THE WHITE HOUSE

WASHINGTON

January 6, 1993

Mrs. Nancy Davenport-Ennis
62 East Avenue
Hampton, Virginia 23661

Dear Mrs. Davenport-Ennis:

Thank you for your letter about the legislation on coverage for bone marrow transplants that is pending in the Virginia General Assembly. The data that you sent about breast cancer and the effectiveness of dose intensive chemotherapy with autologous bone marrow transplants or stem cell transplants are very compelling.

I understand that Virginia is one of two states that do not cover any type of bone marrow transplants through Medicaid. The Health Security Act eliminates state-by-state variations in levels of health benefits. Under the Health Security Act, all Americans -- no matter where they live or work -- are guaranteed a comprehensive benefit package that can never be taken away.

The comprehensive benefit package provides a wide range of medically necessary or appropriate services, including hospital and health professional services, mental illness and substance abuse treatment, and hospice and home health care. Health plans must offer one of three standard cost sharing arrangements and may not raise coinsurance or deductibles for a particular service, patient or illness. Health plans may cover investigational treatments for life-threatening diseases.

The Health Security Act recognizes the importance of primary care and prevention by providing a full range of clinical preventive services without cost sharing. Because early detection of breast cancer is so important, the package of clinical preventive services includes mammograms every two years for all women over 49 years old. A series of clinician visits, pap smears and cholesterol screening are also provided without cost sharing, and additional services may be added by the National Health Board for high risk individuals. In addition, the Health Security Act increases investment in research on health promotion and disease prevention, targeting breast cancer as one of the diseases requiring immediate attention.

I understand the frustration caused by differences in coverage across health plans and states. It is our goal to eliminate these differences through passage of national health reform legislation this year.

Sincerely,

Hillary Rodham Clinton

Hillary Rodham Clinton

cc: Congressman Herbert H. Bateman

Congress of the United States
Washington, DC 20515

FAX COVER SHEET

from the office of:

CONGRESSMAN HERBERT H. BATEMAN
FIRST DISTRICT OF VIRGINIA

TO: Nicole Rabner

FAX NUMBER: 456-6244

FROM: Melinda Bateman

Office Telephone Number: (202) 225-4261
Office Fax Number: (202) 225-4382

THIS FAX CONTAINS 16 PAGES, INCLUDING THIS COVER SHEET

If you did not receive all of this fax transmission, please call (202) 225-4261

If you have any questions regarding this information please call me. Mrs. Davenport Ervin would like for Mrs. Clinton to write a letter in support of her legislation at the State level. She can be reached at 804-722-6528.

Thanks for your effort.

Melinda Bateman

HERBERT H. BATEMAN
1ST DISTRICT, VIRGINIA

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IN VA., CALL TOLL FREE
1-800-354-8527

Congress of the United States
House of Representatives
Washington, DC 20515-4601

September 16, 1993

Mrs. Hillary Rodham Clinton
The White House
Washington, DC 20500

Dear Mrs. Clinton:

I am forwarding a letter from one of my constituents requesting your support regarding state legislation dealing with insurance coverage for high dose chemotherapy, autogolous bone marrow transplant, and stem cell transplant, to be used in breast cancer treatment. Specifically, my constituent would like a letter of support from you. Your prompt attention to this matter is greatly appreciated.

With kind regards, I am

Sincerely yours,

Herbert H. Bateman
Member of Congress

HHB/mmd

Enclosure

Mrs. Nancy Davenport-Ennis
62 East Avenue
Hampton, VA 23661

Hillary Clinton
1600 Pennsylvania Avenue
Washington, D.C. 20500

Dear Mrs. Clinton,

Please accept my commendation for your personal efforts to develop a National Health Care Program . The task is gargantuan, complex and fraught with special interests.

As one small individual working in one state to draft legislation mandating insurance coverage for High Dose Chemotherapy, Autogolous Bone Marrow Transplant, and Stem Cell Transplant , to be used in Breast Cancer treatment, I can appreciate on a very small level your task. I need your help. The Virginia General Assembly is notorious for ignoring women's issues. Virginia is one of two states in America that does not cover High Dose Chemotherapy. Autogolous Bone Marrow Transplant and Stem Cell Reinfusion through Medicaid. A court case brought against Virginia Medicaid was lost by Medicaid in July of 1993: thus. under emergency order from the 4th Circuit Court of Virginia, Medicaid is now covering this for ages up to 21 years.

Attached is a bill drafted for our Task Force August 26, 1993. To support our bill, this Task Force of physicians, attorneys, members of the America Cancer Society and the National Marrow Donor Program spent months collecting research to develop the enclosed Fact Sheets to accompany our bill as it is presented to legislators for their support.

How can you help? Review our data. If in good conscience you can write a letter supporting the need for this legislation in Virginia, please do so. Our general assembly is Democratically controlled. Senator Hunter B. Andrews is a 30 year veteran who wields powerful influence with all members.

September 14, 1993, our Task Force appears before the Virginia Joint Commission of Health Care Reform to present the attached materials and to urge their support of the bill. If they endorse it, the bill has a greater likelihood of passing. The bill will be introduced in the General Assembly January 1994, so we have four months to court support.

I am sensitive to your position and request only that you give what support you can without creating a challenge to you or your husband with Congress. Let me add, that my friendship with Dick Harpootilian's mother strengthened my sense of who you are as a person, and allowed me to write to you in a candid manner. Dick is in Columbia, S.C. and a staunch supporter of you and President Clinton.

I look forward forward to your candid response.

Sincere Regards,

Nancy Davenport-Ennis
Breast Cancer Insurance Reform
Task Force Facilitator

LD0061148 08/23/93 Arlen K. Bolstad

SENATE BILL NO. _____ HOUSE BILL NO. _____

A BILL to amend and reenact § 38.2-4319 of the Code of Virginia and to amend the Code of Virginia by adding a section numbered § 38.2-3418.2, relating to accident and sickness insurance; bone marrow transplants.

Be it enacted by the General Assembly of Virginia:

1. That § 38.2-4319 of the Code of Virginia is amended and reenacted and that the Code of Virginia is amended by adding a section numbered 38.2-3418.2 as follows:

§ 38.2-3418.2. Coverage for bone marrow transplants.

A. Each insurer proposing to issue individual or group accident and sickness insurance policies providing hospital, medical and surgical, or major medical coverage on an expense-incurred basis, each corporation providing individual or group accident and sickness subscription contracts, and each health maintenance organization providing a health care plan for health care services shall offer and make available coverage under such policy, contract or plan delivered, issued for delivery or renewed in this Commonwealth on and after January 1, 1995, for the treatment of cancer by dose-intensive chemotherapy/autologous bone marrow transplants or stem cell transplants when performed pursuant to nationally accepted peer review protocols utilized by breast cancer treatment centers experienced in dose-intensive chemotherapy/autologous bone marrow transplants or stem cell transplants.

B. Such health care service shall not be subject to any greater deductible than any other health care service provided by the health maintenance organization. The copayment required of the enrollee shall not exceed the standard copayment required by the insured's policy for such health care service.

C. The provisions of this section shall not apply to short-term travel, accident-only, limited or specified disease policies, or to short-term nonrenewable policies of not more than six months' duration.

§ 38.2-4319. Statutory construction and relationship to other laws.

A. No provisions of this title except this chapter and, insofar as they are not inconsistent with this chapter, §§ 38.2-100, 38.2-200, 38.2-210 through 38.2-213, 38.2-218 through 38.2-225, 38.2-229, 38.2-232, 38.2-316, 38.2-322, 38.2-400, 38.2-402 through 38.2-413, 38.2-500 through 38.2-515, 38.2-600 through 38.2-620, Chapter 9 (§ 38.2-900 et seq.) of this title, 38.2-1057, 38.2-1306.2 through 38.2-1310, Article 4 (§ 38.2-1317 et seq.) of Chapter 13, 38.2-1800 through 38.2-1836, 38.2-3401, 38.2-3405, 38.2-3411.2, 38.2-3418.1, 38.2-3418.2, 38.2-3419.1, 38.2-3431, 38.2-3432, 38.2-3500, 38.2-3525, 38.2-3542, and Chapter 53 (§ 38.2-5300 et seq.) of this title shall be applicable to any health maintenance organization granted a license under this chapter. This chapter shall not apply to an insurer or health services plan licensed and regulated in conformance with the insurance laws or Chapter 42 (§ 38.2-4200) of this title except with respect to the activities of its health maintenance organization.

B. Solicitation of enrollees by a licensed health maintenance organization or by its representatives shall not be construed to violate any provisions of law relating to solicitation or advertising by health professionals.

C. A licensed health maintenance organization shall not be deemed to be engaged in the unlawful practice of medicine. All health care providers associated with a health maintenance organization shall be subject to all provisions of law.

D. Notwithstanding the definition of an eligible employee as set forth in § 38.2-3431, a health maintenance organization providing health care plans pursuant to § 38.2-3131 shall not be required to offer coverage to or accept applications from an employee who does not reside within the health maintenance organization's service area.

#

AUTOLOGOUS BONE MARROW TRANSPLANT FACT SHEET

* Autologous bone marrow transplantation (ABMT) provides a chance for cure that chemotherapy alone does not provide.

* **Early studies indicate higher disease free survival rates for breast cancer patients receiving ABMT than for patients receiving chemotherapy alone.**

* ABMT permits a dose intensive treatment resulting in improved antitumor activity compared with chemotherapy administered in conventional doses on conventional schedules.

* **ABMT is utilized in more than 111 hospitals** in the United States.

* Worldwide the rate of autologous transplantation is rising faster than allogeneic transplantation. Worldwide autologous transplants for breast cancer were performed for 229 patients in 1988, 336 in 1989, and 452 in 1990. **ABMT is used for many cancers but breast cancer is probably the fastest growing indication for ABMT.**

* A recent study linked clinical outcomes in breast cancer to a women's health insurance coverage. Women without private insurance (medicaid covered or the uninsured) have a 40 to 49% higher risk of death than privately insured patients because of lack of access to screening and optimal therapies.

* **In hospital costs of ABMT range from $40,000 to $120,000.**

* **Costs are expected to continue to decline** as portions of ABMT are performed **on an outpatient basis. ABMT costs are approaching** those of **standard chemotherapy** alone.

* Virginia is 1 of only 2 states nationally that refuse to cover any type of bone marrow transplantation in the state medical assistance program. (Note: July 19, 1993 VA enrolled in Medicaid coverage for children under the age of 21 years only.

FACT SHEET

DOSE INTENSIVE CHEMOTHERAPY WITH AUTOLOGOUS BONE MARROW TRANSPLANT OR STEM CELL TRANSPLANT

BELOW ARE THE REFERENCES FOR THE FOLLOWING FACT SHEET

1. **Antman,** Karen , Ayash, Lois , et. al. A Phase II Study of High Dose Cyclophosphiamide, Thiotepa, and Carboplatin With Autogolous Marrow Support in Women With Measurable Advanced Breast Cancer Responding to Standard Dose Therapy. Journal of Clinical Oncology, Vol 10, No 1, (January)1992, pp 102 - 110.

2. **Armitage,** James O., Antman, Karen H., (eds): High Dose Cancer Therapy. Baltimore, MD, 1992.

3. **Devita,** Vincent, et. al. Important Advances in Oncology, 1991.

4. **Dunphy,** Frank R., Spitzer, Gary, et.al. Treatment of Estrogen Receptor Negative or Hormonally Refractory Breast Cancer with Doubling High Dose Chemotherapy Intensification and Bone Marrow Support. Journal of Clinical Oncology, Vol 8, No 7, (July)1990, pp 1207 - 1216.

5. **Elder,** Joseph Paul, Elias, Anthony et. al. A Phase I - II study of Cyclophosphamide, Thiotepa, and Carboplatin With Autologous Bone Marrow Transplantation in Solid Tumor Patients. Journal of Clinical Oncology, Vol 8, No 7, (July)1990, pp 1239 - 1245.

6. **Jones,** Stephen E, et. al. Comparison of Different Trials of Adjuvant Chemotherapy in Stage II Breast Cancer Using A Natural History Data Base. American Journal Clinical Oncology (CCT) 10 (5) : pp 387 - 395, 1987.

7. **Peters,** William P., Ross, Maureen, et. al. High Dose Chemotherapy and Autologous Bone Marrow Support As Consolidation After Standard Dose Adjuvant Therapy for High Risk Primary Breast Cancer. Journal of Clinical Oncology, Vol II, No 6,(June) 1993, pp 1132 1143.

FACT SHEET:

Dose Intensive Chemotherapy with Autologous Bone Marrow Transplant or Stem Cell Transplant in breast cancer (High Dose Chemotherapy / Autologous Bone Marrow Transplant)

Current breast cancer statistics:

* Breast cancer is the **leading cause of death of women** between the **ages of 35 and 54.**

* **1 in 8 American women will be diagnosed with breast cancer in her lifetime.**

* **46,000** women **will die** of breast cancer in the U.S.

* **50%** of patients **will relapse** following surgery and standard adjuvant chemotherapy. (Jones, 1987)

* In **Virginia 4,010** women were diagnosed in 1990 **(VA Tumor Registry).**

* **Only 4.8%, or 196 women, Stage II and III would be considered candidates for High Dose Chemotherapy, Autologous Bone Marrow Transplant or Stem Cell Transplant. Only 43%, or 176 of metastatic breast cancer patient, would be considered as candidates.**

Adjuvant Breast Cancer: (This is breast cancer at Stage II or III)

* Patients with Stage II and III breast cancer with positive lymph nodes have a **60 - 85% chance of relapse** (Antman, High Dose Cancer Therapy).

* **Subsets of Stage II and III patients** (those with large tumors or many positive nodes) **will have a dramatic response to dose intensive chemotherapy with Autologous Bone Marrow or Stem Cell Transplants. In Virginia** this represents only **4.8%** of those diagnosed (196 women).

* With dose intensive chemotherapy and autologous marrow or stem cell transplant in this patient population, **72% of patients are disease free at a median 2.5 year follow up compared** with **standard chemotherapy** that shows **38% disease free with a median 2.5 year follow up** (Peters, 1993).

* **Mortality associated with transplantation has significantly decreased** with the use of hematopoetic growth factors and better supportive care. **Mortality rates** are now quoted between 4 - 10% (Schwartzberg, manuscript in preparation, Peters, 1993)

Metastatic Breast Cancer: (This is breast cancer at Stage IV)

* Metastatic breast cancer, Stage IV, is breast cancer that has spread beyond the breast and lymph nodes, **This represents 4.3% of the women diagnosed in Virginia** (176 women).

* **Dose intensive chemotherapy with autologous transplantation gives superior response** rates of **40 - 60 %** (Antman, 1992,Dunphy,1990,Elder, 1990).

* **Standard treatment** (ie.chemotherapy and/or radiation) for metastatic disease is **disappointing.** Only **15 - 20%** will enter a complete remission. Only **10%** survive for five years. **Few, if any are cured.** (Dunphy, 1990)

Not every woman with metastatic breast cancer is a good candidate. Factors associated with **long term survival** include:

- Good performance status (fully functional with few symptoms of the disease)
- Previously untreated new metastatic disease
- Disease which is responsive to chemotherapy
- Low volume disease (limited number of disease sites)

* **With dose intensive chemotherapy and autogolous transplant 30% of patients enjoy durable long term disease free survival. (Peters, 1991)**

FACT SHEET OF TOTAL INSUREDS / COST ANALYSIS

Is it worth less than a nickel a day ?

Currently, one million Virginians are insured through agencies licensed to sell insurance in the state of Virginia. (Information supplied by **State Insurance Commission's Office** by Mr. John Mardisian, Direct Assisstant to Mr.Stephen Foster, State Insurance Commissioner, May,1993.)

Using this figure please note the **costs** identified as follows:

The **Virginia Tumor Registry**, identified:

196 Stage II and III Breast Cancer Tumors
176 Stage IV Breast Cancer Tumors
372 Total Tumors registered in 1992.

30% of these patients are projected to be covered outside the agencies licensed in Virginia (i.e. Champus, Self - insureds, not insured patients).

1. **70%** of 372 patients are insured = **260 insureds.**

2. **Average cost of Autologous Bone Marrow Transplant** in Virginia is **$73,000.00.**
(Figure supplied by **Medical College of Virginia/Massey Center**, Mr. Matt Melinsky in the Finance and Statistics Center.)

3. **$73,000.00 average cost** x's **260 insureds** (assuming all insureds would be eligible candidates medically, (which is highly unlikely.) = **Total Expenditure of $19,009, 200.00.**

4. $19,009,200.00 Total Annual Cost of Treatment for all Diagnosed Stage II,III, and IV Breast Cancer Patients

Since the **standard insured's participation is 20%, the total amount of the $19 million to be** paid by insurers in Virginia would be **$15,207,360.00.** ($15 million)

With **1 million insured** Virginians, this would **represent a cost of** $15.21 per year per insured or **4.1 cents per day ... or less than a nickel a day ...** to offer treatment that has proven to be a life saver for more than half of all women who receive this treatment.

MEDICAID STATE BY STATE COMPARISON 1991 SURVEY VS. 1993 SURVEY

STATE NAME	BMT 91	BMT 93	Auth 91	Auth 93	Sch 91	Sch 93	Pro 91	Pro 93	Cap 91	Cap 93
ALABAMA	Yes	Yes	Yes	yes	No	No	Yes	Yes	90K	90K
ALASKA	Yes		Yes		No		No			
ARIZONA	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes		
ARKANSAS	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	150K	150K
CALIFORNIA	Yes		Yes		Yes		Yes			
COLORADO	Yes	No Yes	Yes	Yes	Yes	NF	Yes	Inclu		
CONNECTICUT	Yes	Yes	Yes	Yes	Yes	Inclu	Yes	Inclu		
DELAWARE	Yes		Yes		Maybe		Maybe			
DC	Yes		Yes		No		Yes			
FLORIDA	Yes	Yes	Yes	No	No	No	Yes	No		45 Days
GEORGIA	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes		
HAWAII	Yes		Yes		No		Yes			
IDAHO	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes		
ILLINOIS	Yes	Yes	Yes	No	No	No	Yes	Yes		
INDIANA	Yes		Yes		Maybe		Yes			
IOWA	Yes	Yes	Yes	No	No	No	Yes	Yes		
KANSAS	Yes	Yes	No	Out Stat	No	No	Yes			
KENTUCKY	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	75-100	75K
LOUISIANA	Yes		Yes		Yes		Yes			
MAINE	Yes		Yes		Yes		Yes			
MARYLAND	Yes		Yes		No		Yes			
MASSACHUSETT	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes		
MICHIGAN	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes		
MINNESOTA	Yes	Yes	No	Yes	Yes	Allowed	Yes	Allowed		**
MISSISSIPPI	No		Yes		Yes		Yes			
MISSOURI	Yes	Yes	Yes	Yes	No	Partial	Yes	Yes	100K	100K
MONTANA	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes		
NEBRASKA	Yes		Yes		Yes		Yes			
NEVADA	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes		10K
NEW HAMPSHIR	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	100K	113K
NEW JERSEY	Yes		Yes		Partial		Yes			
NEW MEXICO	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes		
NEW YORK	Yes	Yes	Yes	Out State	Yes	Indirectl	Yes	Yes		
NORTH CAROLIN	Yes	Yes	Yes	Yes	Yes	Partial	Yes	Partial		
NORTH DAKOTA	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes		
OHIO	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes		
OKLAHOMA	Yes		No		No		No			
OREGON	Yes	Yes	Yes	Yes	To 15K	Yes	Yes	Yes	15KSCH	##
PENNSYLVANIA	Yes	Yes	Yes	Yes	Yes	DRG	Yes	DRG	44,775	No
RHODE ISLAND	Yes	Yes	Yes	Yes	Yes	No	Yes	Inclu		
SOUTH CAROLIN	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes		$$
SOUTH DAKOTA	Yes	Yes	Yes	Yes	Maybe	Limited	Yes	Limited		
TENNESSEE	Yes	Yes	Yes	Yes	No	No	No	No		
TEXAS	Yes	Yes	Yes	Yes	No	No	Yes	No		
UTAH	No	Yes	Yes	Yes	No	Yes	No	Yes		$$
VERMONT	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes		
VIRGINIA	No		Yes		N/A		N/A			
WASHINGTON	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes		
WEST VIRGINIA	Yes	Yes	Yes	Yes	Maybe	Yes	Yes	Yes	75K	75K
WISCONSIN	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes		62,432
WYOMING	No		N/A		N/A		N/A			

** Variable Physician $562.50 Transplant $332.29

Must be under age 21

$$ Standard 128,425, Complicated $345,000

Medicaid Coverage for Bone Marrow Transplants:

A State by State Overview

State	BMT's Covered	Allo-geneic	Medical Criteria	*Children Different	Pre-auth Required	Pay for Search	Pay for Procure.	Type of Reimbursement
Alabama	Yes	Yes	Disease	No	Yes	No	YES	Capped rate 90K
Alaska	Yes	Yes	Case by case	No		No	No	Host state rate
Arizona	Yes	Yes	HCFA	No	Yes	No	Yes	Contract out
Arkansas	Yes	Yes	Case by case	Yes	Yes	Yes	Yes	Capped rate 150K
California	Yes	Yes	Matrix crit.	No	Yes	Yes	Yes	Per diem
Colorado	Yes	Yes	HCFA	No	Yes	Yes	Yes	Costs only
Connecticut	Yes	Yes	Leukemias	No	Yes	Yes	Yes	% of charges
Delaware	Yes	Yes	seven crit.	No	Yes	Maybe	Maybe	% of charges
Dist. of Col	Yes	Yes	Case by case	No	Yes	No	Yes	Host state rate
Florida	Yes	Yes	Case by case	Yes	Yes	No	Yes	Per diem
Georgia	Yes	Yes	HCFA	No	Yes	Yes	Yes	State code system
Hawaii	Yes@	Yes	Case by Case	No	Yes	No	Yes	Per diem - $275/day
Idaho	Yes	Yes	Case by case	No	Yes	Yes	Yes	Per diem - 80%
Illinois	Yes	Yes	Tran Cen	No	Yes	No	Yes	Billed charges 50%
Indiana	Yes	Yes	By Disease	No	Yes	Maybe	Yes	TEFRA meth
Iowa	Yes	Yes	By Disease	No	?	No	Yes	Direct cost only
Kansas	Yes	Yes	Case by case	Yes	No	No	Yes	DRG or contract
Kentucky	Yes	Yes	Case by case	No	Yes	Yes	Yes	Lump sum - 75-100K
Louisiana	Yes	Yes	Case by Case	No	Yes	Yes	Yes	Billed charges - 72%
Maine	Yes	Yes	By disease	No	Yes	Yes	Yes	Cover 100% cost
Maryland	Yes	Yes	HCFA	No	Yes	No	Yes	Billed charges - 94%
Massachusettes	Yes	Yes	HCFA	No	Yes	Yes	Yes	Set by state
Michigan	Yes	Yes	Case by case	No	Yes	Yes	Yes	Percent to cost
Minnesota	Yes	Yes	By disease	No	No	Yes	Yes	DRG/CPT
Mississippi	No@@	No	OBRA 1989	Yes	Yes	Yes	Yes	Contract basis
Missouri	Yes	Yes	Case by case	Yes	Yes	No	Yes	Up to $100K
Montana	Yes	Yes	HCFA	No	Yes	Yes	Yes	Percent of charges
Nebraska	Yes	Yes	Case by case	No	Yes	Yes	Yes	% of charges
Nevada	Yes	Yes	Case by Case	No	Yes	No	Yes	Medicaid rate
New Hampshire	Yes	Yes	Case by case	No	Yes	No	Yes	Fee for service
New Jersey	Yes	Yes	Case by case	No	Yes	Partial	Yes	Host rate/neg.
New Mexico	Yes	Yes	State guide	No	Yes	Yes	Yes	Medicaid rate
New York	Yes	Yes	HCFA	No	Yes	Yes	Yes	Negotiated rate
North Carolina	Yes	Yes	HCFA	No	Yes	Yes	Yes	Per diem - 900/day
North Dakota	Yes	Yes	Case by case	No	Yes	No	Yes	Per host state
Ohio	Yes	Yes	Case by case	No	Yes	Yes	Yes	DRG basis
Oklahoma	Yes	Yes	Case by case	Yes	No	No	No	Per diem basis
Oregon	No@@	Yes	By disease	Yes	Yes	To 15K	Yes	percent of charges
Pennsylvania	Yes	Yes	Case by case	No	Yes	Yes	Yes	Flat $44K
Rhode Island	Yes	Yes	Case by case	No	Yes	Yes	Yes	percent of charges
South Carolina	Yes	Yes	Via MUSC	No	Yes	No	Yes	Percent billed charge
South Dakota	Yes	Yes	Case by case		Yes	Maybe	Yes	Per host state
Tennessee	Yes	Yes	Case by case	No	Yes	No	No	Per diem to 40 days
Texas	Yes	Yes	By disease	Yes	Yes	No	Yes	DRG basis
Utah	No@@	No@@	By disease	Yes	Yes	No	No	DRG basis
Vermont	Yes	Yes	Case by case		Yes	Yes	Yes	Neg. rate
Virginia	No	No	N/A	Yes	Yes	N/A	N/A	N/A
Washington	Yes	Yes	Crit. by F.H.	No	Yes	Yes	Yes	Charges 30 to 50%
West Virginia	Yes	Yes	Case by case	Yes	Yes	Maybe	Yes	Billed charge to $75K
Wisconsin	Yes	Yes	By disease	No	Yes	Yes	Yes	DRG basis
Wyoming	No	No	N/A	Yes	N/A	N/A	N/A	N/A

YES@ Autologous not covered

NO@@ Children only

* Is the states policy for children different from adults outside of OBRA 1989.

** State law does not mandate coverage of Allogenic

FACT SHEET FOR HIGH DOSE CHEMOTHERAPY WITH AUTOLOGOUS BONE MARROW TRANSPLANT RANDOMIZED TRIALS

1. High Dose Chemotherapy with Autologous Bone Marrow Transplant has been shown in the most recent Medical Journal from the University of Chicago to provide a **50% chance of long term** disease free survival in selected **metastatic breast cancer patients.**

2. Standard treatment has been shown in numerous studies to not improve survival over no treatment at all. The median time for recurrence with standard treatment of disease in metastatic breast cancer is 8 months and the median time for survival is only 1.6 years in young women.

3. **Randomized trials** or Stage III are trials in which one group of patients gets a standard therapy and another group gets the newer therapy.

4. In the **context of metastatic breast** cancer that would mean 50% would get a therapy with no chance of curing the patient or even prolonging survival.

5. **In October of 1990 the Blue Cross and Blue Shield Association announced its formation of a randomized clinical trial with research support from the National Cancer Institute (NCI). Although Blue Cross calls these the"NCI Studies, " the NCI pays for the research costs of all types of clinical studies, so there is no special NCI link present in these studies.**

6. Almost all sophisticated cancer therapy is conducted in clinical trials.

7. **Blue Cross** has **variously reported** that **1,200 to 1,500** women would be enrolled.

8. **Enrollment has been very slow in the metastatic arm** of the randomized trials for **two reasons.**

9. **One reason is that although High Dose Chemotherapy with Autologous Bone Marrow Transplant for breast cancer is giveen at over 100 major medical centers, only 12 to 14 hospitals have agreed to participate in randomized studies for metastatic patients** because most doctors believe that to randomize patients into a clearly inferior treatment arm is unethical.

10. The **other reason** for **slow accrual** is that **patients are unwilling to be subjected to what amounts to a death sentence by a computerized coin toss.**

11. It is believed that **the entire Blue Cross Federal Workers Plan has only enrolled approximately 50 patients by August, 1993.**

12. Many Blue Cross plans have changed their exclusions to exclude treatments which are conducted on Stage III clinical trials - an **obvious use of these randomized trials** is to keep patients from their only viable therapy.

13. Many Blue Cross plans have moved to specifically exclude High Dose Chemotherapy with Autologous Bone Marrow Transplant for breast cancer because as one Blue Cross lawyer admitted in court, **Blue Cross could no longer exclude it as experimental and win** in court.

14. **Today only a handful of insurers specifically exclude High Dose Chemotherapy with Autologous Bone Marrow Transplant** or refuse to cover it. some major insurers such as **Aetna specifically include it for coverage.**

Rich Carter, Attorney
Hudgins, Carter, & Coleman
Alexandria, Virginia

FACT SHEET of CURRENT CITIES / COUNTIES ENROLLED IN BLUE CROSS BLUE SHIELD RIDER PROGRAMS

Blue Cross Blue Shield proposed to the General Assembly the sale of a Bone Marrow Transplant Rider in response to Delegate Briekley's House Bill 539. This rider is available only through groups that have approved it for their members; thus, an individual Virginia Citizen Member cannot simply buy this protection coverage.

To date, in Virginia this rider is in effect in the following groups:

1. Washington County Employees
2. Franklin County schools
3. Smith County schools
4. Wyth County schools
5. Montgomery County Employees
6. Boutetort County Employees and schools
7. Halifax County Employees and schools
8. Alleghany County Employees and schools
9. Grayson County schools
10. Covington City Employees
11. Abington City Employees
12. Galax County schools
13. Salem City schools

This optional coverage is $5.00 per month per enrollee and is limited to businesses with 2 to 49 employees and is available to the group. If the group accepts the coverage, only then may individuals enroll.

MEDICAL COLLEGE OF VIRGINIA HOSPITALS
AVERAGE CHARGES FOR SELECTED PROCEDURES
(BASED ON CASES DISCHARGED BETWEEN 7/1/91 AND 3/31/93)

PROCEDURE	CASES	AVG STAY PER CASE	AVG CHARGE PER CASE	ESTIMATED PMT/CASE
AORTIC VALVE REPLACEMENT	82	17	$65,788	$32,636
MITRAL VALVE REPLACEMENT	64	20	$73,913	$41,368
CORONARY BYPASS - 1 ARTERY	17	15	$50, 297	$24,958
CORONARY BYPASS - 2 ARTERIES	85	12	$48,305	$25,130
CORONARY BYPASS - 3 ARTERIES	171	13	$48,924	$26,337
CORONARY BYPASS - 4 ARTERIES	212	13	$51,406	$28,084
HEART TRANSPLANTATION	30	54	$212,270	$141,484
AUTOLOGOUS BONE MARROW TRANSPLANT	38	30	$73,400	$49,281

NOTE: ESTIMATED PAYMENTS ARE BASED ON THIRD PARTY CONTRACTS, STATE FUNDING FOR INDIGENT CARE, AND HISTORICAL TRENDS OF PERSONAL PAY ACCOUNTS.

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