



DECEMBER 16, 2019

Representative Diana DeGette  
2111 Rayburn House Office Building  
Washington, DC 20515

Representative Fred Upton  
2183 Rayburn House Office Building  
Washington, DC 20515

Dear Representatives DeGette and Upton:

On behalf of the Coalition to Improve Access to Cancer Care (CIACC), we appreciate the opportunity to provide feedback as you develop the legislative reforms included in Cures 2.0. The CIACC is a patient-focused organization representing patients, health-care professionals, care centers and the life sciences industry.

When you wrote and passed the 21st Century Cures Act your goals were to help advance biomedical research and foster new medical innovations for some of the worst diseases, like cancer. The reality still remains that outdated cost-sharing policies have limited patients' abilities to access some of these new lifesaving drugs.

In your "Call to Action" letter you state that "Cures 2.0 is an effort to modernize coverage and access to life-savings cures in the United States and across the globe. Patients from across the country continually remind us that a modernized system of developing new cures will require a modernized health care delivery system capable of delivering them to patients in need." We couldn't agree more.

The way we treat cancer is changing. But the way cancer care is covered is not. Insurance benefit design has not kept up with the pace of innovation in medicine and the growth of cancer treatments administered by patients, including orally administered treatments. Traditionally, intravenous (IV) and injected treatments were the primary methods to deliver chemotherapy. Most health plans tend to generously cover those treatments for patients under their medical benefit by requiring them to only pay a small co-pay for office visits, often between \$20-\$50.

Insurers do not offer comparable cost-sharing for many newer medicines administered by patients, including pills taken orally. Instead, most of those treatments are covered by a plan's prescription benefit, which often require patients to pay much more out-of-pocket. In many cases, this means patients face extremely high, often-unmanageable co-insurance. Some patients pay thousands of dollars a month. The result of these high out-of-pocket costs is that 10% of patients choose not to fill their initial prescriptions for anticancer medicines taken orally<sup>1</sup>. The rates are much higher for therapies with the most-expensive co-pays.

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<sup>1</sup> Street SB, Schwartzberg L, Husain N, and Johnsrud M, Patient and Plan Characteristics Affecting Abandonment of Oral Oncolytic Prescriptions. *Journal of Oncology Practice*. Vol. 7, Issue 3S: 46s-51s, 2011

The problem is exacerbated by the growth of patient-administered cancer therapies. It has become the standard of care for many types of cancer. Chemotherapy taken orally accounts for approximately 25% of the oncology development pipeline, according to a study by the [National Community Oncology Dispensing Association](#). More importantly, many cancer medicines taken orally do not have an alternative that is injected or administered by IV. That means these oral medications are the only option for some cancer patients. As these treatments become more prevalent, we must ensure the out of pocket costs to patients are as affordable as their IV counterparts.

Our solution is the Cancer Drug Parity Act, which is led in the House of Representatives by Representatives Brian Higgins (D-NY), Doris Matsui (D-CA), Brett Guthrie (R-KY), and Gus Bilirakis (R-FL). The bill currently has over 111 bipartisan co-sponsors, and support continues to grow. A similar bill was introduced in the Senate by Senators Jerry Moran (R-KS), Roger Wicker (R-MS), Tina Smith (D-MN), and Chris Murphy (D-CT) and has 17 bipartisan co-sponsors. In fact, 43 states and the District of Columbia have taken action to solve this disparity for patients that are on state-regulated health plans.

The Cancer Drug Parity Act would ensure that any federally-regulated health plan provides coverage for cancer treatments, allows patients taking self-administered anticancer medicines to benefit from the same level of cost-sharing as they would have if they were administered an IV, port administered or injected cancer medication. This bill addresses the outdated insurance benefit designs and seeks to lower out-of-pocket costs for all cancer treatments, regardless of how they are administered. Health insurance cost-sharing designs should not create barriers for cancer patients to access potentially life-saving medicines or undermine the doctor-patient relationship by forcing physicians to place patients on less-effective treatments based solely on costs.

CIACC is not alone in our support for this policy. In a recent poll of registered voters representing a diverse range of geographies and political ideologies, 72% surveyed said that they support the Cancer Drug Parity Act.<sup>2</sup>

We thank you for considering our recommendation to be included in your Cures 2.0 and look forward to working with your offices. Should you or your staff wish to contact us directly, please contact Robin Levy of the International Myeloma Foundation at [RLevy@myeloma.org](mailto:RLevy@myeloma.org) or at 201-220-9137.

Respectfully,

AIM at Melanoma  
American Society of Hematology  
Aplastic Anemia and MDS International Foundation  
Association of Community Cancer Centers  
Association of American Cancer Institutes  
Cancer Support Community  
Community Oncology Alliance

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<sup>2</sup> These results are based on a national survey of 800 registered voters by Public Opinion Strategies in December of 2017 and January of 2018.

Dana Farber Cancer Institute  
Debbie's Dream Foundation: Curing Stomach Cancer  
Facing Our Risk of Cancer Empowered (FORCE)  
Fight Colorectal Cancer  
GO2 Foundation for Lung Cancer  
Hematology/Oncology Pharmacy Association  
International Myeloma Foundation  
Karmanos Cancer Institute  
Leukemia & Lymphoma Society  
LUNgevity  
Lymphoma Research Foundation  
Medical College of Wisconsin  
National Brain Tumor Society  
National Patient Advocate Foundation  
Oncology Nursing Society  
Ovarian Cancer Research Alliance  
Patient Services, Incorporated  
Roswell Park Cancer Institute  
Susan G. Komen  
The Ohio State University Comprehensive Cancer Center-James Cancer Hospital and Richard J Solove Institute  
WVU Medicine  
Zero – The End of Prostate Cancer

