

# THE IMPACT OF THE AFFORDABLE CARE ACT (ACA) ON CANCER RESEARCH, CARE, AND PREVENTION **2016**

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## ACA MAJOR PROVISIONS: Improved Access

- Requires all individuals (over time) to have health care coverage (or face penalties) through health insurance exchanges or federal or state programs.
- Requires health plans to provide first-dollar coverage for PSTF-approved preventive care and immunizations.
- Allows young adults to remain on parents' health plans up to age 26.
- Prohibits health plans from imposing lifetime limits (typically \$1M).
- Prohibits health insurance plans from rescinding coverage already paid for.
- Provides major federal incentives for states to expand Medicaid coverage (31 states have now done so, post Supreme Court decision for “opt-in”) and the Children’s Health Insurance Program.
- Phases out the Medicare Part D Rx drug coverage gap (“doughnut hole”).
- Establishes funding to expand community health centers.

## ACA MAJOR PROVISIONS: Quality and Cost

- Establishes Center for Medicare and Medicaid Innovation
- Establishes the Patient-Centered Outcomes Research Institute (PCORI) for research on improving outcomes and efficiency of care and care systems.
- Requires NIH to establish a Cures Acceleration Network (CAN) to award grants and contracts to accelerate the development of medical products.
- Stimulates and funds numerous Alternative Payment Models

- **The ACA provided Medicare an array of tools intended to improve both the quality and efficiency of care that beneficiaries receive.**
- **The CMS Center for Medicare and Medicaid Innovation (CMMI) is developing and testing promising new models to improve the quality of care while reducing spending, including alternative payment models.**
- **These models are part of the DHHS mandate to increase the proportion of traditional Medicare payments tied to quality or value to 85 percent by 2016 and 90 percent by 2018. You can learn more about the various types of CMMI models. See <https://innovation.cms.gov/initiatives/#views=models>.**

- *See article released today in Clinical Cancer Research (16-0892):*  
**The Impact of Alternative Payment Models on Oncology Innovation and Patient Care**, Amy M. Miller (Personalized Medicine Coalition), Gilbert S. Omenn (AACR), Marcia A. Kean (Feinstein-Kean Healthcare)  
If structured appropriately and updated with new knowledge, these Alternative Payment Models (APMs) can incorporate validated new therapies, encourage shared decision-making between healthcare providers and patients, and improve the outcomes of oncology care. Value-based strategies need to capture the advances from scientific innovation and clinical trials, and support evidence-based, personalized, patient-centered approaches.

- According to the Patient-Centered Outcomes Research Institute, only a small number of proposals have been submitted from the cancer research community.
- Examples of PCORI-funded grants (Scott Ramsey, FHCRC):
  - One of the first PCORI large pragmatic trials: To evaluate the comparative effectiveness of colony stimulating factors for patients receiving intermediate risk chemotherapy.
  - Methods grant: To maximize the economic value of oncology clinical trials.

- Vision for the Future, the Vice-President's Cancer Moonshot Initiative

The Vice-President of the United States, Joe Biden

Dr. Jill Biden

Greg Simon, director of the VP's Moonshot Initiative

Cancer vaccine development

Early detection of cancers

Immunotherapy and combination therapies

Genetic profiling of tumors and surrounding cells

Enhanced data sharing

Pediatric cancers

FDA Center of Oncology Excellence

VP's Exceptional Opportunities Research Fund



# AIMS OF THIS AACR PANEL and OPEN DISCUSSION of the AFFORDABLE CARE ACT

- Seek perspectives from patients, advocates, providers, and insurers based on your experience with early implementation of provisions of ACA
- Present data on expanded access, protection from arbitrary denial of coverage, features of alternative practice models, enhanced screening
- Identify gaps or unintended consequences, such as first-dollar coverage for cancer screening, but co-payment requirements if a suspicious colonic polyp is biopsied
- Experience from the cancer research community with PCORI, efforts to expand enrollment in clinical trials and prevention research
- Physician-scientists' perspective on current and future role of ACA in clinical cancer research

# Session Panelists



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