



Rx WHEN YOU LIMIT DRUG THERAPIES, YOU THREATEN LIVES.

Every patient is different. A drug therapy that works for one may not work for another. That's why for more than a decade, Medicare beneficiaries have had access to out-of-pocket FDA-approved therapies included in the "six protected classes" to treat their cancer, organ transplants, epilepsy, HIV/AIDS and mental illness. Our patients know the policy works and it saves lives. But a proposal from the administration could interfere with what doctors think is the best course of treatment for their patients and if finalized, could delay patients' access to lifesaving innovative therapies. It's wrong and it will put patients' lives at risk.

USE AS DIRECTED.
Tell Secretary Azar and Congress: Protect patients' lives and stop the proposed changes to Medicare Part D's Six Protected Classes. Don't delay access to lifesaving medicines for patients living with cancer, organ transplants, epilepsy, HIV/AIDS or mental illness.

- Adkins Lung Cancer Medical Institute
- Advocates for Responsible Care
- Alliance for Patient Access
- American Autoimmune Related Diseases Association
- American Brain Coalition
- American Cancer Society Cancer Action Network
- American Heart Association
- American Kidney Fund
- American Lung Association
- American Medical Association
- American Society of Clinical Oncology
- American Society of Consultant Pharmacists
- Bladder Cancer Advocacy Network
- Bonnie J. Adkins Lung Cancer Foundation
- CancerCare
- Cancer Support Community
- Center for Health Law and Policy Innovation
- Colorectal Cancer Alliance
- COPD Foundation
- Deadliest Cancers Coalition
- Disability Rights Legal Center
- Epilepsy Foundation
- Esophageal Cancer Action Network, Inc.
- Fight Colorectal Cancer
- FORCE: Facing Our Risk of Cancer Empowered
- Global Healthy Living Foundation
- Global Liver Institute
- ICAN, International Cancer Advocacy Network
- International Myeloma Foundation
- Long Term Care Community Coalition
- Lung Cancer Alliance
- LUNGevity Foundation
- Lupus and Allied Diseases Association, Inc.
- Lupus Foundation of America
- MAFEX Coalition
- Men's Health Network
- Mental Health America
- Metastatic Breast Cancer Alliance
- Metastatic Breast Cancer Network
- METAvivor Research and Support
- Movement Disorders Policy Coalition
- NASTAD
- National Alliance on Mental Illness
- National Blood Clot Alliance
- National Brain Tumor Society
- National Coalition for Cancer Survivorship
- National Comprehensive Cancer Network
- National Council for Behavioral Health
- National Health Council
- National Hemophilia Foundation
- National Infusion Center Association
- National Kidney Foundation
- National Health Council
- National Organization for Rare Disorders
- National Patient Advocate Foundation
- Susan G. Komen
- The AIDS Institute
- Tuberculosis Sclerosis Alliance

SIGNATURE: *Paid for by American Cancer Society Cancer Action Network.*
 Make your voice heard at fightcancer.org/stopdelayedaccess

Six Protected Classes Campaign

On May 16, the Department of Health and Human Services (HHS) issued its final rule for Medicare Part D, which does not include the full range of proposed changes to drug coverage for the 'six protected classes' of cancer, epilepsy, HIV/AIDS, mental illness and organ transplants. HHS had proposed allowing plans to use additional utilization management, like prior authorization and step therapy, for all drugs in these classes, however the final rule would not interfere with already established medication regimens for cancer patients. In addition, the proposal that would have allowed insurers to exclude new therapies that exceeded a specific price was also omitted.

The deliberate and strategic campaign run by American Cancer Society Cancer Action Network (ACS CAN) staff

and volunteers played a critical role in the issuance of a final rule that refrained from implementing the full range of proposed changes that could have dramatically impacted timely access to therapies for cancer patients in Medicare.

In early January, ACS CAN along with nearly 60 patient and provider organizations, ran an ad campaign demonstrating widespread opposition to the proposed policy changes. The campaign ran in print and digital national and Capitol Hill publications and garnered 19,316,933 impressions and 39,463 clicks. ACS CAN and these patient and provider organizations also sent a letter to the Department of Health and Human Services expressing concern about these proposed policy changes.

In support of the ad campaign and letter, ACS CAN joined with the same patient and provider organizations in a 'Twitter Day of Action.' Volunteer advocates communicated concerns to HHS Secretary Alex Azar using the hashtags #DontDelayAccess and #CoverCancerRx. This social media activity generated more than 560 tweets from over 400 unique authors. Total impressions topped 2.5 million. Volunteers also sent more than 4,000 emails.

In March, more than 50 patients, providers, and caregivers representing 23 organizations lobbied Members of Congress to voice strong opposition to proposed policy changes to the Medicare Part D prescription drug benefit, which could hinder patients' timely access to drug therapies. As part of the group, 16 ACS CAN volunteers met with lawmakers to urge them to oppose the proposed regulation which could delay patient access to the most clinically appropriate treatments. Collectively ACS CAN and these 23 organizations participated in nearly 70 congressional meetings.

Additionally, ACS CAN led or participated in dozens of Washington, DC-based meetings over the five months of the campaign with Congressional staff, high level officials including Secretary Azar, high level staff at the White House Domestic Policy Council and countless coalition partner meetings.

On the grassroots front, we mobilized volunteers to tell their stories and elevate the issue in person (in district and Washington, D.C.), electronically and in the media. By the numbers:

- 8,384 messages sent to HHS Secretary Azar
- 1,665 messages sent to members of Congress
- 2,681 likes of national social media content
- 1,406 shares and retweets of national social media content
- 189 comments on national social media posts
- #CoverCancerRx hashtag used 898 times
- Coalition Twitter Day of Action in January: Over 550 tweets by more than 400 accounts
- 7,806 patch-through calls to 37 Congressional district targets

In the last seven days leading up to the rule release, more than 4,000 emails were sent to Secretary Azar and more than 100 television spots (5,615,000 impressions) featuring ACS CAN volunteers and patients who would have been impacted.

A statement from Lisa Lacasse, president of the ACS CAN is below:

"Cancer care is a race against time. We are glad HHS and Secretary Azar listened to the countless patients who voiced their serious concern over the proposed rule. We will closely monitor implementation of this rule working to make sure all cancer patients have timely access to the therapies best suited to treat their disease."

Senate Leaders Introduce Tobacco 21 Bill

On May 20, Senate Majority Leader Mitch McConnell (R-Ky.) and Sen. Tim Kaine (D-Va.) introduced legislation that would raise the federal age of sale for tobacco products from 18 to 21. The bipartisan Tobacco-Free Youth Act comes amid a public health crisis that has resulted in a 78 percent spike in youth use of e-cigarettes in recent years. Senators Schatz (D-HI), Young (R-IN), Dubin (D-IL), Romney (R-UT), Collins (R-ME), and Murkowski (R-AK),

Markey (D-MA), and Brown (D-OH) are co-sponsoring the Tobacco To 21 bill introduced earlier this year. This represents the bipartisan interest in the Senate to reduce youth tobacco use.

Raising the age of sale for tobacco products from 18 to 21 is one of several important public policy changes Congress is considering in response to this crisis that ACS CAN supports. In addition, several lawmakers have brought forward proposals that would prohibit most flavored tobacco products, restrict advertising of tobacco products like e-cigarettes, restrict youth access to online tobacco purchases, and grant the U.S. Food and Drug Administration (FDA) the authority to collect user fees from all tobacco product manufacturers, including e-cigarette manufacturers.

Below is a statement from Lisa Lacasse, president of ACS CAN:

"Today's bipartisan action by Senate Majority Leader Mitch McConnell and Sen. Tim Kaine is another welcome indication that Congress is taking the alarming crisis of increased youth tobacco use seriously and is committed to taking action. Raising the federal age of sale for tobacco products from 18 to 21 is one of several important federal policy changes necessary to ensure a new generation of Americans do not become addicted to the deadly products sold by the tobacco industry and face increased risk for tobacco-related cancers.

"Together we can reverse this devastating youth tobacco use trend, protect our children from the dangers of tobacco and a lifelong nicotine addiction, and improve our nation's health."

[Read more.](#)

ACS CAN Report: Short-Term Insurance Coverage is Inadequate, Confusing and Expensive for Patients

A new report issued May 12 by ACS CAN shows people who enroll in short-term, limited duration (STLD) insurance plans are likely to face serious financial strain should they be diagnosed with cancer.

[*Inadequate Coverage: An ACS CAN Examination of Short-Term Insurance Plans*](#), reviewed short-term plan options in six states (Florida, Illinois, Maine, Pennsylvania, Texas and Wisconsin) to determine what plan information was available to consumers, including information on premiums and deductibles.

"People don't typically anticipate a cancer diagnosis, so we wanted to see what kind of coverage these plans would actually provide should someone get unexpectedly sick," said Lisa Lacasse, president of ACS CAN. "Unfortunately, the results were as expected, and the plans proved devastatingly inadequate."

Originally intended as a temporary bridge between comprehensive coverage options, these plans can deny or charge people more for coverage based on their health status, are exempt from covering essential health services, like prescription drugs or hospitalization, and can charge older people more than three times what they charge a younger person for the same coverage.

To illustrate what an enrollee in one of these plans might pay should they face an unexpected cancer diagnosis, the report includes a calculation of the out-of-pocket costs for a hypothetical 57-year-old woman diagnosed with breast cancer. The report found the hypothetical patient's out-of-pocket costs would be more than \$40,000 in the 12-month plan analyzed, \$63,000 in the 6-month plan and \$11,000 in the 3-month plan. In all cases, the enrollee would become ineligible for subsequent coverage of her cancer care in a short-term policy because her cancer diagnosis would be considered a pre-existing condition and would have to wait until the next open enrollment period before enrolling in ACA-compliant coverage. If the patient had enrolled in an ACA-compliant plan initially, her out-of-pocket expenses would be capped at just under \$8,000.

"This report lays out the staggering risks people may unknowingly take with their physical and financial health should they enroll in a short-term plan," said Lacasse. "These plans do not provide the kind of coverage necessary to ensure someone is able to prevent, detect and treat a serious illness like cancer. This report should serve as a warning to consumers and a call to action for lawmakers to regulate these extremely inadequate plans."

View the full [short-term insurance plan report](#).

For more information on the topics included in this newsletter or to learn more about ACS CAN Strategic Partnerships, please contact Pam Traxel at pam.traxel@cancer.org or 202-661-5740