

COA Preliminary Statement on Trump Executive Order on Most Favored Nations Drug Pricing Experiment

Patients and Providers Should Not be Forced into Dangerous Experiments, Especially During a Global Pandemic

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EINPresswire.com/ -- The Community Oncology Alliance (COA) is extremely concerned by President Donald J. Trump's release of an [Executive Order on "Lowering Drug Prices By Putting America First,"](#) also known as Most Favored Nations Drug Pricing. Experimenting with a fragile cancer care system as the COVID-19 (novel coronavirus) crisis is nowhere near over is simply dangerous and puts some of the most vulnerable Americans at risk.



Patients continue to face difficulty accessing cancer care and screenings in hospitals battling COVID-19. Fortunately, our nation's independent community oncology practices have stepped up, going to extraordinary lengths to keep their facilities and clinical staff COVID-19 free. Community oncology practices have been critical to our nation's ability to continue providing safe, uninterrupted cancer care to patients during this unprecedented public health emergency.

Preliminary Medicare data from an ongoing Avalere analysis of cancer care trends during the COVID-19 pandemic show up to a 70% reduction in new patient visits, a 59% reduction in established patient visits, and 75% reduction in hospital outpatient visits in April 2020. While the study is still underway, the data clearly shows a hospital cancer care system that has overwhelmingly stalled as resources have had to be diverted to treat COVID-19 and patients have been hesitant to visit hospitals and risk COVID-19 infection.



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Ted Okon, COA

Although we are still waiting for details of how the Executive Order might be implemented, presumably the Department of Health and Human Services (HHS) will be implementing a national “experiment” to test how patients are impacted by most favored nations drug pricing. Conducting a large-scale demonstration project during a raging pandemic is simply not rational or safe. This Trump experiment could be the final straw for community

oncology practices who have faced down challenge after challenge over the last decade, and now are struggling to stay open for patients during a once-in-a-century global health crisis.

Drug prices and cancer care costs are far too high. However, we need well-thought out solutions by all stakeholders – including providers and patients who are directly impacted – not just politicians and regulators. COA remains completely committed to comprehensive oncology payment reform, including addressing drug payment, site of service, and other drug cost drivers. These include misguided public policies such as the out of control 340B Drug Pricing Program and abusive pharmacy benefit manager (PBM) rebate schemes. We have worked closely with the Congress and Administration to propose innovative and meaningful solutions to lower the cost of cancer drugs with evidence-based medicine while controlling patient costs, as documented by COA’s payment reform model that includes clinically appropriate utilization management of drugs in conjunction with fundamental changes to the Medicare drug reimbursement system.

COA has been leading practices in oncology payment reform that makes cancer care more affordable, including a deep commitment and involvement in the Oncology Care Model (OCM); the ongoing development of the OCM 2.0, a next-generation, more universal oncology payment model; numerous summits and meetings with payers, employers, stakeholders, and providers; and the involvement of community practices in an incredible number of private insurance payment models and programs.

It is imperative that we do not harm Americans’ access to the latest, innovative cancer treatments or put obstacles in the way of oncologists providing those treatments. This is particularly true as community oncology practices have bravely managed to continue providing virtually uninterrupted cancer care to patients during the COVID-19 pandemic. Implementing a national experiment during this still raging health crisis is simply unconscionable.

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About the Community Oncology Alliance: The majority of Americans battling cancer receive treatment in the community oncology setting. Keeping patients close to their homes, families, and support networks lessens the impact of this devastating disease. Community oncology practices do this while delivering high-quality, cutting-edge cancer care at a fraction of the cost of the hospital setting. The Community Oncology Alliance (COA) advocates for community oncology

and smart public policy that ensures the community cancer care system remains healthy and able to provide all Americans with access to local, quality, affordable cancer care. Learn more at www.CommunityOncology.org.

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