

Community Oncology Alliance

Dedicated to high quality, affordable, and accessible cancer care

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February 15, 2010

The Honorable Delegate Peter A. Hammen, Chair
House Health and Government Operations Committee
State of Maryland
Department of Legislative Services
90 State Circle
Annapolis, MD 21401-1991

Re: Testimony in support of House Bill 626
Health Insurance-Cancer Chemotherapy-Cost Sharing Equity

Dear Committee Chair Hammen:

The Community Oncology Alliance (COA) is a non-profit organization dedicated solely to community oncology. COA was founded by community oncology to advocate for patients and providers in the community oncology setting, where over 80 percent of Americans with cancer are treated.

Currently, COA is working with the United States Congress in providing proactive solutions designed to protect the viability of the nation's cancer care delivery system and patients' access to quality, affordable cancer care.

The mission of COA is to protect and foster the community oncology delivery system in the United States through public policy, advocacy, and education. Because over 80% of Americans battling cancer receive treatment in the community setting, ensuring the vitality of the community cancer care delivery system is imperative for patient well-being.

It is noted that the great state of Maryland is taking under consideration, House Bill 626, an act concerning cancer chemotherapy cost sharing equity. In that COA is committed to adhering to the highest standards of integrity and patient well being, we commend you for tackling this very serious issue as it relates to cancer care.

With more than 25% of the drugs in the cancer pipeline in an oral formulation, it is imperative that a clearly delineated statement of coverage be put into place, allowing cancer patients access to the best form of treatment appropriate for their individual need, as prescribed by their oncologist. Ensuring parity between reimbursement for oral and IV cancer treatments will only increase access to and thereby improvement in the care and quality of life for cancer patients. In many instances, this will allow a patient a more expedient re-entry into the workforce, thus removing a burden from the State Medicaid roles, Unemployment Compensation Board, disability insurance, et cetera.

We hereby implore the Maryland legislature to respond favorably to House Bill 626, thereby leveling the playing field for cancer patients who must now choose between the least costly alternative versus the treatment of choice. Whether a prescribed therapy be an oral, intravenous or injectable route of administration, the out-of-pocket expense to the patient should not only be equivalent, but achievable. It is, therefore, equally as important to insert

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verbiage into House Bill 626, assuring that cancer patients not only receive the prescribed therapies based upon their potential efficacy by the prescribing oncologist, whatever the formulation, but also that they are not unjustly assessed unachievable co-pays and co-insurances as seen by the need for recent revised legislation in several states, including the state of Oregon, as well as private insurance company trends of drug formulary tier placement equating to a higher cost share.

We welcome the opportunity to provide further education and insight into this extremely important aspect of cancer care, with COA having just completed a study in conjunction with Avalere Health on barriers to access for oral oncolytics. The results clearly speak to cancer patient access issues----issues which your legislation will help to resolve.

Very truly yours,

A handwritten signature in black ink, appearing to read "Mary Kruczynski". The signature is fluid and cursive, with the first name "Mary" being more prominent than the last name "Kruczynski".

Mary Kruczynski
Director of Policy Analysis
Community Oncology Alliance