



July 29, 2021

The Honorable Patty Murray
Chair
Senate Committee on Health, Education,
Labor & Pensions
428 Dirksen Senate Office Building
Washington, DC 20510

The Honorable Richard Burr
Ranking Member
Senate Committee on Health, Education,
Labor & Pensions
428 Dirksen Senate Office Building
Washington, DC 20510

The Honorable Frank Pallone, Jr.
Chair
House Committee on Energy and Commerce
2125 Rayburn House Office Building
Washington, DC 20515

The Honorable Cathy McMorris Rodgers
Ranking Member
House Committee on Energy and Commerce
2322 Rayburn House Office Building
Washington, DC 20515

Re: Public Option Request for Information

Dear Chairwoman Murry, Ranking Member Burr, Chairman Pallone, and Ranking Member McMorris Rodgers:

The American Cancer Society Cancer Action Network (ACS CAN) appreciates the opportunity to provide comments in response to the request for information on public option legislation that would expand health care coverage options to more Americans. ACS CAN makes cancer a top priority for policymakers at every level of government. We empower volunteers across the country to make their voices heard to influence evidence-based public policy change that saves lives. We believe everyone should have a fair and just opportunity to prevent, find, treat, and survive cancer. Since 2001, as the American Cancer Society's nonprofit, nonpartisan advocacy affiliate, ACS CAN has successfully advocated for billions of dollars in cancer research funding, expanded access to quality affordable health care, and made workplaces, including restaurants and bars, smoke-free.

ACS CAN appreciates the Committees' efforts to seek stakeholder input on public option legislation, which is intended to expand quality coverage to more Americans, improve affordability, and lower health care costs. Access to health care is paramount for persons with cancer as well as survivors. In the United States, there are more than 1.9 million Americans who will be diagnosed with cancer this year.¹ An additional 16.9 million Americans living today have a history of cancer.² For these Americans, access to affordable health insurance is a matter of life or death. Research from the American Cancer Society

¹ American Cancer Society. *Cancer Facts & Figures 2021*. Atlanta, GA: American Cancer Society; 2021.

² Id.



has shown that uninsured Americans are less likely to get screened for cancer and thus are more likely to have their cancer diagnosed at an advanced stage when survival is less likely and the cost of care more expensive.³

ACS CAN believes everyone should have meaningful health insurance that is adequate, affordable, available, and administratively simple. It is through this lens that we evaluate any proposal to modify the existing health care landscape. Given the widespread success of the marketplace created by the Affordable Care Act (ACA) we believe that any changes to the health care landscape should build upon – and not diminish – the structure provided under the ACA. ACS CAN also strongly supports the consumer protections provided under the ACA, which guarantee all individuals regardless of health history access to plans that provide coverage of essential health benefits without an annual or lifetime limit on coverage. As the Committees explore public options, we urge that consideration be given to ensure that any public option structure provides the same level of quality, affordable health care options to consumers.

We offer the following principles to ensure that cancer patients and survivors continue to have access to medically necessary care and treatment:

- A public option should provide comprehensive coverage, including access to specialty care.
- A public option should be affordable.
- A public option should complement existing coverage options
- State efforts to create a public option could inform federal action.

A Public Option Should Provide Comprehensive Coverage, Including Access to Specialty Care

Any new health coverage option must ensure that cancer patients have access to the full set of essential health benefits and robust access to a network of specialized providers – including facilities and medical professionals – required to treat their cancer. Individuals need access to preventive care services, including cancer screenings, to detect cancer as early as possible. In some cases, such as colorectal cancer screenings, polyps can be detected and removed before they become cancerous. Preventive services must continue to be widely available and provided at no cost sharing to the enrollee.

Cancer is not just one disease, but hundreds of diseases. Cancer tumors respond differently to treatments depending on the type of cancer, stage of diagnosis, and other factors. Therefore, cancer patients need access to a wide variety of medically necessary treatments and services, including prescription drug coverage. There is no single oncology drug that is medically appropriate to treat all

³ E Ward et al, “Association of Insurance with Cancer Care Utilization and Outcomes, *CA: A Cancer Journal for Clinicians* 58:1 (Jan./Feb. 2008), <http://www.cancer.org/cancer/news/report-links-health-insurance-status-with-cancer-care>.

cancers. Oncology drugs often have different indications, different mechanisms of action, and different side effects – all of which need to be managed to fit the medical needs of an individual. Any new health care option must ensure that cancer patients have access to a broad array of prescription drugs.

A cancer patient's treatment needs will differ depending on the type of cancer and the stage of diagnosis. Some cancer patients may require surgery, which may necessitate access to a sub-specialist with the unique skillset appropriate for the patient. For example, pediatric cancer patients require the services of surgeons who are specifically trained in both pediatrics and surgery. Other patients may require radiation therapy or systemic treatments administered by medical oncologists, including chemotherapy and targeted agents. Some cancer patients may require access to clinical trials that may be conducted at specific facilities, including cancer centers. It is for this reason that any public option must ensure that patients have access to a variety of specialists and specialty facilities that can provide high-quality health care. Providers and facilities should not be disincentivized to participate in a public option.

The current COVID-19 pandemic has highlighted racial and ethnic disparities that have long existed in the U.S. health care system. For example, African Americans have the highest death rates and lowest survival rate of any racial or ethnic group for most cancers. The causes of these inequities are complex, but one factor is the differences in access to affordable high-quality cancer prevention, early detection, and treatment.⁴ A carefully designed public option could provide more robust and affordable access to high quality health care, thus helping to address at least one of the factors that causes racial and ethnic disparities.

A Public Option Should Be Affordable

The ACA provided consumers with pre-existing conditions the opportunity to purchase comprehensive health insurance. However, many individuals who failed to qualify for subsidies could not afford marketplace coverage. ACS CAN applauds the provisions of the American Rescue Plan that temporarily expand the availability and generosity of the subsidies and we urge Congress to make these changes permanent. As the Committees look to create a public option, overall affordability of high-quality coverage should be a paramount concern.

Unfortunately, many Americans struggle to afford the cost of their health care. This is particularly true for individuals who are in active cancer treatment or who are cancer survivors. In 2016 cancer patients in the U.S. paid \$5.6 billion out-of-pocket for their cancer treatments.⁵ Research has shown high out-of-

⁴ American Cancer Society. *Cancer Facts & Figures for African Americans 2019-2021*. Atlanta. American Cancer Society, 2019.

⁵ American Cancer Society Cancer Action Network. *The costs of cancer: 2020 edition*. October 2020. Available at <https://www.fightcancer.org/sites/default/files/National%20Documents/Costs-of-Cancer-2020-10222020.pdf>.

pocket costs continue post treatment as cancer survivors have higher out-of-pocket costs, even many years after their initial diagnosis, compared to individuals without a cancer history.⁶ This high out-of-pocket burden results in individuals being unable to obtain necessary medical care. As the Committees explore the possibility of creating a public option, we urge consideration be given to policies that would reduce an enrollee's out-of-pocket burden.

A Public Option Should Complement Existing Coverage Options

Since the repeal of the ACA's individual mandate penalty, there has been a significant increase in the availability of non-ACA-compliant health coverage such as short-term limited-duration health plans, health care sharing ministries, Association Health Plans, and Farm Bureau plans. While these plans may offer lower premiums compared to marketplace plans, these plans engage in medical underwriting and do not offer coverage comparable to ACA plans. A public option, if designed appropriately, could offer consumers an alternative to non-ACA-compliant health plans and/or could serve as a viable option for individuals who fall into the Medicaid gap because they reside in states that have not expanded their Medicaid programs.

Millions of Americans are currently enrolled in coverage through the Marketplace or employer-sponsored coverage. The ACA enhanced the generosity of coverage and gave millions of Americans – including those with pre-existing conditions – options for coverage. A public option should complement existing coverage options without causing disruptions to the availability of currently available high-quality health care. For example, employers offering robust, affordable health care coverage should not be incentivized – directly or indirectly – to drop robust health coverage that they provide to their employees.

As the Committees craft legislation to create a public option, we urge that any new public option be available to consumers on par with existing coverage such that it minimizes any disruption to the current health care landscape. A public option should be just that, an *option* for individuals to make a choice for coverage. The public option should not be designed as a high-risk pool, or as a federal program that will attract the sickest and costliest enrollees. Such a policy would significantly impact the existing market landscape.

The implementation of the ACA represented a significant positive shift in health coverage in the United States. While the law was passed more than a decade ago, it took many years to create the coverage requirements, patient protections, and state marketplaces envisioned under the ACA. As the Committees consider the creation of a public option, we caution that any new system will take time and

⁶ Guy GP Jr, Yabroff KR, Ekwueme DU, Virgo KS, Han X, Banegas MP, Soni A, Zheng Z, Chawla N, Geiger AM. Healthcare Expenditure Burden Among Non-elderly Cancer Survivors, 2008-2012. *Am J Prev Med.* 2015 Dec;49(6 Suppl 5):S489-97. doi: 10.1016/j.amepre.2015.09.002. PMID: 26590644; PMCID: PMC6051701.

resources to develop and administer. Individuals – particularly those who need specialized services like oncology services – will need continuity of care protections to avoid disruptions to their care.

It is also important to note that the success of the ACA has depended not only on the consumer protections it provides, but also because the drafters of the legislation gave serious consideration to the long-term viability of the legislation, including the sufficient long-term federal financial commitment needed to ensure sustainability of the program. The creation of any public option structure should also be designed with the long-term impact in mind. Consumers need continuity of coverage options and would be disserved by a public option that was only available on a temporary basis.

State Efforts to Create a Public Option Could Inform Federal Action

To date there are a number of states that have enacted legislation or are poised to enact legislation that would create a public option. As the Committees look to enact a federal public option, consideration should be given to existing state efforts. Many of these proposals have been recently enacted – as is the case in Colorado and Nevada – and the full implementation of these policies can provide the Committees with information that can better inform a federal public option.

Conclusion

Thank you for the opportunity to comment on the Public Option request for information. If you have any questions, please feel free to contact me or have your staff contact Keysha Brooks-Coley, Vice President, Federal Advocacy and Strategic Alliances at Keysha.Brooks-Coley@cancer.org.

Sincerely,

A handwritten signature in black ink that reads "Lisa A. Lacasse". The signature is written in a cursive, flowing style.

Lisa A. Lacasse, MBA
President
American Cancer Society Cancer Action Network