SPEAC
STATE PATIENTS EQUAL ACCESS COALITION

Oral Anticancer Treatment Access Myths & Facts

MYTH: This bill is a mandate.
FACT: This bill is NOT a mandate, despite claims by insurers.

- **(Bill #)** does not force health plans in **(STATE)** to cover any new services. In fact, the bill would only impact those plans that currently list anticancer treatments as a benefit. The good news is that most insurers in **(STATE)** cover oral anticancer treatments for patients, so the issue is not about coverage, but an inequity in the out-of-pocket costs facing patients whose oncologist has determined that a treatment administered by pill is the most effective route in fighting their cancer vs. those patients receiving intravenous (IV) treatments.

MYTH: Oral anticancer drugs are more expensive than IV drugs.
FACT: Oral anticancer drugs can be LESS expensive.

- Some oral anticancer drugs are less expensive to the insurer than an IV or injected therapy.
- IV therapies involve additional costs, such as facilities charges, the nurse's or physician's time and the supplies used to administer the drug.
- Overall healthcare costs can be higher if there are complications from administering an IV therapy, such as having to treat a patient for an infection at the site of administration.
- For many types of cancer, an oral anticancer drug is the only option for the patient's best chance of survival.

MYTH: This bill is focused on nothing more than forcing insurers to cover more convenient treatment options.
FACT: Medical necessity – not "choice" or "convenience" – is what determines a patient's treatment plan and, typically, what's needed will be available through only one therapy.

- Nearly all of the oral anticancer drugs currently in use **do not** have an IV or generic equivalent. What's more, most oral anticancer drugs are specifically indicated as the first and most effective treatment for a range of cancers. Together, these realities make it deeply urgent that oral therapies are affordable for patients.
- It is also critical to note here that these are not experimental treatments and that ALL of the oral anticancer treatments currently available have successfully completed all four of the necessary phases of the National Institute of Health's (NIH) clinical trials process and met strict patient safety and efficacy standards established by the U.S. Food and Drug Administrations (FDA).

SPEAC
STATE PATIENTS EQUAL ACCESS COALITION

MYTH: This bill would significantly raise premiums for everyone.
FACT: This legislation will not result in a large increase in health insurance premiums.

- The first oral anticancer treatment access bill was enacted in 2008. That number has since grown to (NUMBER) plus the District of Columbia. Studies conducted by the state insurance departments in Indiana, Texas, Washington state, Oregon and Vermont found that implementation of these laws increased health insurance premiums only nominally. There has been no anecdotal evidence of increases in the remaining states or DC.

MYTH: The Affordable Care Act solves this problem.
FACT: The ACA does NOT solve this problem.

- Beginning in 2014 health plans in the small group and individual market must comply with a total annual out of pocket maximum of $6,350 for in-network expenses. That figure will increase each year thereafter. While this cap improves coverage affordability from a long-term perspective, it does not address the **monthly** financial hardship that patients may face each month at the pharmacy, starting at the beginning of each new plan year.