TALKING POINTS for the CANCER DRUG PARITY ACT

• **Introduce yourself and your group.**
  o The constituent(s) should begin the meeting by introducing him/herself, explain where you are from, what you do, they type of research you conduct, the kinds of patients you take care of, etc., and then let the others in the group introduce themselves.
  o Ask the person you are meeting with if he/she is familiar with hematology so you can gauge how to talk about the issues. If the staff person is not familiar with hematology, you can provide some examples of hematologic diseases/disorders and the patients you treat and major accomplishments of the field; if the staff person is familiar, you can briefly share some examples of exciting areas being explored and potential treatments and cures.

• **Indicate the issues you want to discuss:**
  o **HOUSE MEETINGS: Oral Chemotherapy Parity**
    ▪ **REQUEST:** Cosponsor H.R. 1409, the *Cancer Drug Parity Act*, if the Member of Congress whose office you're meeting with has already cosponsored the bill [a list of current cosponsors can be found here], simply thank them for cosponsoring the legislation and explain why this legislation is necessary.
      ❘ The legislation:
        o Seeks to achieve chemotherapy parity for cancer patients by requiring health plans that cover chemotherapy to cover oral chemotherapy at the same reimbursement rate as chemotherapy given via IV or injection.
        o This legislation does not mandate coverage of chemotherapy, but simply states that if a health plan covers these treatments, the patients’ out-of-pocket costs must be fair, regardless of how the therapy is administered.
      ❘ Explain the problem and personalize with examples from your practice.
        o Today, oral oncology therapies comprise significant percentage available therapies. Additionally, it is estimated that 25-35% of the medications in the oncology development pipeline are oral therapies.
        o Many new oral drugs do not have IV alternatives so there isn't a choice for treatment.
        o While IV treatment is typically paid for as part of a health plan’s medical benefit, patient-administered anticancer drugs, including oral drugs like Gleevec – used to treat patients with leukemia – as well as patient self-injectable drugs, are often only covered as a prescription benefit at a much lower rate. As a result, many patients are responsible for extremely high and unmanageable co-pays.
      ❘ Ask office to become a co-sponsor of the *Cancer Drug Parity Act* (or thank them if they have already cosponsored the bill).
  o **Wrap up the meeting**
    ▪ Summarize what you are asking for:
      •  **In the House:** Cosponsor H.R. 1409, the *Cancer Drug Parity Act*
        o Ask the person you are meeting with if he/she has any questions.
        o Invite the Senator/Representative to visit your office/institution.
        o Thank the person you are meeting for his/her time.