



Oncology Nursing Society

125 Enterprise Drive • Pittsburgh, PA 15275-1214
Toll Free: 866-257-4ONS • Phone: 412-859-6100 • Fax: 412-859-6165
help.ons.org • www.ons.org

January 8, 2024

Ms. Chiquita Brooks-LaSure, Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-9895-P
Mail Stop C4-26-05
7500 Security Boulevard
Baltimore, MD 21244-1850

Submitted electronically via regulations.gov

Re: 202,5 Notice of Benefit and Payment Parameters

Dear Administrator Brooks-LaSure,

Oncology nurses are privileged to support people with cancer through the entire cancer experience, from diagnosis and treatment into survivorship or as they face their end-of-life journey. As such, we are pleased with the proposal to offer nonstandard health plans with lower cost-sharing for individuals with chronic conditions, including cancer, provided these plans will still meet the needs of these patients.

The financial burden of cancer can be devastating, even for the insured. In the US, patients receiving oncology treatment can experience out-of-pocket costs of up to \$2,600 per month.ⁱ At the same time, a patient may no longer be able to work as they did prior to diagnosis due to their illness, further straining their family's income. Reducing insurance cost-sharing by 25% would significantly ease what is often a financial catastrophe for families.

However, we are concerned that, in order to reduce cost-sharing for patients, these plans may look to reduce costs through limiting networks or harmful utilization management practices. Limited networks can greatly reduce access to care, particularly for patients in rural areas or those with a rare cancer. Treatment for cancer, along with other chronic conditions, often requires multiple providers and numerous regular appointments. Limiting where patients can receive this care can lead to increased transportation and logistical challenges, complicating a patient's treatment plan.

We are also concerned about plans' utilization management practices that may jeopardize a patient's ability to receive the medications they may need. Limiting formularies is especially troublesome since many oncology drugs do not have a less expensive substitute that is equally effective. Cancer drugs are routinely on the highest formulary tier and a subset of plans place all cancer medications on a specialty tier. Drugs on the highest or specialty tiers typically require cost sharing by patients of 30%-50% of drug costsⁱⁱ, imposing a very significant financial burden on a patient and their family.

Step therapy, which requires a patient to use the payer's preferred drug before using what the oncology care team would prefer, is also particularly concerning for cancer treatment, given the personalized nature of modern oncology and the lack of interchangeable drugs.ⁱⁱⁱ This is especially problematic for patients diagnosed with later-stage cancers, who need the most medically appropriate and effective treatments as soon as

possible. Research has shown that prior authorization measures delay necessary patient care, worsen outcomes, and increase patient out of pocket costs.^{iv} Patients must be able to quickly access the treatment prescribed to them by their oncology care team. As such, we urge CMS to ensure that these lower costs do not jeopardize patients' needs.

Finally, ONS is deeply alarmed about the emergence of "alternative funding programs" and the threat they present to the cancer care community. Charitable organization funds and manufacturer patient assistance programs are meant to help patients with little or no insurance access the medicines they need, including cancer drugs. Alternative funding programs divert these resources toward insured patients, often covered by employer-sponsored plans subject to Essential Health Benefit (EHB) requirements, with the goal of lowering the plan's medication costs. Even traditional pharmacy benefit managers (PBMs) have acknowledged the financial, clinical and even legal risks associated with alternative funding programs^v. ONS supports the Department's proposal to close the EHB "loophole," by which specialty drugs are deemed "non-EHB" and excluded from coverage. Specifically, we urge CMS to codify in regulation that medications covered in excess of those covered by a state's benchmark plan are considered EHB, which may end this pharmacy benefit concept.

Thank you for the opportunity to comment. We look forward to working with you to ensure patients can access the high quality cancer care they need. For more information, please contact Jaimie Vickery, Director of Government Affairs and Advocacy, at jvickery@ons.org.

Sincerely,

Oncology Nursing Society

About ONS The Oncology Nursing Society (ONS) is a professional organization of over 35,000 registered nurses and other healthcare providers dedicated to excellence in patient care, education, research, and administration in oncology nursing. ONS members are a diverse group of professionals who represent a variety of professional roles, practice settings, and subspecialty practice areas. Oncology nurses are leaders in the healthcare arena, committed to continuous learning and leading the transformation of cancer care by advocating for high quality care for people with cancer.