

## **Planning Actively for Cancer Treatment (PACT) Act of 2013 (H.R. 2477)**

From the moment someone receives a cancer diagnosis, his or her world is literally changed forever. No matter the severity of the prognosis, patients and their health care providers must make serious, life-altering decisions at that very first discussion, and continue to make critical decisions during and post-treatment. Unfortunately, the cancer care system in the United States does not help facilitate those discussions, nor does it use sensible approaches to make sure that the care the patient receives from different offices and specialists is coordinated. Those gaps in care have serious consequences for the quality of care patients receive, as well as for the Medicare program that is responsible for over half of the 1.6 million newly diagnosed cancer patients each year.

A solution to this problem is to give both patients and their health care providers the resources they need to make sure a clear plan is developed and regularly assessed, from the point of diagnosis throughout all aspects of cancer-related care. A thorough care plan guides patients and providers through treatment and clarifies the support a patient wants and should receive.

The Planning Actively for Cancer Treatment (PACT) Act of 2013 (H.R. 2477) will **ensure that every Medicare-eligible cancer patient has access to cancer care planning and coordination to improve patient health and reduce inefficiencies in the system.**

### **Why is cancer care planning and coordination important?**

Today, most cancer patients do not receive a written plan that explains the diagnosis, treatments, and expected symptoms. Care planning encourages important doctor-patient discussions where shared decisions are made about how to move forward based both on medical evidence and what a patient wants from care. Without a care plan, patients must navigate the complexities of a cancer diagnosis without a map or even a compass for this all-important journey. They may not understand the full range of options available to them or the implications of their choices. Surgeries, radiation treatments and chemotherapy, which involve different doctors and facilities, can be overwhelming, and patients need assurances that all the different health providers involved know what each other is doing.

### **What will the PACT Act do?**

The PACT Act will guarantee Medicare beneficiaries a new service that encourages doctors to create a written care plan and to discuss and alter the plan based on shared decisions made with the patient's active involvement. Cancer care planning is also important when a patient finishes treatment, with a written summary of care the patient has received and information about monitoring and follow-up. These plans can be shared with all parties involved in that patient's treatment, helping to reduce duplication of testing and other services and ensure the patient's wishes for the process are known in advance.

### **What can the PACT Act achieve?**

Research has confirmed that coordinated cancer care as outlined in a written care plan—care that integrates active treatment and symptom management—improves patient outcomes, increases patient satisfaction, and reduces utilization of health care resources. In short, the PACT Act has the potential to make cancer patients, and the health system that cares for them, better.

**Organizations and Institutions Endorsing the  
Planning Actively for Cancer Treatment (PACT) Act  
as of June 24, 2013**

American Cancer Society Cancer Action Network (ACS CAN)

American Society of Clinical Oncology

Cancer Support Community

Colon Cancer Alliance

Fight Colorectal Cancer

Leukemia & Lymphoma Society

The Life Raft Group

**LIVESTRONG** Foundation

Lymphoma Research Foundation

National Coalition for Cancer Survivorship

National Comprehensive Cancer Network

National Lung Cancer Partnership

Sisters Network

Susan G. Komen Advocacy Alliance

ThyCa: Thyroid Cancer Survivors' Association

University of Arizona Cancer Center

University of Cincinnati Cancer Institute

Lombardi Comprehensive Cancer Center at Georgetown University

The GW Cancer Institute, George Washington University

University of Kansas Cancer Center

Barbara Ann Karmanos Cancer Institute

H. Lee Moffitt Cancer Center & Research Institute

University of New Mexico Cancer Center

NYU Cancer Institute

NYU Langone Medical Center

University of North Carolina Lineberger Comprehensive Cancer Center

University of Pittsburgh Cancer Institute

Stephenson Cancer Center at the University of Oklahoma