**LLS Policy Victories - 2015**

**Office of Public Policy**

**Immediate Impact Victories**

Expanded affordable patient access to needed drugs – February – More than 300,000 blood cancer patients from across the United States will benefit from new federal regulations requiring private health plans to (1) cover part of the cost of necessary drugs, even if the drug was not on the plan’s drug formulary, and (2) cap the amount the patient must pay for those drugs in any single year. Previously, a patient would have had to pay 100% of the cost of the drug out-of-pocket, with no cap on that spending. LLS wrote to CMS (the federal regulator) promoting this policy in December 2014.

Oral parity is the law in 40 states and the District of Columbia – Spring – More than 5,000 blood cancer patients in Mississippi, New Hampshire, North Dakota, South Dakota, West Virginia, and Wyoming received important new financial protections after state legislators enacted laws that prohibit health plans from requiring patients to pay significantly more out-of-pocket for cancer medications based simply on how those drugs are administered. LLS played an important, on-the-ground role in five of these states, helping to drive these bills through the legislative process.

Guaranteed transparency to help patients shop for coverage – February – All blood cancer patients with private insurance coverage were helped by new regulations that require insurance plans to share more comprehensive information with prospective customers. Federal regulators required private health plans to publish information to allow patients to understand key drug and provider information while shopping for coverage. This new protection guarantees patients have access to details they need before choosing their coverage. This information includes: (1) what drugs are covered, (2) any insurer barriers for accessing a drug, (3) cost-sharing requirements for each drug, and (4) what medical providers are included in the insurer’s network. LLS has promoted these transparency policies at the federal and state level for several years, and LLS wrote to CMS (the federal regulator) advocating for these policies in December 2014.

Big increase in federal cancer research funding at NIH – December – The National Institutes of Health (NIH) conducts much of the basic scientific research that serves as the foundation for developing new treatments and cures. Congress appropriated $2 billion dollars more for federal medical research at the NIH in 2016 than it did in the previous year (including a $264 million increase for cancer research). While this funding package was being considered, LLS volunteer advocates sent more than 13,000 letters to their representatives in Congress, playing an important role in this successful effort to urge increased federal funding for research.

**Major Progress Toward Victories**

Building the case for affordable drug coverage – March – State and federal legislators, journalists and policy analysts have all cited LLS’s landmark study (commissioned from the actuarial firm Milliman) investigating the impact and feasibility of limiting the amount that health plans can require patients to pay out of pocket for a medication. The study showed that these limits are feasible for insurers to implement and that blood cancer patients would benefit significantly from these limits being put in place. This data served as the foundation for legislation that was introduced in more than ten state legislatures in spring 2015.

Accelerating new cures for patients – June – The United States House of Representatives overwhelmingly passed a landmark package of reforms to speed the process for bringing new and promising drugs to patients (“The 21st Century Cures Act”). This package included reforms to strengthen and accelerate clinical trials for new drugs and reforms that improve patient access to investigational drugs when they have no other treatment options. LLS advocated for passage of this bill beginning in July 2014: LLS staff developed innovative policies, Lou DeGennaro testified in front of Congress, LLS advocates lobbied their representatives in DC and in their district offices, and LLS sent over 15,000 letters to the House to help support the overwhelmingly bipartisan vote to pass the bill.

Guaranteeing access to cancer specialists – November – State insurance regulators released their new draft rules that would guarantee a patient access to a doctor or hospital with the specialized expertise the patient needs, even if that provider is out of the insurance plan’s “network”. Previously, a patient would have had to pay 100% of the cost out-of-pocket to see a doctor or hospital not in their plan’s network—even if the patient needed a stem cell transplant or other procedure not provided by in-network providers. LLS weighed in with these regulators (the NAIC) throughout the 14 month process of developing the new draft rules.

Reducing out-of-pocket costs for oral anti-cancer drugs – June – For the first time, a streamlined federal version of the“oral parity” legislation LLS has helped to pass in states across the country was introduced in both the U.S. House and Senate by leaders of the majority party, along with minority party co-authors. This bipartisan show of support is an essential component of building momentum for passage of this bill in the next Congress—regardless of the party in the White House or on Capitol Hill. LLS was a key player on the steering committee of the federal coalition (Patient Equal Access Coalition) which led the policy and political discussions that produced this outcome.