

Community Oncology Alliance Submits Formal Comments on President's Blueprint to Reduce Drug Prices

Applauds Administration for Taking Bold Action to Address High Drug Prices, Cautions Against Misguided Policy Changes That Would Negatively Impact Patients

WASHINGTON, DISTRICT OF COLUMBIA, UNITED STATES, July 17, 2018 /EINPresswire.com/ -- The Community Oncology Alliance (COA) formally submitted comments to the Health and Human Services (HHS) Secretary Alex Azar regarding President Trump's "Blueprint to Lower Drug Prices and Reduce Out-of-Pocket Costs."

In the [comment letter](#), COA provides HHS with specific data and history driven input on the blueprint's numerous policy proposals. Because of community oncology's long-standing commitment to oncology payment and system reform, the letter includes significant real-world insight into the impact that the proposals would have if implemented, as demonstrated by the current treatment experiences of patients with cancer. The letter also provides HHS numerous detailed solutions aimed at ensuring the affordability of and access to life-saving cancer treatments.



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Jeff Vacirca, MD, president of COA and CEO of NY Cancer Specialists

“We commend the Trump Administration for taking on the tremendous challenge of reducing drug costs in America. Continuously increasing drug prices and cancer care costs are unsustainable and unacceptable, and we must act together to do something about it. No one knows this better than the men and women of community oncology who are on the frontlines of America's cancer care system,” said Jeff Vacirca, MD, president of COA and CEO of NY Cancer Specialists.

In the letter COA warns the administration that it is

important to focus on the true drivers of health care spending and to avoid new policies that would result in unintended consequences for patients, their families, and their care teams. This includes specific blueprint proposals such as the shift of cancer drugs from Part B to Medicare Part D; increases in the roles, leverage, and power of third party middlemen, such as Pharmacy Benefit Managers (PBMs); or further increasing formulary flexibility for Part D plans. History has shown that even well-intended policymaking can backfire, decreasing patient access to treatment, increasing their costs, and compromising the viability of community oncology cancer care without generating the desired Medicare savings.

Read the full letter at <http://bit.ly/coablueprintcomments>

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