

ISSUES

Oral Parity: When Modern Medicine Outpaces Policy

BY LEAH RALPH



Oral oncolytics can offer a better quality of life for patients undergoing chemotherapy treatment, including less travel time, fewer work absences, often fewer side effects, and the convenience and comfort of at-home administration. For some cancer patients, an oral anti-cancer medication is the only option for treatment. Yet insurance coverage has not kept pace with medical innovation. Outdated insurance benefit designs continue to cover oral medications under the pharmacy benefit, which often mean high, burdensome out-of-pocket costs for patients. (Traditional IV chemotherapy is covered under a plan's medical benefit, resulting in minimal co-pays or no cost for patients.) This coverage disparity creates financial burdens for patients prescribed an oral anti-cancer medicine, leaving them less likely to adhere to treatment and often unable to fill their prescription. The number one reason a patient does not take his or her medication appropriately is cost. According to a 2011 study published in the *Journal of Oncology Practice* and the *American Journal of Managed Care*, 10 percent of cancer patients failed to fill their initial prescriptions for oral anti-cancer medications due to high out-of-pocket costs.

ACCC has been a longtime champion of oral parity, the legislative effort to equalize patient cost sharing for IV and oral chemotherapy drugs. We have mobilized members to state and federal legislatures, developed educational materials, coordinated fly-ins and letter campaigns, and walked the halls of Congress every year for


a federal fix. In 2014 ACCC awarded an Oncology Grassroots Champion for Patient Access Award to four individuals for their advocacy efforts to pass oral parity legislation in their states.

We've come a long way—40 states plus the District of Columbia have passed oral parity legislation. These laws are not a mandate to cover oral chemotherapy, but rather require that if an insurance plan covers chemotherapy treatment, a patient's out-of-pocket costs must be the same, regardless of how the therapy is administered. As a member of the State Patients Equal Access Coalition (SPEAC), ACCC has partnered with several state oncology societies—including Virginia, West Virginia, and Arizona in recent years—to pass oral parity laws, and this year we're focusing our efforts on Tennessee and South Carolina. (If you are a provider in either of these states, and you'd like to be an advocate, email: lralph@acc-cancer.org.)

Even as these laws pass, our work is not done. ACCC has been working with coalition partners to create education materials for the clinical setting. These laws will have minimal impact if patients and providers are not aware of the coverage cancer patients are entitled to. We also continue to monitor states as they implement these laws; in some cases, an administrative or legislative fix may be needed. If you live in a state that has passed oral parity legislation and believe a health insurance company is not complying with the law, contact your state's Department of Insurance.

And even though a majority of states have now passed state-level oral parity

legislation, federal legislation is still needed. A federal law would ensure that new cost-sharing restrictions are implemented consistently across the country, and that plans that fall outside state regulation, such as those covered under the federal ERISA law (usually large, multi-state health plans), must comply with the same equitable coverage requirements. In September, an ACCC member spoke at a Congressional briefing on the Cancer Drug Coverage Parity Act of 2015 (S.1566/H.R.2739), helping gain critical momentum to move the bill forward. At the ACCC Capitol Hill Day in March, we held nearly 100 meetings with Congressional offices about the importance of this bill to cancer patients and the providers who care for them.

We hope that you will join our efforts, and continue to monitor opportunities to weigh in with your state and federal legislators. For more on this issue, turn to page 58 to read our feature article, "Exploring the Issue of Cancer Drug Parity." 

Leah Ralph is ACCC director of Health Policy.