

July 28, 2020

The Honorable Mitch McConnell
Majority Leader
United States Senate
317 Russell Senate Office Building
Washington, DC 20510

The Honorable Nancy Pelosi
Speaker
United States House of Representatives
1236 Longworth House Office Building
Washington, DC 20515

The Honorable Chuck Schumer
Minority Leader
United States Senate
322 Hart Senate Office Building
Washington, DC 20510

The Honorable Kevin McCarthy
Minority Leader
United States House of Representatives
2468 Rayburn House Office Building
Washington, DC 20515

Dear Majority Leader McConnell, Minority Leader Schumer, Speaker Pelosi, and Minority Leader McCarthy:

As we continue to grapple with the enormous impact of the COVID-19 pandemic, we write to you today representing millions of cancer patients, survivors, doctors, nurses, cancer centers, pharmacists and researchers regarding action Congress should take to ensure continuity of care for people with cancer and survivors. In addition to the real risks associated with COVID for all people, those impacted by cancer may be at heightened risk due to their compromised immune systems as well as the potential delays in treatment and care. Many of these patients rely on a strong safety net in the best of times to ensure access to affordable and comprehensive cancer care. The need to reinforce and even build upon that safety net has never been more urgent. Our organizations greatly appreciate the policy changes made to date in response to the COVID crisis, and we look forward to working with you to further ensure that cancer patients and survivors have access to the treatment they need.

We are tremendously grateful for the bipartisan Congressional support for issues important in the fight against cancer. As you consider policy changes as part of the next COVID legislative package, we respectfully request that you incorporate the following priorities that address barriers to patient access to care and coverage during the current public health crisis:

Oral Chemo Parity

The COVID pandemic has further revealed discrepancies patients face with out-of-pocket costs for oral anticancer drugs in contrast to what they pay for IV chemotherapies. 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..

43 states and the District of Columbia have passed ‘oral parity’ legislation to prohibit benefit designs that require patients to pay significantly more for oral anticancer drugs than they would for IV chemotherapy. . Oral anticancer treatments are not inherently more expensive than IV chemotherapy—they are subject to different cost-sharing requirements. Despite the widespread adoption of this patient protection by states, patients on federally regulated insurance plans continue to face extraordinary out-of-pocket costs for their self-administered cancer medications.

The Cancer Drug Parity Act (H.R. 1730/S. 741) would prohibit health plans from requiring higher cost-sharing for oral and other self-administered anticancer medications than the cost-sharing required for physician-administered anticancer treatments. This means that patients who are prescribed oral anticancer drugs by their doctors would not have to pay higher copays than if they had received IV chemotherapy simply due to the difference in the method of administration.

Given the current pandemic and the need to protect immunocompromised patients, this unnecessary discrepancy in cost-sharing means that many cancer patients face greater financial barriers to oral anticancer drugs. Simply put, this places patients and their families at risk of contracting coronavirus. We urge Congress to include the Cancer Drug Parity Act in its next legislative package to help lower both the health risk and unaffordable cost of care to cancer patients and their families as they navigate treatment during this difficult time.

90-day Supply of Retail Medications

At the onset of the pandemic, the CDC recommended having a 90-day supply of medications on hand; however, many insurers only allow a 30-day supply of medications in a single fill. Recognizing the importance of this flexibility, Congress included a policy change in the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) requiring Medicare Part D and Advantage plans to allow a beneficiary to obtain a 90-day supply of medication in a single fill. Building on this requirement in CARES, we urge Congress to include necessary language in the next coronavirus package that requires Medicaid and private insurance (ERISA and state-regulated plans) to allow enrollees to obtain a 90-day supply of medications as well.

Additionally, to build on the CARES Act, we urge Congress to address the affordability issues that patients could face in these extraordinary circumstances by instituting flexible payment options such as extended payment plans and reduced cost-sharing requirements for a 90-day supply of medications in a single fill. Unfortunately, even a 30-day supply of many cancer medications is often associated with extraordinary patient cost-sharing, and this financial barrier may prove prohibitive for many patients who would otherwise avail themselves of this flexibility. With this in mind, we urge Congress to require *all* payers (Medicare Part D and Advantage Plans, Medicaid, and private health insurers) to limit cost-sharing to the amount that would be required for the next 30-day supply for a fill and/or establish policies that assist patients with cost-sharing related to their out-of-pocket costs.

Access to Care

The COVID pandemic has highlighted the need for adequate, affordable, and accessible health insurance coverage for all people, including cancer patients, in the U.S. As research shows, access to comprehensive health insurance means access to timely, medically necessary health care. The following priorities are critical to ensuring quality health insurance coverage is affordable and accessible:

Create a Special Enrollment Period for Healthcare.gov

We urge Congress to direct HHS to immediately initiate a 60-day special enrollment period under the Affordable Care Act as the nation fights to protect its citizens from this virus. Eleven states and the District of Columbia have already created special enrollment periods to accommodate an urgent increased need for coverage, allowing thousands to enroll. The federal government, which oversees the individual exchange for 38 other states, has not. Which state you live in should not determine your access to health care, especially at this time of national crisis.

In addition, Congress should direct HHS to undertake a robust public education campaign to ensure the public is aware of the special enrollment period and provide adequate funds for this effort.

Increased Funding for State Medicaid Programs

State Medicaid programs provide a vital safety net during this national crisis, covering traditionally underserved populations and helping to stem the spread of the virus. Many individuals who have or will lose their employer sponsored coverage are without the means to purchase other coverage and will be turning to Medicaid where they qualify. Our organizations strongly supported the 6.2 percent increase in the federal medical assistance percentage (FMAP) for states in the Families First Coronavirus Response Act and urge Congress to raise the cumulative FMAP increase from 6.2 to at least 14 percent. Fourteen percent was the amount included in the House's HEROES Act, and it would help provide essential support to states as health care services are sought by the tens of millions of children, parents, people with disabilities, and seniors who rely on Medicaid for health care services.

In addition, the Families First Act requires that for states to be eligible for the funds in the legislation, they must abide by a maintenance-of-effort (MOE) provision that's designed to protect people's access to health coverage during the crisis. Among other requirements, states are barred from ending coverage during the national public health emergency, except for individuals who voluntarily end their coverage or move out of state. We understand that some have advocated to weaken the MOE in subsequent COVID-related bills, and we urge Congress and the administration to protect and uphold this MOE provision to ensure continuous coverage during this public health crisis.

Assistance for People Who Have Lost Employer Sponsored Coverage

In response to the economic downturn stemming from the COVID pandemic, we encourage Congress to authorize the Department of Labor to allow individuals to extend employer sponsored coverage and provide subsidies to alleviate financial strain after termination. This approach, last utilized in 2009 during the financial crisis, allowed workers to receive a premium subsidy for six months to retain coverage. The House's HEROES Act provided 100 percent federal funding of COBRA premiums through January 31, 2021, for people who have lost their employer sponsored coverage and have transitioned to COBRA.

As more individuals lose coverage as a result of job loss, it will continue to be critical to retain coverage to adequately combat COVID. Furthermore, keeping an employer plan will allow for continuity of provider networks and medications, which is critical for cancer patients and survivors. Cancer patients and survivors are also among the people most likely to have incurred substantial out-of-pocket spending this early in the calendar year. Facilitating the extension of employer coverage relieves such individuals from having to start a new plan with new cost-sharing amounts and patient out-of-pocket contributions reset to zero.

Personal Protective Equipment Supply

Like many providers, clinical oncologists and cancer centers across the nation have raised alarms about running short on personal protective equipment (PPE) as a result of the COVID pandemic. We are hearing of situations where physicians are having to extend the use of PPE for many days, or potentially weeks. This is not a safe or sustainable way to prevent the spread of COVID and compounds the risks to both patients and the practitioners on the front lines of this crisis.

It is critical that Congress direct the administration to take immediate action to alleviate the PPE shortage across the nation, including masks, face shields, and gowns. We appreciate the initial steps the administration has taken; however, it is clear that current policy is not sufficient to fully address this crisis and additional urgent action is required.

Our organizations urge the federal government to do significantly more to facilitate the timely manufacturing and distribution of ventilators and PPE through a process that is transparent, equitable, based on need, and non-competitive. A streamlined and predictable supply chain must emerge that can

last the duration of the pandemic. Action is needed now, either through further use of the Defense Production Act to spur manufacturing, coordinate and set nationwide priorities, and distribution chains or enhancing and accelerating current efforts around manufacturing and distribution.

Clinical Trials

Researchers in every state have been forced to suspend many laboratory activities for their own personal safety and to comply with social distancing guidelines as a result of the COVID-19 pandemic. The closure of many research facilities is impacting trainees, technicians, early-stage investigators, and established investigators alike, preventing the research workforce from maintaining momentum toward better prevention, treatments, diagnostics, and cures for cancer, and other diseases.

Disruptions also extend to those patients on clinical trials. Individual trial sites are struggling to safely facilitate continued care for already enrolled patients, new enrollments are frozen, and new trials are delayed indefinitely. The most immediate effects will be felt by the patients taking part in these trials. Since clinical trials and the broader drug development process can take years to realize, the full effect of this disruption on therapeutic innovation in cancer care is likely to be felt for years to come without aggressive measures to mitigate the disruption.

Substantial costs have been incurred for the shut-down, and there will be significant costs for the eventual ramp-up of research activities. We therefore urge Congress to provide the National Institutes of Health (NIH) with at least \$10 billion in the next emergency package to ensure that the research ecosystem is restored and we continue to make progress in the fight against cancer and other diseases.

Once again, thank you for your continued leadership on issues important in the fight against cancer. We look forward to working with you to ensure that cancer patients and survivors are considered as you negotiate the next legislative package addressing COVID. If you have any questions, please do not hesitate to contact Keysha Brooks-Coley, Vice President of Federal Advocacy for the American Cancer Society Cancer Action Network, at keysha.brooks-coley@cancer.org.

Sincerely,

American Cancer Society Cancer Action Network
Association for Clinical Oncology
Association of American Cancer Institutes
Cancer Support Community
Friends of Cancer Research
National Comprehensive Cancer Network
The Leukemia & Lymphoma Society
AliveAndKickn
American Liver Foundation
American Lung Association
American Society for Radiation Oncology
Asbestos Disease Awareness Organization (ADAO)
CancerCare
Children's Cancer Cause
Colorectal Cancer Alliance
Deadliest Cancers Coalition
Debbie's Dream Foundation
Esophageal Cancer Action Network
Fight Colorectal Cancer
FORCE: Facing Our Risk of Cancer Empowered

Global Liver Institute
GO2 Foundation for Lung Cancer
Hematology/Oncology Pharmacy Association
International Myeloma Foundation
KidneyCAN
Kids v Cancer
Livestrong
LUNgevity Foundation
Lynch Syndrome International
Mattie Miracle Cancer Foundation
Melanoma Research Foundation
METAvivor
National Association of Chronic Disease Directors
National Brain Tumor Society
National Cancer Registrars Association
National Coalition for Cancer Survivorship
National Marrow Donor Program/Be The Match
National Pancreas Foundation
National Patient Advocate Foundation
Oncology Nursing Society
Ovarian Cancer Research Alliance
Pancreatic Cancer Action Network
Prevent Cancer Foundation
Sarcoma Foundation of America
Society for Immunotherapy of Cancer
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Susan G. Komen
Triage Cancer
ZERO - The End of Prostate Cancer