

Patients: Doctors and Patients, Not Pharmacy Benefit Managers, Should Make Cancer Care Decisions

Nearly 100 advocates from 22 community oncology practices in 14 states warn Congress that PBMs jeopardize cancer care

WASHINGTON, DISTRICT OF COLUMBIA, UNITED STATES, April 11, 2018 /EINPresswire.com/ -- Nearly 100 cancer care advocates are on Capitol Hill this week to urge Congress to introduce more transparency and accountability from pharmacy benefit managers (PBMs), the billion-dollar, corporate middlemen who they say have gained undue influence into how patients are treated. The advocates are participants in the Community Oncology Alliance Patient Advocacy Network (CPAN) and represent 22 practices in 14 states.

Hired by insurance companies and the government to manage drug benefits, PBMs have the power to negotiate drug

costs, determine what drugs will be included on plan formularies, and control how those drugs are dispensed. PBMs claim to be working to lower drug costs, but year after year, patients continue to pay more. Behind this is a complicated and secretive web of discounts and rebates, which ultimately gets



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built into drug prices, pushing them higher over time. Furthermore, the impact of "rebates" and "discounts" does not mean lower costs for patients, and it is difficult to understand because PBMs are not transparent. Even though PBMs get big discounts and rebates, seniors pay full list price for drugs at the pharmacy, not the discounted price. Paying higher upfront prices pushes seniors into and through Medicare's Part D "donut hole" faster, meaning patients (and Medicare) pay more.

"Our message to Congress is that cancer patients are more important than PBM profits. PBMs use their outsized power to reap tremendous profits, manipulating the health care system

and putting Americans battling cancer at risk," said Ted Okon, executive director of the Community Oncology Alliance (COA). "Congress must take action to stop PBM abuses by introducing greater

transparency, stopping their nickel-and-diming fee structures that have pushed drug prices higher and higher, and requiring them to allow patients to receive medications at the pharmacy of their choice."

While much of the debate over PBMs focuses on economics, there is often little discussion of the impact PBMs have on patients. But the sad fact is that PBMs make more money by delaying or denying patients access to necessary medications. Every pill they stop from being dispensed is money they can pocket. COA has documented real-life patient horror stories about patients battling cancer who have suffered at the hands of PBMs due to delayed coverage decisions, denial of coverage, arguments with community oncologists over proper treatment, and failure to receive medication in a timely manner.



The CPAN advocates on Capitol Hill today are a network of cancer patients who are in active treatment, survivors, caregivers, family members, medical and oncology professionals, and others. They represent 22 community oncology practices in more than 50 cities across the country, all of which form a national network of community oncology advocates and CPAN chapters.

"Community oncology is continually threatened by misguided PBM business practices that put shareholders and profits before patient wellbeing," said Rose Gerber, director of patient advocacy and education at COA. "Local cancer care practices provide high-quality, high-value care that's convenient and close to home for patients and caregivers. These practices treat more than half of all Americans with cancer and are a critically important part of our cancer care system."

The CPAN meetings on Capitol Hill precede the <u>2018 Community Oncology Conference</u> taking place later this week at the Gaylord National Hotel & Convention Center just outside of Washington, DC. The annual conference with nearly 1,500 attendees provides a forum for oncology professionals to share insight and knowledge that fuel innovation and success in community oncology. This year's conference theme is "Keeping Patients at the Center" and addresses the unique challenges facing community oncology and solutions ensure cancer care and policymaking is patient-centered.

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About the Community Oncology Alliance (COA)

The Community Oncology Alliance (COA) is a non-profit organization dedicated solely to preserving and protecting access to community cancer care, where the majority of Americans with cancer are treated. COA leads community cancer clinics in navigating an increasingly challenging environment to provide efficiencies, patient advocacy, and proactive solutions to Congress and policymakers. To learn more about COA visit www.communityOncology.org.

About the Community Oncology Alliance Patient Advocacy Network (CPAN)

The Community Oncology Alliance Patient Advocacy Network (CPAN) was created in recognition of the vital role

patients should play in advocating for access to local, affordable cancer care for all. CPAN is a non-cancer type-specific, national network representing patients, cancer survivors, caregivers, family members, medical and oncology professionals, and other advocates. To learn more visit www.COAadvocacy.org.

Nicolas Ferreyros Community Oncology Alliance 6466854262

email us here

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