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January 27, 2015

Health Committee

Pennsylvania House of Representatives

Room G50, Irvis Office

Harrisburg, PA

Dear Chairman and Members of the Committee:

We write to urge your support for HB 60, which is scheduled for consideration by the House Health Committee in its meeting on January 27th. Sponsored by Chairman Matt Baker, this critical legislation would ensure access to orally-administered cancer therapies.

Traditionally, cancer treatments have been physician-administered, usually intravenously (IV) or by injection. But in recent years, orally-administered medicines have become more prevalent and, in fact, represent the standard of care for many types of cancer. For some cancer patients, an oral treatment may even be the *only* treatment available.

Yet health plan design has not kept pace with these advances in treatment and, as a result, patients prescribed an orally-administered therapy may find themselves facing out-of-pocket costs in the thousands of dollars each month. This is because IV/injected cancer medications have traditionally been covered under a health plan’s medical benefit, where the patient is usually responsible for covering only the cost of an office visit co-pay – for example, $40 or $50. In contrast, orally-administered treatments are in most cases covered under a plan’s pharmacy benefit, where many patients are responsible for covering a percentage of the drug’s cost, sometimes as much as 40 or 50%.

For example, imatinib, an oral treatment for chronic myeloid leukemia (CML), carries a retail price in the $6,000 to $7,500 range for an average monthly supply. Many CML patients are dependent upon this oral therapy to keep them alive – and will, in many cases, need to take this medication for the rest of their lives – yet a cost-share of even just 20% generates an out-of-pocket expense of at least $1,200 per month. For most patients and families, a cost-share of this size means treatment will be out of reach.

We applaud Chairman Baker for filing HB 60, as this bill would eliminate the discrepancy caused by this outdated benefit design. His bill proposes a simple and straightforward solution: if a health plan offers coverage for cancer treatment, then that plan must apply the same cost-sharing requirements to all medicines used to treat cancer, whether those come in the form of a pill, through IV/ injection, or some other administration format. This solution has already been implemented in 34 states around the country, plus the District of Columbia.

With your support, this legislation will ensure that cancer patients and their physicians are able to select the most clinically appropriate treatment available to them. This protection is badly needed in Pennsylvania and so, again, we urge your support and thank you for your consideration.

Sincerely,

Marialanna Lee

Director, State Government Affairs, Northeast & Mid-Atlantic Regions

The Leukemia & Lymphoma Society