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THE FACULTY REPORTED THE FOLLOWING FINANCIAL RELATIONSHIPS OR RELATIONSHIPS TO PRODUCTS OR DEVICES THEY OR THEIR SPOUSE/LIFE PARTNER HAVE WITH COMMERCIAL INTERESTS RELATED TO THE CONTENT OF THIS CME ACTIVITY:

LARRY LANIER HAS INDICATED HE HAD NO RELEVANT FINANCIAL RELATIONSHIPS WITHIN THE PAST 12 MONTHS.



***Dialogue for Action on Cancer Screening:
Hitting the Targets***
March 21, 2013, Baltimore, MD

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National Patient Advocate Foundation*

Patient Advocate Foundation *National Patient Advocate Foundation*

Patient Advocate Foundation

The Patient Advocate Foundation provided assistance in 2011 to over 103,000 patients nation-wide in regard to many issues that impact their overall wellness, quality of life and the effectiveness of medical treatment. The Patient Advocate Foundation provided over \$31 million in co-pay relief to patients across America in 2010. Over the past eight years PAF has allocated more than \$150 million to patients for co-pay assistance.

National Patient Advocate Foundation

The National Patient Advocate Foundation is a national non-profit organization providing the patient voice in improving access to and reimbursement for high-quality healthcare through regulatory and legislative reform at the state and federal levels. NPAF translates the experience of millions of patients who have been helped by case managers at the Patient Advocate Foundation into advocacy efforts in Washington, DC and nation-wide on behalf of patients and their families.

Dialogue for Action on Cancer Screening: Hitting the Targets

What's Important to NPAF in HCR Implementation?

- **State Health Exchange Development**
 - Patient Centricity
 - Transparency in Policy Development
- **Essential Health Benefits (through the Exchange or other)**
- **Medicaid Expansion**
- **Medicaid Budget Challenges**

Dialogue for Action on Cancer Screening: Hitting the Targets

State Health Exchanges

➤ ***Patient Centricity***

Patients and Patient Advocates should have the opportunity to serve on:

- **Health Exchange Boards**
- **Health Exchange Committees and Work Groups**
- **NPAF Volunteers currently serve on Exchange committees in 4 states**

➤ ***Transparency in Policy Development***

- **Patient Report Card Policies**
- **Transparent Meetings**

Essential Health Benefits

A Background

- **Created in the Patient Protection and Affordable Care Act**
- **Provision obligates health insurance plans that are in the individual and small group markets, to offer certain items and services deemed to be essential: Essential Health Benefits**
- **Originally the intention was to have HHS define a package of services**
 - **Deferred to states for flexibility to design plans that reflect a ‘typical employer plan’ in the state**
 - **“Benchmark Plans” – with additions to reach legal requirements**
- **Covers 10 separate required categories, but specific benefits offered in each category can differ, as long as the total value remains equivalent to the EHB benchmark plan**
- **Must be completed before 2014**
- **This provision is estimated to affect roughly 68 million Americans**

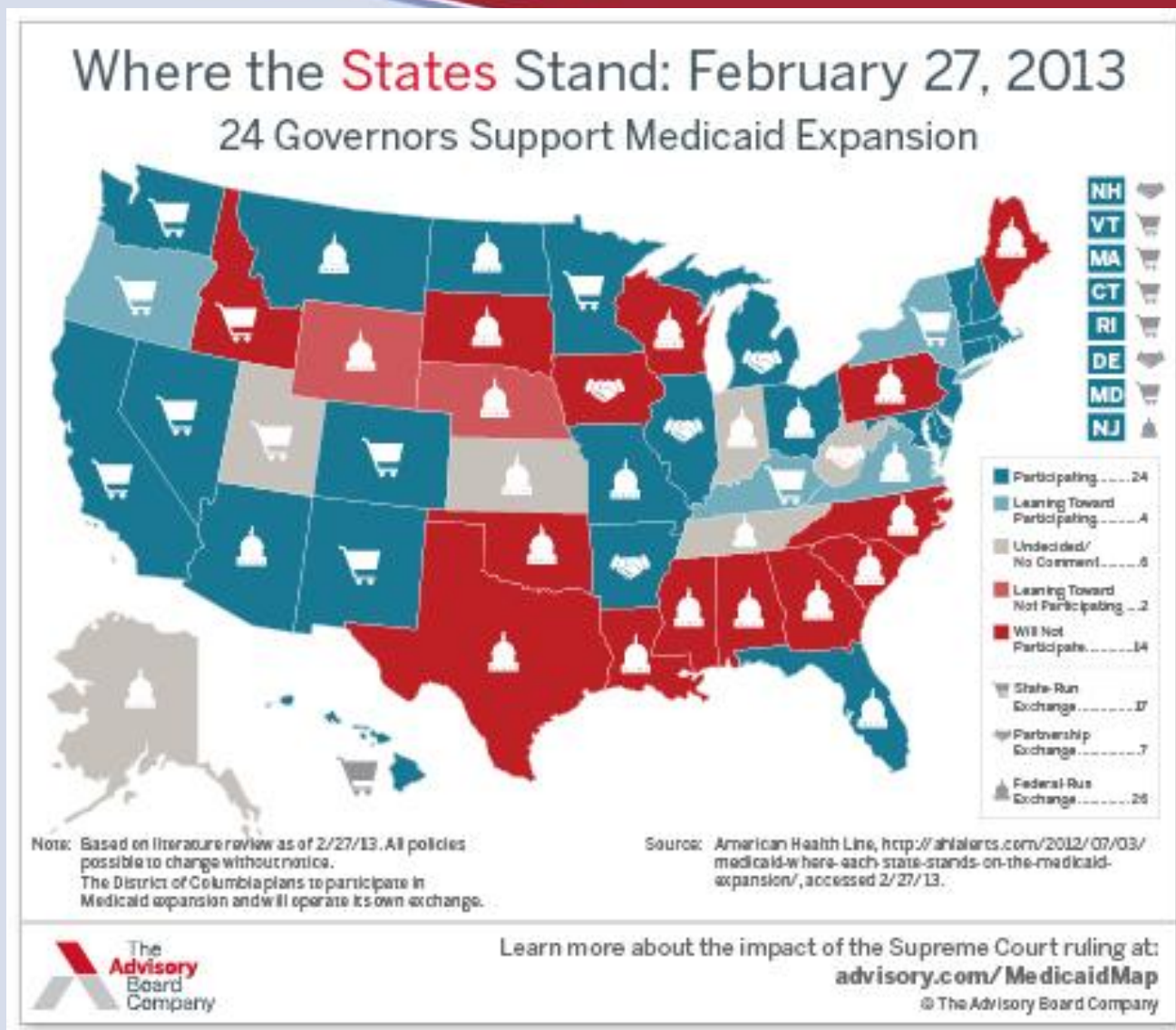
EHB' s That Cancer Patients Really Need

- **Screening & Early Detection**
- **Diagnostic Services**
- **Care Planning & Doctor-Patient Communication**
- **Effective Treatment Options**
- **Access to National Cancer Research Centers**
- **Access to Cancer Clinical Trials**
- **Survivorship Care**
- **Prevention and Risk Reduction**
- **Palliative Care Across the Continuum of Care**
- **Access to Essential Medications**
- **Reasonable Utilization Review**

NPAF Prior Activities on EHBs

- In January, 2012 both NPAF and our coalition the Regulatory Education and Action for Patients Coalition (REAP) issued a comment letter in response to HHS' s draft guidance document on the issue
- Two white papers on essential health benefits (May, 2012 and September, 2012). The 2nd concentrated on the issues through the lens of the PDAR data and constructed a package of vital benefits to be offered in the states based on the experiences of PAF case managers
- In July, REAP established a working group on essential health benefits and exchanges. This working group has since drafted a series of 10 principles for distribution to officials federally and in states
- In December, 2012, both NPAF and REAP commented on the long anticipated EHB proposed rule (32 organizations co-signed)
- State comment letters and related advocacy throughout the year

State Medicaid Expansion



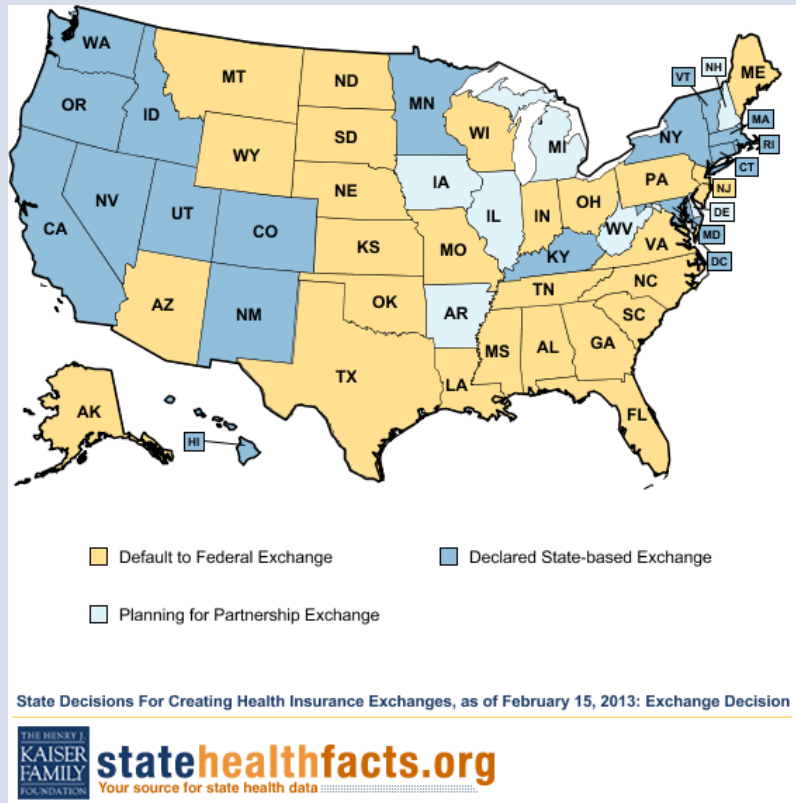
Medicaid Budget Challenges

- **California - the budget gap there at present is \$15.7 billion (up from \$9 billion in 2011 and 16.2% of the state budget).**
- **Connecticut - \$373 million projected budget gap for 2013 (16% of the state budget)**
- **Florida – expanded its managed care pilot program and there may be momentum to expand it state-wide. Budget gap projected for 2013 is \$1 – \$3.5 billion**
- **Louisiana – the budget gap projected for 2013 is \$1.2 billion (14.3% of the state budget)**
- **Maine – budget gap is \$83 million (15.4% of the state budget).**
- **Nevada - \$1.2 billion budget shortfall projected for 2013 (36.2% of the state budget)**
- **New Hampshire - \$250 million projected gap in 2013 (19.9% of the state budget)**
- **Oregon - \$1.7 billion projected gap for 2013 (24.3% of the state budget)**
- **Texas - \$9 billion projected gap in 2013 (24.2% of the state budget)**
- **Washington - 3.1 billion shortfall projected in 2013 (19.6% of the state budget)**

Who's on First?



A Current Snapshot of Exchanges



- 7 states intend to do a Partnership Exchange
- 18 states intend to do a State-based Exchange
- 26 states intend to default to the Federal Exchange



“One day Alice came to a fork in the road and saw a Cheshire cat in a tree. Which road do I take? she asked. Where do you want to go? was his response. I don't know, Alice answered. Then, said the cat, it doesn't matter.”

- Lewis Carroll

Summary:

Patient Challenge:

To establish working relationships with state health exchanges and/or other key officials for the creation of effective essential health benefit packages.

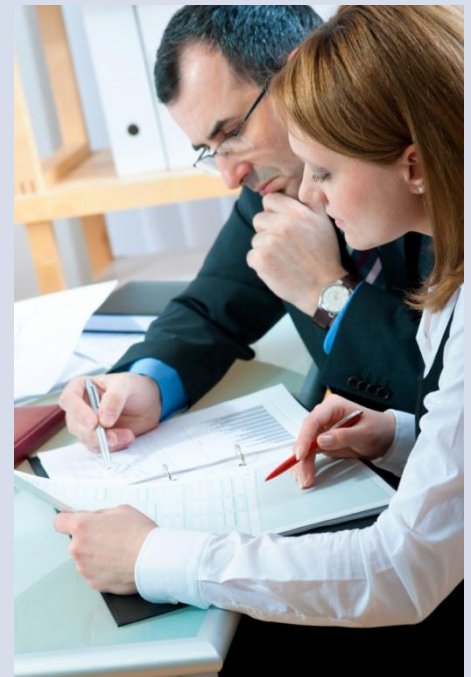
NPAF Policy Goal: Ensure that health exchanges and essential health benefits are effective for patients.



EHB Advocacy

Action Steps

- 1) In target states, *start now* to interact with appropriate state exchange officials, insurance department officials, etc. The people who will have an impact on EHB packages.**
- 2) Talk about:**
 - **EHB Design (the key benefits cancer patients need)**
 - **How patient advocates can be involved in the process**
 - **How patient advocate groups can be a resource**
- 3) Build working relationships with:**
 - **State Health Exchange Staff**
 - **State Health Exchange Board Members**
 - **State Insurance Department staff and officials**
 - **Any other key officials that will/could have an impact**
- 4) Build and work with coalitions!**



Judge a man by his questions rather than his answers.

- Voltaire



Thank you!