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**Global Access Project (GAP) Study Examining Patients' Access to Cancer Care
Featured in the Journal of the American Medical Association (JAMA)
*Additional Research Warranted on Impact of Medicare Modernization Act (MMA) to Avoid Health
Care Access Challenges; Data Shows Possibility of Longer Wait Times
for Patients in Rural Locations***

WASHINGTON, D.C. (July 9, 2008) – According to a new study released today in the July issue of the Journal of the American Medical Association (JAMA), cancer patients experienced no major changes in their access to quality cancer care following the passage of the Medicare Prescription Drug Improvement and Modernization Act (MMA) of 2003. However, the study does suggest that patients in rural communities tended to have longer wait times to begin chemotherapy treatment after diagnosis, with wait times increased by as much as five days from 2003 to 2006.

“We applaud this study and its conclusions, which are encouraging in that most cancer patients perceived virtually no difference in their care following the passage of the MMA,” said Nancy Davenport-Ennis, President and CEO of the National Patient Advocate Foundation (NPAF) – a national, non-profit organization dedicated to the mission of creating avenues of improved patient access to health care through public policy reform at the state and federal levels. “However, the finding that patients in rural areas may have longer wait times is deeply concerning – and it strengthens NPAF’s belief that we must continue research on the MMA’s impact in order to ensure patients are not faced with dangerous access challenges while trying to manage this dreadful disease.”

The study was led by investigators from the Duke Clinical Research Institute (DCRI) and funded by the Global Access Project (GAP) – a national independent and neutral collaboration of forty two national healthcare stakeholder groups, organized by NPAF in February 2004 to fund research projects reporting implementation of the MMA into the marketplace and unintended consequences, if any, to patients, providers and healthcare systems. The Duke researchers studied data about Medicare beneficiaries who received chemotherapy for diagnoses of leukemia, lymphoma, breast, lung or colorectal cancer from across the United States. They looked at the distance patients traveled to get their chemotherapy treatments, and the amount of time that lapsed from diagnosis to initiation of chemotherapy. They compared data from 2003, before the MMA took effect, to the data from subsequent years through 2006. They did not examine other quality of care indicators.

When the MMA was signed into law by President Bush in 2003, it was the most comprehensive restructuring of Medicare since its inception in 1965. The law created a prescription drug benefit and provided \$25 billion for rural hospitals, but it also significantly reduced Medicare reimbursements to healthcare providers starting January 1, 2005. Cancer care, in particular, was targeted for cuts because legislators considered it to have been overly funded.

“We strive to help cancer patients access convenient, safe and high-quality care – no matter where they live or what their insurance issues may be,” said Davenport-Ennis. “Though the JAMA study overall did not find that cancer patients are being negatively impacted as a result of the MMA, its suggestion of longer wait times for patients in rural areas should be researched further so that we can learn more about the situations these patients are facing – and, in turn, learn how to best overcome them.”

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National Patient Advocate Foundation (NPAF) is a national, non-profit organization that is dedicated to the mission of creating avenues of patient access through improved access to, and reimbursement for, evolving therapies, therapeutic agent, and devices through policy and legislative reform at the state and federal levels. Our mission is shaped by the experiences of the patients served through our companion organization, Patient Advocate Foundation.