# Current Political Issues Affecting Access and Payment for Cancer Care in the United States

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# Policy and Political Environment

- An ideological lens is used to view almost all issues
- Diffusion of policy interests and goals intersecting with sharp edge of highly partisan/ideological definitions of issues
- Political consequences being defined as reaction of the “base” to every decision
- Creates volatility and diminishes likelihood of accomplishing new goals

# Counterweights in the System

- Long-standing interests of elected officials, advocates
- Room for evidence-based decision making
- Policy momentum

# Current Lay of the Land

- Patient Protection and Affordable Care Act of 2010:  The law of the land, as now amended
- Federal spending vs. tax cuts
- Short term vs. medium range vs. long term

# Whither PPACA?

- It is the law of the land
- Has been amended, most notably to eliminate tax penalty for individuals and using the public health trust fund for other purposes
- Non-insurance sections unaffected, but without appropriations and regulatory support some lose meaning
- Support for delivery system reform in place, perhaps stronger with new Secretary of HHS
- Experiment in insurance markets still in play
- Medicaid expansion (voluntary for states) still in play

# Federal Spending

- Fiscal realities of spending in era of tax cuts, unless projected economic growth yields more revenue
- Combined with distaste for federal spending among a majority of the majority of elected officials
- An Office of Management and Budget inclined to review details
- On balance “steady as it goes” but with concern for future years

# Attempts to Project

- Short term: Signals from HHS Secretary Azar and CMS Administrator Verma
- Short term: political need to overcome perception of dysfunctional government
- Intermediate term: What happens going into midterm elections and whatever the aftermath might bring

# Secretary Azar's Priorities

- Value-based transformation of the entire healthcare system
- Combating the opioid crisis
- Bringing down the high price of prescription drugs
- Addressing cost and availability of insurance, especially in the individual insurance market

# So What's New?

- Value-based much more than incremental around the edges: "there is no turning back to an unsustainable system that pays for procedures rather than value"
- Emphasis on empowering consumers/patients
- Transparency
- Regulatory reform

"Simply put, I don't intend to spend the next several years tinkering with how to build the very best joint-replacement bundle – we want to look at bold measures that will fundamentally reorient how Medicare and Medicaid pay for care and create a true competitive playing field where value is rewarded handsomely."

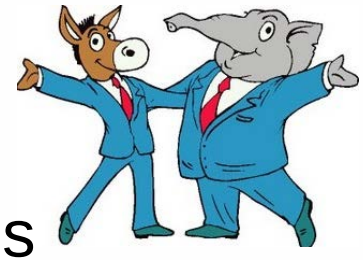
# What is Being Continued

- Medicaid expansion, but accepting waivers (Verma's words and actions)
- Center for Medicare and Medicaid Innovation (CMMI) continues, but with guidance from Azur's priorities
- Drive to greater use of data derived from electronic records
- Strong base of support for NIH

# What is At Risk

- Public health spending
- Agency for Healthcare Research and Quality independence and funding
- Support for safety net, particularly hospitals (combination of pressure on Medicare and Medicaid spending, reductions in disproportionate share funding, graduate medical education funding)

# The Bipartisan Landscape



- The 21st Century Cures Act and advances in pharmaceuticals and medical devices
- The Chronic Care Act (Title III of the Bipartisan Budget Act of 2018) and advances in telehealth, care for the chronically ill
- Pathways to reform individual insurance market
- The goal of delivery system reform

# Aims for Patient Care and Population Health

- Financial access: affordable coverage, including cost-sharing
- Geographic access: care across the continuum regardless of where we live
- Cultural access: no population group left behind

# Supporting the Aims

- Payment policies supporting providers
- Investments in public heath programs
- Investments in research
- Investments in population health by public and private sources
- Progress in affordability of insurance and health care more generally

# Closing Comments

- Time of peril in public policy because of the political environment
- But not unheard of in history of health policy
- Reminder that in public policy all levels of government have a role, particularly the states
- Actions of large health care organizations, large employers, and large health plans may tell us more about the directions in service delivery and finance

# For further information

**The RUPRI Center for Rural Health Policy Analysis**

http://cph.uiowa.edu/rupri

**The RUPRI Health Panel**

http://www.rupri.org

**Rural Telehealth Research Center**

http://ruraltelehealth.org/

**The Rural Health Value Program**

http://www.ruralhealthvalue.org

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# Collaborations to Share and Spread Innovation

- ✓ The National Rural Health Resource Center https://www.ruralcenter.org/
- ✓ The Rural Health Information Hub https://www.ruralhealthinfo.org/
- ✓ The National Rural Health Association https://www.ruralhealthweb.org/
- ✓ The National Organization of State Offices of Rural Health https://nosorh.org/
- ✓ The American Hospital Association http://www.aha.org/

Rural Health Research Gateway

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