



June 25, 2020

The Honorable Lamar Alexander, Chairman
U.S. Senate Committee on Health, Education, Labor and Pensions
428 Dirksen Senate Office Building
Washington, DC 20510

Dear Senator Alexander:

We appreciate the opportunity to comment on your white paper, *Preparing for the Next Pandemic*, and commend you for your leadership in working to ensure that the United States is better prepared for the next pandemic – or future waves of the current COVID-19 pandemic.

CancerCare is the leading national organization dedicated to providing free, professional support services including counseling, support groups, educational workshops, publications and financial assistance to anyone affected by cancer. In FY19, our programs and services helped almost 175,000 people, with every state represented among our clients.

Since the onset of the COVID-19 pandemic, our dedicated social workers and staff have been fielding an enormous (> 40%) increase in calls from cancer patients facing the added complications of the COVID-19 virus, which in many cases is delaying their treatment and putting them at higher risk for infection. Their concerns include needing to understand the precautions they should take as people with underlying conditions and compromised immune systems, barriers to traveling for treatment, inconsistent monitoring of their disease, access to telehealth/telemedicine, loss of income due to COVID-19, food insecurity, and childcare.

The five areas detailed in *Preparing for the Next Pandemic* are all essential and must be addressed in any planning for future pandemics. We believe, however, that any planning for the next pandemic must also include a sixth set of critical issues – **continuity of care** for Americans with cancer and other serious conditions.

CancerCare has significant experience assisting patients during emergencies and in the aftermath of disasters, beginning with Hurricane Maria and including our current COVID-19 efforts. In fact, we have led the development of a national Cancer Disaster Preparedness Alliance that includes patient groups, professional societies, payers, the National Cancer Institute, and HHS, among others. The alliance is working on issues such as patient and provider readiness, and policies that support patients following the disaster – the same issues that must be addressed during a pandemic.

Following are continuity of care issues that we recommend be included in any planning for pandemics or other public health emergencies (PHE).

1. Access to Medication

- a. Require Medicare, Medicaid, Medicare Advantage plans, CHIP, FEHB plans, Tricare, and private insurance to allow a 90-day supply of medications with flexible payment options. This would enable patients to limit trips to the pharmacy and allow them to spread their cost-share over a period of time.
- b. Require group and individual health plans that cover anti-cancer medications administered by a health care clinician to provide no less favorable cost sharing for patient-administered anti-cancer medications. This would enable cancer patients, where medically appropriate, to continue their cancer treatment during a pandemic while following stay-at-home orders or clinical recommendations to limit their exposure.



- c. Require all payers to waive prior authorization and utilization management requirements during emergency.
- d. Require flexibility regarding use of mail order pharmacies, including out of state mail order pharmacies and other home delivery methods.
- e. Require payers to relax requirements for in-person visits for refills, including allowing visits through telehealth.
- f. Ban co-pay accumulator programs during the PHE to help address the financial concerns of cancer patients who may lose their job or ability to work during a pandemic.
- g. Prohibit changes to formularies during a PHE that restrict access to drugs allowed on the formulary prior to the PHE. A recent example of this happening is the announcement by major pharmacy benefit manager Express Scripts that it will exclude a number of oral chemotherapy agents effective July 1, 2020, in the midst of the COVID-19 pandemic.

2. Access to Healthcare


- a. Expanded availability of Telehealth. We greatly appreciate recommendation 4.2, to ensure that the gains made in telehealth are not lost. Plans should build on the lessons learned during the current pandemic and continue to improve the availability of and adequate payment for telehealth visits, including audio-only health visits for those without access to video capable devices.
- b. Enhance network adequacy requirements during a pandemic for all plans that use provider networks, including Medicare Advantage plans and Qualified Health Plans (QHPs).
- c. Require public and private insurance plans subject to federal regulation to waive site-specific pre-certification and prior authorization for cancer treatment.

3. Access to Healthcare Coverage

- a. Create special enrollment periods for individuals who are eligible for Medicare Part A/B who had not previously enrolled, and ACA marketplace plans for the duration of the PHE.
- b. Provide full premium subsidies during the PHE to allow workers to maintain their employer-sponsored coverage if they are eligible for COBRA due to a layoff or reduction in hours, and for workers who have been furloughed but are still active in their employer-sponsored plan.
- c. Encourage states that have not expanded Medicaid to do so by offering an initial higher Federal Medical Assistance Percentage (FMAP) for coverage of the expansion population, similar to what the early adopter states received.

Again, thank you for your leadership and forethought in preparing for the next pandemic by incorporating the lessons learned from the current one, and for the opportunity to provide our thoughts. My staff and I are available to provide greater detail on what we have experienced and learned during the current pandemic and from our work responding to and preparing for other disasters. If you have any questions please contact Carole Florman, cflorman@cancercare.org, 301.580.4364.

Sincerely,



Patricia J. Goldsmith
Chief Executive Officer