



Coalition to Improve Access to Cancer Care (CIACC)

H.R. 1409: The Cancer Drug Parity Act of 2017

THE PROBLEM

Outdated Cost-Sharing Policies Limit Patients' Access to New Lifesaving Drugs

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 orally¹. The rates are much higher for therapies with the most-expensive co-pays.

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.² 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

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

² Egerton NJ. In-Office Dispensing of Oral Oncolytics: A Continuity of Care and Cost Mitigation Model for Cancer Patients. *AJOC*. <http://www.ajmc.com/journals/supplement/2016/improving-patient-access-to-critical-therapies-in-the-age-of-cost-sharing/in-office-dispensing-of-oral-oncologytics-a-continuity-of-care-and-cost-mitigation-model-for-cancer-patients>. Accessed March 2, 2018

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.

THE SOLUTION

The Cancer Drug Parity Act

The Cancer Drug Parity Act of 2017 ensures that any health plan that 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 law is not a mandate as it only applies to health plans that already cover oral and self-administered chemotherapy. This bill addresses 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 out of pocket costs.

Studies have shown oral parity laws have been effective in increasing the number of prescriptions filled with no copays for their cancer therapies while having no effect on health plan costs.³

Request

Please cosponsor H.R. 1409, the Cancer Drug Parity Act of 2017, to ensure every cancer patient has access to the anticancer treatments recommended by their physicians.

The Coalition for Improved Access to Cancer Care is a patient-focused organization representing patients, health-care professionals, care centers and life sciences industry committed to ensuring cancer patients have equal access to all approved anticancer regimens, including (but not limited to) oral and intravenous drugs, injections, etc.

³ Dusetzina, S. B., PhD. (2017, November 09). Spending Changes for Oral Anticancer Therapy After State Parity Laws. Retrieved March 02, 2018, from <https://jamanetwork.com/journals/jamaoncology/article-abstract/2661763?resultClick=1>

