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The Honorable Lana Theis
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To the Honorable Chair Ms. Theis, Vice Chair VanderWall, Vice Chair Greimel, and Members of the House Committee:

On behalf of the American Society of Hematology (ASH), which represents more than 17,000 clinicians and scientists committed to the study and treatment of blood and blood-related diseases, including blood cancers such as leukemia, lymphoma, and myeloma, I am writing to extend the Society's sincere appreciation for your leadership in holding a hearing for HB 5367 in the House Insurance Committee. The Society strongly supports HB 5367, which would provide insurance parity for all cancer treatments and would positively impact the thousands of patients treated by hematologists in Michigan.

Traditionally, intravenous (IV) and injected treatments were the primary methods of chemotherapy delivery, which are covered under a health plan's medical benefit where the patient is only required to pay a small office visit co-pay. Through much innovation, the field of cancer treatment is changing; today patient-administered chemotherapy has become more prevalent and is the standard of care for many types of blood cancer. Patient-administered chemotherapy also accounts for approximately 25 to 35 percent of the oncology drug development pipeline. More importantly, many patient-administered anti-cancer medications do not have IV or injected alternatives and these oral agents are therefore the only treatment option for some blood cancer patients.

Sadly, insurance coverage has not kept pace with innovation in medicine and the growing trend towards patient-administered chemotherapy. When a patient-administered treatment is found to be the most effective way to treat a disease, patients are sometimes forced to make their treatment choice based on cost, rather than efficacy. As explained below, this can be a large financial burden on patients and potentially force them to make a life or death decision about ongoing therapy.

While IV treatment is typically paid for as part of a health plan's medical benefit, patient-administered anti-cancer drugs are often only covered as a prescription benefit at a much lower coverage rate. As a result, many patients are responsible for extremely high and unmanageable co-pays. These co-pays can be hundreds or thousands of dollars per month. Though traditional intravenous and injected medications can be as expensive as (or even more expensive than) oral and other patient-administered therapies, the higher costs shared by patients for patient-administered medications makes them much less affordable.

As a consequence, almost 10% of patients choose not to fill their initial prescriptions for these anti-cancer medications even at the risk of a treatment failure for their cancer. As these medications become more prevalent in cancer treatment, they must be as affordable as their IV counterparts.

HB 5367 would require health plans offering IV chemotherapy benefits for plan subscribers to also provide parity for orally administered and self-injectable anti-cancer chemotherapy medications, greatly reducing the financial burden that patients with blood and other cancers currently face in order to take these life-saving therapies. While this legislation will not solve the problem of high drug prices, it will certainly help remove the high cost burden on some patients. ASH strongly supports this legislation and the promise of guaranteeing equality of access and insurance coverage for all anti-cancer regimens for patients in the state of Michigan.

Thank you again for your leadership by holding a hearing for this legislation in the House Insurance Committee. ASH remains committed to removing barriers to access to care and the heavy cost burdens on hematology patients. Please do not hesitate to contact ASH Legislative Advocacy Manager Tracy Rodes (202-776-0544 or troades@hematology.org) or ASH Government Relations Coordinator Foster Curry (202-776-0544 or fcurry@hematology.org) if you have any questions or need additional information.

Sincerely,



Alexis Thompson, MD, MPH
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