



Association of Community Cancer Centers



The Patient's Voice since 1996



Improving Lives • Finding the Cure

We Support the Kathleen A. Mathias Chemotherapy Parity Act of 2012 (SB 179 & HB 243) Increasing Access to Oral Chemotherapies for All Maryland Cancer Patients & Ending Discrimination in Cancer Care Treatment

Issue Background

Intravenous/infused anti-cancer medications are typically covered under a health plan's medical benefit. In this situation, patients are usually required to pay an office visit co-payment usually around \$20-\$30 at the time of the visit. Orally-administered anticancer medications are covered under a health plan's pharmacy benefit. Under the pharmacy benefit, oral anticancer medications require patients to pay higher co-payments, which can sometimes be a percentage of the drug's cost (e.g. 25-30% of total cost-- which can be thousands of dollars each month). This disparity restricts patient access to life-saving oral cancer therapies. When an oral treatment is determined most effective, patients are sometimes forced to make their treatment choice based on cost, rather than efficacy. Whether to incur a large financial burden for an oral anti-cancer medication can be a life or death decision.

Quick Facts:

- **10% of cancer patients failed to fill their initial prescriptions** for oral anti-cancer medications, according to a new study by the Community Oncology Alliance Oral Oncolytics published in the Journal of Oncology Practice and American Journal of Managed Care.
- For many oral anti-cancer medications, there are no intravenous substitutes—so patients have no choice but to pay much more for their treatment.
- Use of oral anti-cancer medications usually results in fewer hospital visits, which means less staff and administrative costs and fewer risks of infection, illness and complications, reducing the overall cost of healthcare.
- Every cancer patient should have access to the most appropriate treatments recommended by their physicians. Patients should not be subject to cost discrimination based on the type of therapy provided or the mechanism for the delivery of that therapy.
- Oral anti-cancer medications (e.g. pills) have become the standard of care in the treatment of many types of cancers including multiple myeloma and chronic myelogenous leukemia (CML) and account for approximately 25 percent of the drugs currently being developed to treat cancer.
- To date, 15 states and the District of Columbia have enacted oral chemotherapy access legislation including New Jersey, New York, Illinois, Minnesota, New Mexico, and Texas.

We believe that every cancer patient should have access to the most appropriate treatments recommended by their physicians and should not suffer from cost discrimination based on the type of therapy provided or the mechanism for the delivery of that therapy.

We support the Kathleen A. Mathis Chemotherapy Parity Act of 2012 (SB 179 & HB 243) prohibiting insurers, nonprofit health service plans, and health maintenance organizations that provide coverage for cancer chemotherapy under specified health insurance policies or contracts from imposing limits or cost sharing on coverage for orally administered cancer chemotherapy that are less favorable to an insured or enrollee than the limits or cost sharing on coverage for cancer chemotherapy that is administered intravenously or by injection; etc.