



THE CLINICAL TREATMENT ACT (H.R. 913) – GUARANTEE COVERAGE OF ROUTINE CARE COSTS OF CLINICAL TRIALS FOR MEDICAID PATIENTS

BACKGROUND: Medicaid insures nearly one-fifth of the U.S. population and is the only major payer that is not required by federal law to provide coverage of the routine care costs of participation in an approved clinical trial for Medicaid enrollees. Removing the states that already guarantee this coverage, there are still approximately 42.2 million Medicaid patients potentially without needed protection. Twelve states plus the District of Columbia have written, publicly-available statutes, regulations and/or policies that require the coverage of the routine costs of clinical trials under Medicaid. These states are: Alaska, California, Florida, Indiana, Maryland, Michigan, Montana, New Mexico, North Carolina, Texas, Vermont, and West Virginia.

CLINICAL TREATMENT Act is vital for cancer patients for:

- **Coverage.** Medicare and private and commercial payers already guarantee this coverage. Medicare has paid for these services for over a decade through a National Coverage Decision. Private payers are required to provide coverage under the provisions of the Public Health Service Act section 2709 – enacted as part of the Affordable Care Act.
- **Research & Innovation.** Clinical trial participation benefits cancer patients in ways that go beyond the value of the research data generated within the trial, and clinical trials often provide individuals with cancer with their best clinical option.
- **Patient Access to Care.** Medicaid also serves a large portion of under-represented minorities and ethnicities that are not well represented in clinical trial enrollment. Failure to address the coverage barrier that Medicaid patients face could further exacerbate existing disparities.
- **Affordability.** Providing coverage for the routine costs of clinical trials is affordable as several studies have demonstrated a minimal effect on overall care costs. Because in most cases, this is coverage for care patients would be receiving anyway.
- **Regional Gaps in Care.** Medicaid does not require state programs to provide coverage for the routine costs of clinical trials participation. The absence of a federal requirement limits patient access to cancer treatments that are the best clinical option for many patients.

**Request: In the House please cosponsor H.R. 913 to guarantee coverage of the routine care costs of participation in an approved clinical trial for Medicaid enrollees.
In the Senate, please join your House colleagues in introducing this legislation**

For more information on the bill or to sign on as a cosponsor, please contact Kimberly Espinosa in Representative Ben Ray Lujan's office at Kimberly.Espinosa@mail.house.gov or Thomas Power in Representative Gus M. Bilirakis' office at Thomas.Power@mail.house.gov.