

Patient Access to Anti-Cancer Therapies: Breaking Down Cost Barriers for Cancer Patients

For decades, the Leukemia & Lymphoma Society (LLS) has invested in new medical research aimed at finding cures for blood cancers (leukemia, lymphoma, and myeloma). As a result, we have seen major breakthroughs that have transformed some blood cancer diagnoses from a death sentence to a manageable chronic disease. In recent years, innovation in precision medicine has transformed cancer treatments, allowing patients with many types of cancer to avoid traditional IV-administered chemotherapy and its side effects. Today, many cancer patients rely on these oral anti-cancer drugs as the only treatment available to fight their cancer.

Unfortunately, high out-of-pocket costs prevent many blood cancer patients from accessing the breakthrough treatments that could save their lives. These high costs are the result of insurance benefit designs that have not kept pace with the development of new oral anti-cancer drugs. As a result, patients who rely on an oral drug to fight their cancer can face hundreds or thousands of dollars more in cost-sharing than patients who take an IV drug—even if the two drugs cost the same to the health plan.

Too often, these burdensome out-of-pocket costs lead patients to skip their prescribed course of treatment or forgo their treatments altogether, resulting in suboptimal outcomes and preventable hospitalizations that increase costs. Without clear protections, these costs will continue to rise as health plans shift more burdens onto the sickest patients.

Cancer Drug Parity - A Proven Solution

Over the past decade, 43 states have stepped forward to adopt a policy solution called “oral parity” that has solved this benefit design problem for patients. Some of the most liberal and conservative governors in America have signed these protections into law in their states, and these parity laws have a long track record of working for cancer patients without increasing premiums.

While these state laws protect the patients on state-regulated plans, cancer patients need Congress to act to extend these same protections to the 60% of privately-insured patients whose coverage is federally-regulated.

The Cancer Drug Parity Act (H.R. 1409) requires that cost-sharing for oral anti-cancer drugs be no less favorable than the cost-sharing for drugs administered by a healthcare provider through an IV, port or injection. This law applies only to plans already covering such anti-cancer drugs and does not require plans to adjust their coverage policies. LLS urges members of the House of Representatives to contact the offices of Rep. Leonard Lance (R-NJ) or Rep. Brian Higgins (D-NY) to cosponsor the Cancer Drug Parity Act and ensure every privately-insured cancer patient in America has access to the treatment they need to fight their cancer.

