

CANCER PATIENTS FACE SIGNIFICANT COST BARRIERS IN ACCESSING LIFESAVING THERAPIES

Scientific breakthroughs have dramatically changed the way we treat cancer. Unfortunately, insurance benefit design has not kept pace with the development of new self-administered treatments, leaving patients with burdensome out-of-pocket costs for some drugs. The **Cancer Drug Parity Act** (H.R. 1409) would ensure cancer patients have access to the treatments recommended by

For decades, the Leukemia & Lymphoma Society (LLS) has been at the forefront of the fight to cure cancer. As a result, we have seen major breakthroughs in immunotherapy, genomics, and personalized medicine that have transformed some blood cancer diagnoses from a death sentence to a manageable chronic disease. Despite these exciting advances, many blood cancer patients are unable to access their drugs due to the extraordinarily high out-of-pocket costs patients must pay before receiving the medications that could save their lives.

Outdated cost-sharing policies limit access to lifesaving drugs

The way we treat cancer is changing, but the way cancer care is covered is not keeping pace. In recent years, innovation in precision medicine has transformed the landscape of cancer treatments, paving the way for more cancer treatments that are administered by patients, including oral therapies. Today, many cancer patients rely on these oral cancer drugs as the only treatment available to fight their cancer.

Traditional IV-administered cancer treatments are typically covered under a health plan's medical benefit, often requiring patients to pay a moderate copay. Oral and other self-administered treatments are usually covered under a health plan's pharmacy benefit. This discrepancy often results in high out-of-pocket costs through coinsurance, which requires patients to pay a percentage of the overall cost of the medicine. 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.

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 insurance benefit design problem for patients by preventing health plans from applying different cost-sharing to oral and self-administered medicines.

While these state laws protect patients on state-regulated plans, cancer patients need Congress 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) would ensure that patients experience the same cost-sharing for all cancer treatments, including oral medicines, regardless of how they are administered. This legislation applies only to plans already covering both IV-administered and self-administered cancer treatments and does not require





plans to adjust their coverage policies. LLS urges every member of the House of Representatives to cosponsor the Cancer Drug Parity Act.

**BEATING
CANCER
IS IN
OUR BLOOD.**

The mission of The Leukemia & Lymphoma Society (LLS) is to cure leukemia, lymphoma, Hodgkin's disease and myeloma, and improve the quality of life of patients and their families. Find out more at www.LLS.org.