

# CANCER LEADERSHIP COUNCIL

A PATIENT-CENTERED FORUM OF NATIONAL ADVOCACY ORGANIZATIONS  
ADDRESSING PUBLIC POLICY ISSUES IN CANCER

## Essential Health Benefits for Cancer Patients: Ensuring Access and Quality

### ***Screening and early detection***

- Evidence-based screening and early detection services, to facilitate early diagnosis and prompt treatment
- Risk-assessment services, including genetic counseling, to determine risk of developing cancer and facilitate development of risk-based options for intervention
- Evidence-based preventive services, including but not limited to vaccines for cancer prevention

### ***Diagnosis and molecular classification***

- Comprehensive diagnostic services to ensure accurate diagnosis and molecular classification of cancer, if applicable
- A second opinion regarding diagnosis and/or treatment choices and plan

### ***Care planning and doctor-patient communication***

- A written plan that:
  - Outlines all elements of active treatment, including surgery, chemotherapy, radiation therapy, and supportive care, including management of the symptoms of cancer and cancer care and appropriate psychosocial services
  - Includes a plan for fertility preservation, if appropriate for the patient
  - Is provided at the beginning of active treatment, when there are significant changes in the patient's condition or care, and at the transition from active treatment to survivorship
  - Is directly communicated to the patient by the cancer care team
  - Provides adequate detail to assist the patient in managing care and making treatment decisions
  - Is provided to the patient in culturally appropriate language
  - Facilitates the coordination of multi-disciplinary care provided by all health care providers and encourages care navigation

### ***Treatment***

- All elements of multi-disciplinary treatment, and for children, pediatric specialty care, as recommended by the patient's care team and supported by available evidence, including:
  - Surgery
  - Appropriate reconstructive surgery and prostheses following cancer treatment
  - Transplantation
  - Radiation therapy
  - Drugs and biologicals, whether physician-administered or self-administered
  - Drugs and biologicals for off-label uses, according to the evidence-based standards utilized in the Medicare program
  - Standard fertility preservation treatments when cancer treatments may directly or indirectly cause iatrogenic infertility
- Supportive care and psychosocial care, including treatment for pain, nausea and vomiting, fatigue, depression, and other side effects of cancer and cancer treatment
- Genetic counseling to support treatment decision-making and risk assessment
- The option of care in a clinical trial, if the patient makes a decision to enroll after an informed-consent process
- Care by out-of-network physicians and other health care providers, at no additional cost to patients compared to in-network care, if in-network care does not meet the medical needs of the patient

### ***Survivorship care***

- A treatment summary and survivorship care plan
- Monitoring of late and long-term effects of cancer treatment
- Long-term follow-up care, as defined in evidence-based survivorship care standards
- Access to evidence-based cancer screening and other preventive services, according to standards articulated for cancer survivors
- Comprehensive rehabilitation services for the period of time required to address the effects of cancer and cancer treatment

### ***Palliative Care Across the Continuum of Care***

- Supportive care, symptom management, and palliative care from the time of diagnosis and across the continuum of care, including but not limited to services provided through hospice
- Discussion of palliative care options with the patient and inclusion of options for care in the written care plan provided to the patient by the care team

***Economic Protections to Ensure Access to Quality Care***

- Disclosure of all deductibles, co-payments, and co-insurance amounts for in-network and out-of-network services
- Protections against tiered cost-sharing systems that may result in patient choice of treatment strictly on economic grounds and perhaps against best available evidence
- Coverage of “all or substantially all” anti-cancer therapies, as provided in Medicare Part D, to ensure cancer patients have access to all cancer therapies that may be appropriate for them over the course of their illness and to facilitate delivery of treatments that may be targeted according to the individual patient’s genetic profile
- Comparable coverage and cost-sharing standards for drugs and biologicals in the prescription drug benefit and medical benefit in order to prevent patient treatment decisions that are unreasonably influenced by patient cost-sharing and that may not be supported by available evidence

This statement developed and endorsed by the Cancer Leadership Council

American Society for Radiation Oncology  
American Society of Clinical Oncology  
Cancer Support Community  
The Children's Cause for Cancer Advocacy  
Coalition of Cancer Cooperative Groups  
Fight Colorectal Cancer  
International Myeloma Foundation  
Kidney Cancer Association  
The Leukemia & Lymphoma Society  
LIVESTRONG  
Lymphoma Research Foundation  
National Coalition for Cancer Survivorship  
National Lung Cancer Partnership  
Ovarian Cancer National Alliance  
Pancreatic Cancer Action Network  
Prevent Cancer Foundation  
Sarcoma Foundation of America  
Susan G. Komen for the Cure Advocacy Alliance  
Us TOO International Prostate Cancer Education and Support Network

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