flores (TX-17)
- Congressman Paul Tonko (NY-20)
- Congressman Brad Wenstrup, DPM (OH-02)

Thank you to all The US Oncology Network PAC Board members who traveled to DC and helped make our Capitol Hill visits successful!

House Energy & Commerce Oversight Subcommittee Examines 340B Drug Discount Program



On October 11, the House Energy & Commerce Oversight Subcommittee held a hearing, “Examining How Covered Entities Utilize The 340B Drug Pricing Program,” which focused on covered entities’ 340B programs, including how 340B program savings are being used to help patients. While lawmakers generally support the program, there is general agreement that Congress should take steps to ensure the program is not being used improperly. At the hearing, Members voiced support for the program, but raised concerns about transparency, data quality, drug costs and hospital consolidation.

Witnesses at the hearing included:

- [Ms. Shannon A. Banna](#), Director of Finance and System Controller, Northside Hospital, Inc.
- [Mr. Mike Gifford](#), President and CEO, AIDS Resource Center of Wisconsin
- [Dr. Ronald A. Paulus](#), President and CEO, Mission Health Systems, Inc.
- [Mr. Charles Reuland](#), Executive Vice President and COO, Johns Hopkins Hospital
- [Ms. Sue Veer](#), President and CEO, Carolina Health Centers, Inc.

Published prior to the hearing, a [Forbes column](#) by economist Dr. Wayne Winegarden describes how the 340B program, originally intended to subsidize the cost of medications prescribed to uninsured, low income patients, has gotten off track. The column sites negative consequences stemming from the program experienced by The Network including, “the unrestrained growth of the 340B program as a contributing factor to the unwarranted consolidation of community oncology practices. Due to this consolidation, healthcare costs are rising faster because more cancer patients are being transitioned from lower cost physician-office settings to the higher cost hospital settings.”

To read the E&C background memo, [CLICK HERE](#).

To watch the hearing, [CLICK HERE](#).

President Trump Issues Healthcare Executive Order



On October 12, President Donald Trump signed the “Presidential Executive Order Promoting Healthcare Choice and Competition Across the United States,” allowing small businesses to band together to buy group insurance plans, known as Association Health Plans (AHP). The order gives employers the ability to buy insurance across state lines and an exemption from some of the Affordable Care Act’s (ACA) mandated benefits. While the EO allows plans to offer fewer benefits, plans could also cost less.

Under the EO, AHPs cannot exclude any employee from participating in the plan and cannot price an individual's premium based on their health condition. AHPs must offer coverage to dependent children up to the age of 26, cannot have annual or lifetime limits, cannot have cost sharing for preventive services and cannot have pre-existing conditions exclusions.

The EO also expands availability of short-term limited duration insurance (STLDI) to make insurance more accessible to individuals between jobs seeking an alternative to COBRA, individuals in counties with only a single insurer offering exchange plans, individuals in rural areas with limited coverage networks and those who missed the ACA's open enrollment period but still desire insurance.

Last, the EO expands employers' ability to utilize health reimbursement arrangements (HRAs) to offer employees to exercise greater control over how to finance their healthcare needs.

To read the executive order, [CLICK HERE](#).

To read the White House statement, [CLICK HERE](#).

Trump Administration Terminates CSR Payments

On October 12, the Trump Administration announced that cost-sharing reduction (CSR) payments would be discontinued immediately, therefore the Administration will no longer be reimbursing insurers for the subsidies required for low-income individuals under the Affordable Care Act (ACA).

According to the Administration, the government cannot lawfully make the payments. In an [opinion from the Attorney General](#), the Trump Administration concluded that the previous Administration overstepped the legal boundaries drawn by the US Constitution. Because the Congress had not appropriated money for CSRs, the Trump Administration ended CSR payments immediately upon announcement.

CSR payments, under the ACA, provided a discount that lowers the amount consumers have to pay for deductibles, copayments and coinsurance. The federal subsidies were granted to qualifying low-income households that purchased coverage in the insurance marketplaces. To qualify for CSR payments, households had to fall between 100% to 250% of the federal poverty level (FPL). Under the ACA, the federal government made payments to insurers for the estimated cost of the CSR payments throughout the year. According to estimates, the reductions cost insurers around \$7 billion a year currently.

To read the HHS statement on CSR payments, [CLICK HERE](#).

To read HHS' CSR payment memo, [CLICK HERE](#).

Trump Names Hargan as Acting HHS Secretary



President Donald Trump has formally named Eric Hargan as acting secretary of the U.S. Department of Health and Human Services, taking over for a deputy who's held the job since Tom Price resigned.

Hargan is a former corporate lawyer who served on Trump's transition team. He has held various positions at HHS, including deputy secretary, under President George W. Bush.

To read more about Acting Secretary Hargan, [CLICK HERE](#).

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The National Institutes of Health (NIH) and a consortium of 11 pharmaceutical companies are launching a public-private partnership to find cancer biomarkers for immunotherapies called Partnership for Accelerating Cancer Therapies (PACT), which is a five-year public-private research collaboration.

The partnership will be funded by \$215 million, with drug makers contributing \$55 million and the National Cancer Institute contributing up to \$160 million.

PACT will initially focus on efforts to identify, develop and validate robust biomarkers — standardized biological markers of disease and treatment response — to advance new immunotherapy treatments that harness the immune system to attack cancer. The partnership will be managed by the Foundation for the National Institutes of Health (FNIH), with the Food and Drug Administration serving in an advisory role.

To read the NIH statement, [CLICK HERE](#).