

Support H.R. 2739, the Cancer Drug Coverage Parity Act

To become a cosponsor, please contact Molly McDonnell in Representative Lance's office at Molly.McDonnell@mail.house.gov or Erin Meegan in Representative Higgins' office at Erin.Meegan@mail.house.gov

Current Coverage Policies are Outdated and Limit Patients' Access to New Lifesaving Therapies

The last decade has seen an explosion in the number of new chemotherapy drugs, the types of drugs used to treat cancer patients, available to patients including many personalized therapies. Unfortunately, insurance coverage of drugs has not kept pace with this innovation.

Traditionally, intravenous (IV), intraperitoneal (IP) and injected drugs were the primary methods of chemotherapy delivery. These drugs are covered under a health insurance plan's medical benefit, where patients are only required to pay a small office visit co-pay.

Today, oral chemotherapy drugs are available for many types of cancer - including ovarian cancer. Chemotherapy drugs taken in pill form put less burden on patients and their healthcare providers because they can be taken at home.

Since oral chemotherapy drugs are often covered under a health insurance plan's prescription drug benefit, many patients are responsible for extremely high and unmanageable co-pays. These out-of-pocket costs can be thousands of dollars per month, **resulting in many patients choosing not to fill their initial prescriptions for drugs that could save their lives¹.**

The Cancer Treatment Parity Act Would Connect Patients with Affordable Life Saving Medications

The Cancer Treatment Parity Act requires that any health insurance plan that provides coverage for cancer chemotherapy treatment also provide coverage for oral medication at a cost no less favorable than the cost of IV, IP, or injected anticancer medication. This bill is not a mandate as it only applies to plans that already cover chemotherapy.

The bill ensures equality of access and insurance coverage for **all** chemotherapy regimens. Health insurance cost-sharing schemes should not create barriers to cancer patients' ability to access potentially life-saving medications.

40 states and the District of Columbia have already passed similar bills, but these laws only apply to plans regulated by state Departments of Insurance, necessitating federal action to cover all plans.

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