



THE CANCER DRUG PARITY ACT OF 2017 (H.R. 1409)

BACKGROUND: Traditionally, intravenous (IV) and injected treatments were the primary methods of chemotherapy delivery. Today, patient-administered chemotherapy has become more prevalent and is the standard of care for many types of cancer. But insurance coverage has not kept pace with medical innovation and the growing trend towards orally administered chemotherapy. While traditional anticancer treatments are covered under a health plan's medical benefit, often requiring patients to pay a minimal co-pay or no cost at all for the medication, oral anticancer medications are usually covered under the health plan's pharmacy benefit, often resulting in burdensome out-of-pocket costs through coinsurance (requiring patients to pay a percentage of the overall cost of the prescription drug). These co-pays can be hundreds or thousands of dollars per month and, as a result, almost 10% of patients choose not to fill their initial prescriptions for oral anticancer medications.

- Oral chemotherapy accounts for approximately 35% of the oncology development pipeline.
- Many oral anticancer medications do not have IV or injected alternatives and are the only option for some cancer patients. As these medications become more prevalent in cancer treatment, they must be as affordable as their IV counterparts.
- This benefit disparity negatively impacts patient adherence and forces physicians to make decisions based on outdated health plan benefit designs rather than what is best for the patient.
- 43 states and the District of Columbia have passed oral parity laws, but these laws only affect state-regulated insurance plans. Federal legislation is needed to reach plans regulated by the Employee Retirement Income Security Act (ERISA), which are most private sector health plans, and usually large, multi-state health plans.
- **The Cancer Drug Parity Act of 2017** requires any health plan that provides coverage for chemotherapy treatment to provide coverage for self-administered anticancer medication at a cost no less favorable than the cost of IV, port-administered, or injected anticancer medications. This law is not a mandate as it only applies to health plans that already cover chemotherapy. This bill ensures equality of access and insurance coverage for ALL anticancer regimens.

**Request: In the House, please cosponsor H.R. 1409 to ensure every cancer patient has access to the anticancer treatments recommended by their physicians.
In the Senate, please join your House colleagues in introducing this legislation.**

For more information on the bill or to sign on as a cosponsor, please contact Rob Butora in Representative Leonard Lance's office at Robert.Butora@mail.house.gov or Erin Meegan in Representative Brian Higgins' office at Erin.Meegan@mail.house.gov.