

American Cancer Society Cancer Action Network
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February 12, 2013

To: Chair Monnes-Anderson, Senate Committee on Health Care and Human Services

From: Jason Parks, Government Relations Director, American Cancer Society Cancer Action Network

RE: Concerns with Senate Bill 122

The American Cancer Society Cancer Action Network (“ACS CAN”) is the advocacy affiliate of the American Cancer Society (the “Society”). The Society is a nationwide, community-based, voluntary health organization dedicated to eliminating cancer as a major health problem by preventing cancer, saving lives, and diminishing suffering from cancer, through research, education, advocacy, and service. The American Cancer Society is the largest voluntary health organization in the United States.

The American Cancer Society Cancer Action Network (ACS CAN) appreciates the opportunity to comment to the committee on Senate Bill 122. As an evidence-based organization, we have strong reservations about enacting SB 122 at this time.

The list of priorities of health services was first implemented in 1994 and has been revised numerous times. The current list includes 692 different medical services. This includes a number of cancer specific services. In addition, there are certain guidelines relating to coverage decisions that are generally applicable, including services for conditions that are not covered because they are “conditions which have no useful treatment”. Such conditions may include metastatic cancers. Guideline 12 specifically addresses the treatment of cancer “with little or no benefit provided near the end of life”.

Before the legislature considers expansion of this guideline to the private insurance market, ACS CAN believes much more needs to be known about how these guidelines have been applied in practice. How many patients have been affected? How many have been denied coverage, and what was their health outcome? How many cases have been appealed and what were the results? How evenly have these guidelines been applied across the state and among similarly situated patients?

This is a profoundly important policy and the organization is deeply concerned that too little evaluation and transparency exists regarding the current application of HERC guidelines. We strongly recommend that much more analysis should be done regarding current Health Evidence Review Commission (HERC) guidelines and application, and their impact on accessing care and health outcomes through the Oregon Health Plan before attempting to expand the model to private insurance markets.

Furthermore, if the state's insurance regulators adopted HERC guidance, the guidance could have significant effects on the specific coverage decisions of private sector health plans. For example, the state's decision could affect whether an issuer covered the use of a specific medical intervention or technology for a specific enrollee with a specific medical condition. The Affordable Care Act (ACA) will ensure that these enrollees have certain appeal rights and that their access to first dollar coverage of certain preventive services (provided in-network) is protected, but otherwise, the ACA will not prevent the application of the Oregon issuer's coverage decision. Finally, it is not yet clear how these decisions would be affected by the ACA. Final regulations on the essential health benefits, state insurance market rules, and other ACA changes have not been published.

The expansion of HERC to private insurance could have a profound impact on the health and well-being of Oregonians. Until the application of existing HERC guidelines are better understood and the final rules of the ACA are firmly in place and operational, ACS CAN believes action on SB 122 is precipitous and inadvisable.