



DECEMBER 8, 2020

President-Elect Joseph Biden
Vice President-Elect Kamala Harris
c/o Presidential Transition Team
1401 Constitution Ave. NW
Washington, DC 20230

Dear President-Elect Biden and Vice President-Elect Harris,

On behalf of the Coalition to Improve Access to Cancer Care (CIACC), we congratulate you on the results of the 2020 election and are pleased to share with you and your colleagues at the Biden-Harris Presidential Transition Team our recommendations for improving the lives of Americans with cancer by increasing access to lifesaving therapies. As the transition team develops its list of health care policy priorities for the Biden-Harris Administration, we urge you to consider actions to increase patient access to oral and self-administered anticancer medications.

The CIACC is a patient-focused organization representing patients, health care professionals, care centers, the life sciences industry, and other stakeholders serving cancer patients across the nation. Our coalition is committed to ensuring that lifesaving medicines are more affordable for the patients who need them.

As you may know, advances in oncology practice have led to the development and proliferation of oral (or self-administered) anticancer drugs for many patients. Because these medications can be administered at home, they can be more accessible than intravenous (IV) cancer treatments, allowing patients to stay home, spend less time away from work, and save money traveling to cancer care facilities.

Unfortunately, these oral anticancer treatments are, in many cases, inaccessible to patients due to high out-of-pocket costs stemming from outdated insurance benefit design. Many cancer patients today are covered under insurance policies which require patients to pay higher out-of-pocket costs for anticancer treatments delivered orally instead of intravenously. Oral and self-administered drugs are covered under a plan's prescription drug benefit, whereas, IV therapies, are covered under the plan's medical benefit. Instead of paying a fixed copay, patients on oral and self-administered drugs pay coinsurance for their drugs, which results in high and often unpredictable patient out-of-pocket expenses. This unnecessary discrepancy in cost-sharing means that many cancer patients face significant financial barriers to oral therapies, which may be more appropriate for many patients, and could be the only viable option for others.

The lack of "oral parity" has only become more critical during the ongoing COVID-19 pandemic. Many 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 the pandemic while complying with social distancing and quarantine protocols. When medically appropriate, many medical professionals are transitioning patients onto oral anticancer drugs in order to help them stay at home as much as possible and reduce the risk of infection.

Access to oral treatments is also vital for patients in rural and other medically underserved areas. Cancer patients in such areas face a host of unique challenges that have the potential to limit their access to appropriate cancer treatments, putting them at risk for later diagnosis and more severe disease progression. Rural cancer patients and their caregivers must travel longer distances and take more time to access the same health care as those living in

more urban areas. Rural residents may also be disproportionately disadvantaged financially, making it difficult to afford both the extra travel costs and the treatment costs themselves, especially when lost wages from treatment travel time are considered. Increased access to oral and self-administered treatments can make cancer treatment more manageable for rural patients, while also reducing overall health care system usage in areas that are already overstressed by the demands of the COVID-19 pandemic.


As the Biden-Harris Administration sets its health care agenda for 2021 and beyond, and especially given President-Elect Biden's leadership on cancer issues, we urge you to support a patient-centered solution for oral therapy access. 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 by standardizing cost-sharing systems across IV, oral, and other self-administered treatments.

We appreciate your past leadership and critical work to improve cancer care in the United States and worldwide. The cancer community stands ready to work with you to continue to advance policy changes that will allow cancer patients to access lifesaving cancer treatment. Thank you in advance for considering support for the *Cancer Drug Parity Act* or a similar executive action to assist cancer patients in receiving the care they need.

For further questions about the need for these changes, 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.

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 for Clinical Oncology
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 Patient Advocate Foundation
Oncology Nursing Society



Ovarian Cancer Research Alliance
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:

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