



MARCH 15, 2024

Chairwoman Virginia Foxx
Committee on Education & the Workforce
U.S. House of Representatives
2176 Rayburn House Office Building
Washington, DC 20515

Dear Chairwoman Foxx,

We, the Coalition to Increase Access to Cancer Care (CIACC) write to you to offer feedback on the ongoing efforts to strengthen the Employee Retirement Income Security Act (ERISA) and to emphasize the significant impact that the passage of the *Cancer Drug Parity Act* (H.R. 6301/S. 2039) would have for patients with ERISA plans. This crucial legislation addresses some of the challenges faced by cancer patients in accessing medications, particularly the disparities in insurance coverage for various anticancer treatments.

CIACC is a patient-focused organization representing patients, health-care professionals, care centers and the life sciences industry. While scientific breakthroughs have dramatically changed the way we treat cancer, public policy has often not kept pace with this innovation. Our coalition is committed to ensuring life-saving medicines are more affordable for the patients that need them. We represent patients, health care professionals, and other stakeholders across the United States who helped pass “parity” laws in 44 states, plus the District of Columbia, for Americans whose health insurance is state-regulated. While state laws provide this important patient protection to people with state-regulated health coverage—approximately four out of every ten people covered by commercial insurance—the other six out of ten need Congress to make the same change for federally-regulated plans. The passage of the Cancer Drug Parity Act would provide this vital protection to the Americans that are left unprotected by state laws.

Many cancer patients confront obstacles in accessing their prescribed medications, encountering issues related to access and high levels of cost-sharing. Despite the critical role of orally administered anticancer treatments, health insurance cost-sharing for different types of cancer treatments is often inconsistent. While intravenous treatments usually fall under a plan’s medical benefit component, orally-administered anticancer medications are categorized under a plan’s prescription drug component, often resulting in a higher percentage of cost-sharing for the patient. The Cancer Drug Parity Act aims to improve access to the most clinically appropriate treatments by providing parity in health insurance plan designs between traditional intravenous/injectable chemotherapy and orally-administered anticancer medications.

Oral anticancer medications have become a standard of care for numerous cancer types, constituting approximately 40% of the oncology development pipeline.¹ These treatments offer targeted approaches and a higher quality of life for both patients and their families. However, patients with certain cancers have no alternative intravenous or injectable chemotherapy options in order to receive their anticancer medicines. In these cases, patients are compelled to choose between receiving life-saving treatment or facing exorbitant out-of-pocket costs.

We urge the Committee to consider the positive impact the Cancer Drug Parity Act could make on the lives of Americans as it works to comprehensively strengthen ERISA. This legislation aligns with the broader goal of enhancing the affordability and quality of employer-sponsored health coverage, ensuring equitable access to cancer treatments for all Americans. Furthermore, addressing the rising costs of health care, as highlighted in the RFI requires a multifaceted approach. The Cancer Drug Parity Act directly addresses one aspect of these costs by ensuring that cancer patients are not faced with financial barriers to accessing essential treatments.

Thank you for your attention to this matter. If you have any further questions or require additional information, please reach out to Danielle Doheny at ddoheny@myeloma.org.

Sincerely,

American Urological Association
Association for Clinical Oncology
Association of American Cancer Institutes
Cancer and Careers
CancerCare
Community Oncology Alliance (COA)
Fight Colorectal Cancer
FORCE: Facing Our Risk of Cancer Empowered
Hematology/Oncology Pharmacy Association
International Myeloma Foundation
The Leukemia & Lymphoma Society
LUNgevity
National Comprehensive Cancer Network
Oncology Nursing Society
Ovarian Cancer Research Alliance
Patient Access Network (PAN) Foundation
Patient Empowerment Network
Susan G. Komen
Triage Cancer
ZERO Prostate Cancer

¹ <https://www.ajmc.com/view/looking-ahead-at-the-specialty-drug-pipeline-after-an-active-year-of-approvals>