

July 28, 2021

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Chiquita Brooks-LaSure
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-9906-P
P.O. Box 8013
Baltimore, MD 21244-1850

Submitted Electronically at www.regulations.gov

Re: Patient Protection and Affordable Care Act; Updating Payment Parameters, Section 1332 Waiver Implementing Regulations, and Improving Health Insurance Markets for 2022 and Beyond Proposed Rule (CMS-9906-P)

Dear Administrator Brooks-LaSure,

I am pleased to submit these comments on behalf of the Association for Clinical Oncology (ASCO) in response to the ACA Updating Payment Parameters proposed rule published in the Federal Register on July 1, 2021.

ASCO is a national organization representing nearly 45,000 physicians and other health care professionals specializing in cancer treatment, diagnosis, and prevention. We are also dedicated to conducting research that leads to improved patient outcomes, and we are committed to ensuring that evidence-based practices for the prevention, diagnosis, and treatment of cancer are available to all Americans.

Below we offer our comments on select proposals in the rule.

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ASCO Supports Increased Access to Cancer Care through Expanded Open Enrollment and Special Enrollment Periods

CMS is proposing a 30-day extension to the annual open enrollment period for coverage purchased on the Marketplace. Currently, the annual open enrollment period runs from November 1st through December 15th. This proposed rule would extend the annual open enrollment from November 1st to January 15th beginning with the 2022 coverage year.

Additionally, CMS proposes a new monthly special enrollment period for qualified individuals and their dependents, who are eligible for advance

payments of the premium tax credit (APTC) and whose household income does not exceed 150 percent of the federal poverty level (FPL). Under this proposal these individuals would be eligible each month to enroll in coverage, essentially providing them with continuous open enrollment, in the federally facilitated marketplace and state-based marketplaces.

ASCO is committed to the elimination of barriers to access across the continuum of cancer care through policy reforms and advocacy¹, and we believe that policies at the national, state, or local levels should ensure that individuals can continue to access affordable insurance without interruption.²

Efforts to preserve access to health insurance also improve health care access, and, ultimately, cancer health outcomes.³ When patients are no longer able to access screening or other preventative care, they may (knowingly or not) delay seeking treatment until their disease is at an advanced stage.⁴ The benefits of screening and early detection are well documented for many types of cancer, and the evidence is clear that those with insurance coverage are more likely to receive screening. The SEP period that CMS is proposing for eligible low-income individuals has the capacity to ensure these most vulnerable patients have continuous access to coverage and cancer care.

Extended enrollment periods have the potential to markedly increase the number of individuals with affordable insurance coverage lending the way to increased access to cancer care. CMS reports that over 1.2 million Americans enrolled in health insurance through HealthCare.gov between February 15, the start of the 2021 Marketplace SEP, and May 31, 2021. In May alone, 376,000 consumers signed up for health insurance coverage. These 1.2 million Americans did not have insurance coverage prior to registering during the SEP. Finalizing these proposals to extend the open enrollment period and the inclusion of ongoing SEPs for low-income enrollees, will more than likely result in more individuals with health insurance coverage.

Additionally, we agree with CMS that extending the open enrollment period provides consumers additional time to react to updated plan cost information and more time to seek enrollment assistance, both of which may improve access to health coverage.

ASCO strongly supports the agency's proposal to extend the dates for the Exchange open enrollment period by 30 days, from November 1 until January 15, beginning in the 2022 coverage year.

ASCO strongly supports CMS' proposal to codify a monthly special enrollment period for qualified individuals or enrollees, or the dependents of a qualified individual or enrollee, who are eligible for the APTC, and whose household income is expected to be no greater than 150 percent of the FPL with coverage beginning the first day of the month following plan selection.

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¹ Patel, Manali I., et al. "Cancer disparities and health equity: A policy statement from the American Society of Clinical Oncology." *Journal of Clinical Oncology* 38.29 (2020): 3439-3448.

² <https://www.asco.org/sites/new-www.asco.org/files/content-files/2017-ASCO-Principles-Healthcare-Reform.pdf>

³ Yabroff KR, Reeder-Hayes K, Zhao J, et al: Health insurance coverage disruptions and cancer care and outcomes: Systematic review of published research. *J Natl Cancer Inst* 112:671-687, 2020

⁴ Amini A, Jones BL, Yeh N, et al: Disparities in disease presentation in the four screenable cancers according to health insurance status. *Public Health*, 138, 50-56, 2016

We appreciate the opportunity to comment on the 2022 ACA Updated Payment Parameters proposed rule. Please contact Gina Baxter (gina.baxter@asco.org) or Karen Hagerty (karen.hagerty@asco.org) with any questions or for further information.

Sincerely,

A handwritten signature in black ink, appearing to read "Howard A. Burris III". The signature is fluid and cursive, with a long horizontal stroke at the end.

Howard A. Burris III, MD, FACP, FASCO
Chair of the Board
Association for Clinical Oncology