Quality Cancer Care Still a Goal, Not a Reality, for Most Low-Income Americans

ASCO Calls for Major Medicaid Reform
For immediate release
November 17, 2014
Contact
Melissa Lee
(571)-483-1661
Melissa.Lee@asco.org

Alexandria, VA—The American Society of Clinical Oncology (ASCO) today called for major reform of Medicaid to ensure access to life-saving screening, treatment and prevention services for low-income Americans with cancer.

In the new “ASCO Policy Statement on Medicaid Reform,” published today in the Journal of Clinical Oncology, the Society called for Medicaid expansion in all 50 states to close critical coverage gaps, to improve cancer screening and prevention services, and to end coverage restrictions that prevent Medicaid enrollees from receiving high-quality cancer care, among other recommendations.

Currently, 67.9 million Americans—about one-fifth of the U.S. population—are enrolled in Medicaid, including those added under the Affordable Care Act expansion. Of these, an estimated 2.1 million are cancer patients or cancer survivors.* Yet studies show that Medicaid patients often do not receive the same quality of cancer care as patients with private insurance, and they are up to three times more likely to be diagnosed with cancer at a late stage, when treatment is less likely to be effective.[i]

“Every patient should be able to receive high-quality cancer care, regardless of his or her financial circumstances,” said ASCO President Peter Paul Yu, MD, FACP, FASCO. “Millions of Americans who rely on Medicaid won’t be able to take advantage of advances in cancer prevention and treatment unless meaningful reform occurs.”

ASCO recommendations fall into two broad categories: (1) expanding access to cancer care by closing major gaps in Medicaid coverage, and (2) removing barriers to key elements of quality cancer care for Medicaid enrollees.
**Closing Medicaid Coverage Gaps**

To help ensure that cancer prevention, screening and treatment services are available to every American, ASCO calls for:

- **Expanding eligibility in all U.S. states** - Currently 23 states have not adopted Medicaid expansion under the Affordable Care Act, effectively limiting access to cancer care for at least 40,000 Americans. ASCO calls on all states to expand Medicaid or to provide comparable alternatives.

- **Eliminating arbitrary differences in coverage** between people who enrolled in Medicaid before and after the Affordable Care Act. Those who were enrolled previously tend to have more limited benefits and greater restrictions on their care.

- **Parity for oral cancer drugs** - While Medicaid generally covers all or almost all of the cost for cancer drugs that are administered by intravenous infusion in doctors’ offices or clinics, Medicaid beneficiaries with cancer may be responsible for a substantial part of the cost of oral chemotherapy. Some Medicaid patients pay co-payments of up to 20 percent of the cost of oral cancer drugs, which have become a mainstay of cancer care. Higher cost-sharing requirements create significant financial barriers for Medicaid patients who need access to these critical, life-enhancing oral anticancer medications.

- **Adequate physician reimbursement** - To ensure that physicians can afford to take on new Medicaid patients, the program’s currently inadequate reimbursement rates for physician services should be brought in line with those of Medicare.

- **Reform of the 340B Drug Pricing Program** - ASCO believes that this important hospital drug discount program should be reformed to ensure that it is used for its original intent to incentivize care for the uninsured and underinsured.

**Improving the Quality of Care**

To help bring the quality of cancer care for Medicaid enrollees up to the standards that other insured patients receive, ASCO recommends:

- **Full coverage for cancer screening and genetic testing** - ASCO urges steps be taken to ensure that people at risk for inherited cancers receive genetic counseling and testing, as well as preventive treatments when necessary. Today, for example, not all Medicaid beneficiaries have full coverage for tests to determine whether they carry genetic mutations which increase the risk of breast and ovarian cancers, or for prophylactic surgeries that decrease mortality from these cancers.

- **Guaranteed coverage for clinical trials** - Clinical trial access is critical to high-quality patient care and to future progress against cancer. The routine care costs associated with participation in cancer clinical trials (e.g., doctor visits, laboratory tests) should be fully covered, as already required of private insurers, and patients should be allowed to cross state lines to enroll in trials.

- **Adherence to quality metrics** - ASCO believes that states should continue to have the autonomy to run their own Medicaid programs, but should be required to meet specific quality standards; otherwise, the federal government should intervene to improve the quality of care.

- **“Medical home” designations** - Medicaid offers additional reimbursement to facilities that provide a set of comprehensive medical services including care coordination for patients with chronic conditions, also known as “medical homes.” These designations currently apply only to primary care facilities but should be expanded to include oncology practices, which already provide many of the services of medical homes.
“With a life-threatening disease like cancer, no patient should be forced to accept anything less than the best possible care,” said National Coalition for Cancer Survivorship Chief Executive Officer Shelley Fuld Nasso. “Expanding Medicaid is a badly needed step, but improving the quality of the care it delivers to patients is just as important. We commend ASCO’s leadership in addressing changes needed to better serve individuals with limited financial resources.”

**ASCO’s Medicaid Reform Push**

The recommendations set forth in the *ASCO Policy Statement on Medicaid Reform* reflect the Society’s mission to improve the quality of care for all people with cancer. ASCO will be working closely with policymakers and other stakeholders to identify feasible ways to pursue these reforms.

“With Medicaid reform certain to be a focus of the next Congress, our task as cancer doctors is to help make sure that the needs of patients take center stage in that debate,” said Blase N. Polite, MD, MPH co-author of the *ASCO Policy Statement on Medicaid Reform* and chair of ASCO’s Government Relations Committee. “We have a long road ahead, but are committed to turning these recommendations into reality for our patients.”

To view the ASCO Policy Statement, please [click here](#).

---

* Calculation based on data from the Centers for Disease Control and Prevention, Congressional Budget Office, and Kaiser Family Foundation.


**About ASCO:**

Founded in 1964, the American Society of Clinical Oncology (ASCO) is the world’s leading professional organization representing physicians who care for people with cancer. With more than 35,000 members, ASCO is committed to improving cancer care through scientific meetings, educational programs and peer-reviewed journals. ASCO is supported by its affiliate organization,
the Conquer Cancer Foundation, which funds groundbreaking research and programs that make a tangible difference in the lives of people with cancer. For ASCO information and resources, visit asco.org. Patient-oriented cancer information is available at Cancer.Net.