



JUNE 26, 2020

The Honorable Lamar Alexander  
Chairman, Senate Health, Education, Labor and Pensions (HELP) Committee  
455 Dirksen Senate Office Building  
Washington, DC 20510-4206

Re: Preparing for the Next Pandemic Feedback

Dear Chairman Alexander,

On behalf of the Coalition to Improve Access to Cancer Care (CIACC), we appreciate the opportunity to provide feedback on your “Preparing for the Next Pandemic” white paper as you and the HELP Committee develop the legislative reforms. The CIACC is a cancer patient-focused organization representing patients, health-care professionals, care centers and the life sciences industry.

While we understand that your white paper is looking to address the many shortcomings, we have learned exist during the COVID-19 pandemic, we still believe that there are issues that Congress still needs to address to mitigate further hardship for people with cancer. We believe the issue we wish to see addressed falls under the purview of section four of your white paper, entitled Public Health Capabilities – Improve State and Local Capacity to Respond. As the COVID-19 pandemic continues, we have become aware of an issue patients are facing which concerns their lack of access to life-saving therapies, which we hope will be addressed in the future even on a temporary basis to help patients access their medications during a pandemic.

Cancer patients are uniquely at risk to contract COVID-19 due to their compromised immune systems. To help alleviate this burden, oncologists are regularly reexamining the best ways to treat patients during this pandemic. Members of the CIACC have been in communication with oncology care medical professionals who are advising patients to stay at home as much as possible. When medically appropriate, they are transitioning these patients onto oral (or self-administered) anticancer drugs in order to achieve this goal. In most cases these drugs aren't interchangeable, however, the pandemic has resulted in reexamined treatment plans. These oral and self-administered drugs are covered differently by many insurers and patient out of pocket can be vastly higher for these drugs than those administered by a physician.

While this problem can cause issues for patients during normal times, the COVID-19 pandemic has further revealed the discrepancy patients face in their out-of-pocket costs for oral anticancer drugs in contrast to what they pay for IV therapies. As you may know, many cancer patients today are covered under antiquated insurance benefit designs which require patients to pay more out-of-pocket costs for anticancer treatments delivered by pill instead of IV. This discrepancy is simply based on the form of administration. Unfortunately, with COVID-19 this unnecessary discrepancy in cost-sharing means that many cancer patients face greater financial barriers to oral anticancer

therapies. Simply put, this places patients and their families at risk of contracting COVID-19 and our organizations are supportive of addressing this issue legislatively for future pandemics.

Standalone legislation does exist that would accomplish this goal permanently, the *Cancer Drug Parity Act (S.741/H.R. 1730)*. This bipartisan bill could substantially help patients who are unable to access their medications, particularly at the present time with many vulnerable cancer patients concerned about going to the hospital for their chemotherapy infusions. The bill addresses this by improving patient access to other forms of treatment. Ideally, this issue would be fixed on a permanent basis, however, we believe a 3-year authorization of this legislation or language with similar intent could help patients in the interim. We believe that authorization for only the length of the pandemic would not be sufficient as it is anticipated that the strain on the healthcare system will last long past the pandemic. Additionally, a three-year authorization period will allow the Department of Health and Human Services (HHS) the ability to collect important data that will guide future discussion on this issue.

Cancer patients who are able to stay safe at home will help flatten the curve and limit overwhelming their local health care system with additional complications should they contract COVID -19 or require care due to rapid cancer progression from lack of proper treatment. This is also important to address for any future pandemic.

We are very appreciative of your hard work during this COVID-19 pandemic to ensure the American people are given all of the necessary tools to survive and thrive during these unprecedented times. We are also appreciative that you are laying the groundwork for future preparation efforts. The cancer community stands ready to work with you to continue to move policy changes forward that will allow cancer patients to access lifesaving cancer treatment. Thank you in advance for considering the *Cancer Drug Parity Act* or a similar temporary authorization to assist patients during the current pandemic.

For further questions about the need for this legislation, please contact Robin Roland Levy, Senior Director of Public Policy and Advocacy for the International Myeloma Foundation at 201-220-9137 or [rlevy@myeloma.org](mailto:rlevy@myeloma.org).

Respectfully,

AIM at Melanoma  
Alliance for Patient Access  
American Cancer Society Cancer Action Network  
American Society of Hematology  
Aplastic Anemia and MDS International Foundation  
Association of Community Cancer Centers  
Association of American Cancer Institutes  
Association of Pediatric Hematology/Oncology Nurses  
CancerCare  
Cancer and Careers/CEW Foundation  
Cancer Support Community  
Colorectal Cancer Alliance  
Community Oncology Alliance  
Dana Farber Cancer Institute  
Debbie's Dream Foundation: Curing Stomach Cancer  
Facing Our Risk of Cancer Empowered (FORCE)  
Fight Colorectal Cancer  
GO2 Foundation for Lung Cancer  
Hematology/Oncology Pharmacy Association

International Myeloma Foundation  
Karmanos Cancer Institute  
Leukemia & Lymphoma Society  
LUNgevity  
Lymphoma Research Foundation  
Medical College of Wisconsin  
National Brain Tumor Society  
National Comprehensive Cancer Network  
National Patient Advocate Foundation  
Oncology Nursing Society  
Ovarian Cancer Research Alliance  
Patient Access Network (PAN) Foundation  
Patient Services, Incorporated  
Roswell Park Cancer Institute  
Susan G. Komen  
The Ohio State University Comprehensive Cancer Center-James Cancer Hospital and Richard J Solove Institute  
WVU Medicine  
Zero – The End of Prostate Cancer

Cc: Ranking Member Patty Murray

Cc: Members of the Senate Committee on Health, Education, Labor and Pensions

