



March 1, 2024

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

RE: *Employee Retirement Income Security Act* Request for Information

Dear Chairwoman Foxx:

Oncology nurses are privileged to support people with cancer through the entire cancer experience, from diagnosis and treatment into survivorship or as they face their end-of-life journey. The mission of the Oncology Nursing Society is to lead the transformation of cancer care and promote excellence in oncology nursing and quality cancer care. Oncology nurses are the health professionals primarily responsible for the administration and monitoring of anti-cancer drugs and the associated side effects patients with cancer may experience. Every day, we see the pain and suffering caused by cancer and understand the physical, emotional, and financial challenges that people with cancer and their families face throughout their diagnosis and treatment.

As such, we write to thank you for your ongoing efforts to strengthen the *Employee Retirement Income Security Act* (ERISA) and to **urge you to include the *Cancer Drug Parity Act* (H.R. 6301) in any ERISA reform package the committee considers.**

As you may know, intravenous (IV) cancer treatments are routinely covered under the medical benefit component of a patient's health insurance plan, while orally administered anti-cancer medications are usually covered under the prescription drug component. This difference often results in a considerable disparity in patient out-of-pocket costs for various anticancer treatments. The *Cancer Drug Parity Act* would remove this disparity, ensuring that out-of-pocket medication cost is not a factor in physician and patient decisions regarding the most effective treatment plan. This is especially important as oral anti-cancer drugs are becoming a more common standard of care for patients with cancer and many of these oral drugs do not have IV/injectable equivalents. Oral cancer treatments, if available, can greatly improve the quality of life for patients with less time spent in healthcare facilities and away from homes, family and work, especially for those in rural or underserved areas.

Although more than 40 states and the District of Columbia have enacted cancer drug parity laws, federal legislation is necessary to ensure that the approximately 150 million people in health plans governed by ERISA are protected.

The *Cancer Drug Parity Act* would require federally regulated ERISA health plans providing benefits with respect to anticancer medications administered by a health care provider to provide no less favorable cost sharing for prescribed, patient-administered anticancer medications that have been approved by

the Food and Drug Administration and are used to kill, slow, or prevent the growth of cancerous cells. Such coverage may be subject to the same cost-sharing applicable to anticancer medications administered by a health care provider under the plan. However, the bill would prohibit a health plan from imposing an increase in out-of-pocket costs, reclassifying benefits with respect to anticancer medications, or applying more restrictive limitations on prescribed orally- or IV-administered or injected anticancer medications. Insurance coverage must reflect the latest in specific personalized cancer treatment so that patients can access these life-saving therapies.

Please know that ONS and its members very much appreciate your leadership in striving to increase affordability of coverage and improve quality and access to care. We would be happy to discuss ways in which ONS may be of assistance in this endeavor and would encourage you to contact Jaimie Vickery, ONS' Director of Government Affairs and Advocacy, at healthpolicy@ons.org. We look forward to engaging in an ongoing dialogue to address issues of importance to our cancer patients and ways in which we can promote public health.

Sincerely,
The Oncology Nursing Society