

February 25, 2014

Ms. Marilyn Tavenner
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
7500 Security Boulevard
Baltimore, MD 21244-1850

Re: Draft 2015 Letter to Issuers in the Federally-Facilitated Marketplace

Dear Ms. Tavenner:

The State Patients Equal Access Coalition (SPEAC) appreciates the opportunity to comment on the Letter to Issuers on Federally-Facilitated Marketplace. These policies are critical to ensuring that individuals with cancer can access comprehensive, high-quality health insurance. SPEAC is a patient-focused coalition which works to ensure that cancer patients have appropriate access to all approved anticancer regimens including, but not limited to, oral and intravenous drugs, intramuscular injections, surgery, radiation, and transplantation. SPEAC believes that all cancer patients should have access to the anticancer regimens recommended by their physicians and should not be forced to choose a less appropriate treatment option, or possibly forego treatment, simply because of inordinate out-of-pocket costs due to differences in the mechanism of delivery. Our comments by section follow:

Chapter 2, Section 3—Network Adequacy

SPEAC members commend the decision to establish a process for determining network adequacy that does not rely on plan accreditation and state review and also supports a “reasonable access” review of the lists of network providers and facilities submitted by issuers. SPEAC is aware of states in which patients must travel four or more hours to reach a cancer center and/or to seek care at a participating hospital, which creates challenges to completing their treatment regimen and may limit access to care. Provider networks are of critical importance to assure access to high quality, multi-disciplinary care to treat cancer and manage symptoms and this decision will help promote adequate networks in the plans. As a coalition focused on access to appropriate cancer care, we believe that the foundation of quality care is the patient-physician relationship.

Chapter 3, Section 2 – Prescription Drugs

We appreciate several of the proposed policies in this section and believe that they will benefit cancer patients enrolled in Marketplace plans. In particular, we support:

- That CMS is proposing to allow issuers to indicate whether drugs are considered “medical drugs” covered under the medical rather than pharmacy benefit. We encourage CMS to go a step further and require that plans indicate whether drugs are covered under the medical benefit. Many physician-administered drugs, including anticancer treatments and blood products, are covered under the medical benefit. It has been very difficult for cancer patients to determine how their treatments are covered under Marketplace plans and we believe that plans should be required to be transparent about how drugs are covered under their plans.

- That CMS is proposing to require plans to provide an up-to-date link to their entire formulary, including tiering and cost-sharing for drugs, so that consumers can access the formulary without enrolling in the plan. It has been challenging for cancer patients to determine whether and how their treatments are covered by many Marketplace plans. Those plans that release information about their formularies are likely to attract individuals with particular drug needs. The letter's proposed greater degree of specificity will both level the playing field amongst carriers and provide consumers with the detailed information they need to make informed choices.
- That CMS is proposing to require Marketplace plans to temporarily cover non-formulary drugs, including drugs that are on the formulary but require step therapy or prior authorization. It is critical that cancer patients can access treatments without delay since delaying or disrupting a treatment regimen can harm patients and require restarting the regimen. Likewise, we support that CMS may require continuity of access to specialists for people in the midst of a course of cancer treatment.

Chapter 6, Section 1 – Provider Directory

We support the proposal to require that QHPs make their provider directories up-to-date and public to consumers. Cancer patients must have confidence that they can select a Marketplace plan that will include access to the health care providers they need. Since out-of-network spending does not count towards a person's out-of-pocket maximum, it can be financially devastating for people to access providers not in their network. We encourage CMS to also require plans to make public their pharmacy network directories.

Conclusion

We hope to ensure that cancer patients have full access to appropriate therapies, regardless of the delivery mechanism. PEAC and SPEAC appreciate the opportunity to comment on CCIIO's implementation of policies for federally-facilitated Marketplaces. If you have any questions or would like any additional information, please contact Meghan Buzby, International Myeloma Foundation, at 410-252-3457 or mbuzby@myeloma.org.

Sincerely,
 AIM at Melanoma
 Association of Community Cancer Centers (ACCC)
 Cancer Support Community
 Community Oncology Alliance (COA)
 Genentech, Inc.
 International Cancer Advocacy Network (ICAN)
 International Myeloma Foundation (IMF)
 Leukemia & Lymphoma Society
 National Patient Advocate Foundation (NPAF)
 Ovarian Cancer National Alliance (OCNA)
 ZERO – The End of Prostate Cancer



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