



## What is Oral Parity?

---

*National Oncology News – Advocate Opportunities*

Mary Kruczynski  
Director of Policy Analysis  
Community Oncology Alliance

# What *is* Oral Parity?

---

- Simply Put:  
Parity = Equality
- A patient should not be made to pay any more out of pocket for their oral cancer medications than they are asked to pay for their injectable or infusional cancer medications.
- Oral Parity increases access to oral chemotherapies, helping patients and saving lives.

# Why the Inequality?

---

- Medical Benefit vs. Pharmacy Benefit
- Medicare Part D
- Medicare Advantage Plans or Part C
- Increase in Oral Therapies
- High cost of Cancer Drugs
- Employer Plan Design
- Tiered Formularies

# What's the Buzz about Orals?

---

- Personalized Medicine (Targeted or Smart Therapy)
- Keeps People Working
- Helps Lower Employee Absenteeism and Costs
- Increases Survivorship
- Reduces certain cancers like Multiple Myeloma and Chronic Myelogenous Leukemia to chronic (constant) versus acute (critical)
- Potential to reduce other cancers as well in the near future

# Why Argue with That?

---

- Affordable patient access=increased premiums for everybody
- Oral Chemo is a choice....for patient convenience
- Orals are more expensive than IV treatments
- Creating laws will increase health insurance premiums
- State Laws don't help everyone.....

# National Parity Legislation

---

- Congressman Brian Higgins – New York
  - United States House of Representatives
  - Member of Congressional Cancer Caucus
  - Federal Parity Bill - Cancer Drug Coverage Parity Act
  - Re-Introduced in 112<sup>th</sup> Congress
  - 113<sup>th</sup> Congress
  - Reason for introducing this Legislation.....
  - What roll did COA play?
  - Who does National Parity Legislation help?

# Why Is This Change Necessary?

---

- Improves quality of life for cancer patients: Cancer treatments are excruciating. While orally administered anti-cancer drugs are not without side effects, equal access to these drugs can alleviate suffering and improve outcomes for many cancer patients.
- Provides greater access to life-saving treatments: Drug coverage is one of the top problems for cancer patients. The disparity in coverage between intravenous/injectable treatments and orally administered anti-cancer pills further complicates this problem. Cancer patients should not have to wage a fight on coverage for a treatment if the treatment's merits are proven

# One more reason...

---

Catches up with science: Our country's biomedical research program is the envy of the world. The next generation of cancer drug treatments, largely resulting from that research, will be more complex and tailored to the particular needs and genetic disposition of individual patients, with smart drugs or pills, growing as a preferred treatment method. Our nation's health system should catch up with where science is taking us.

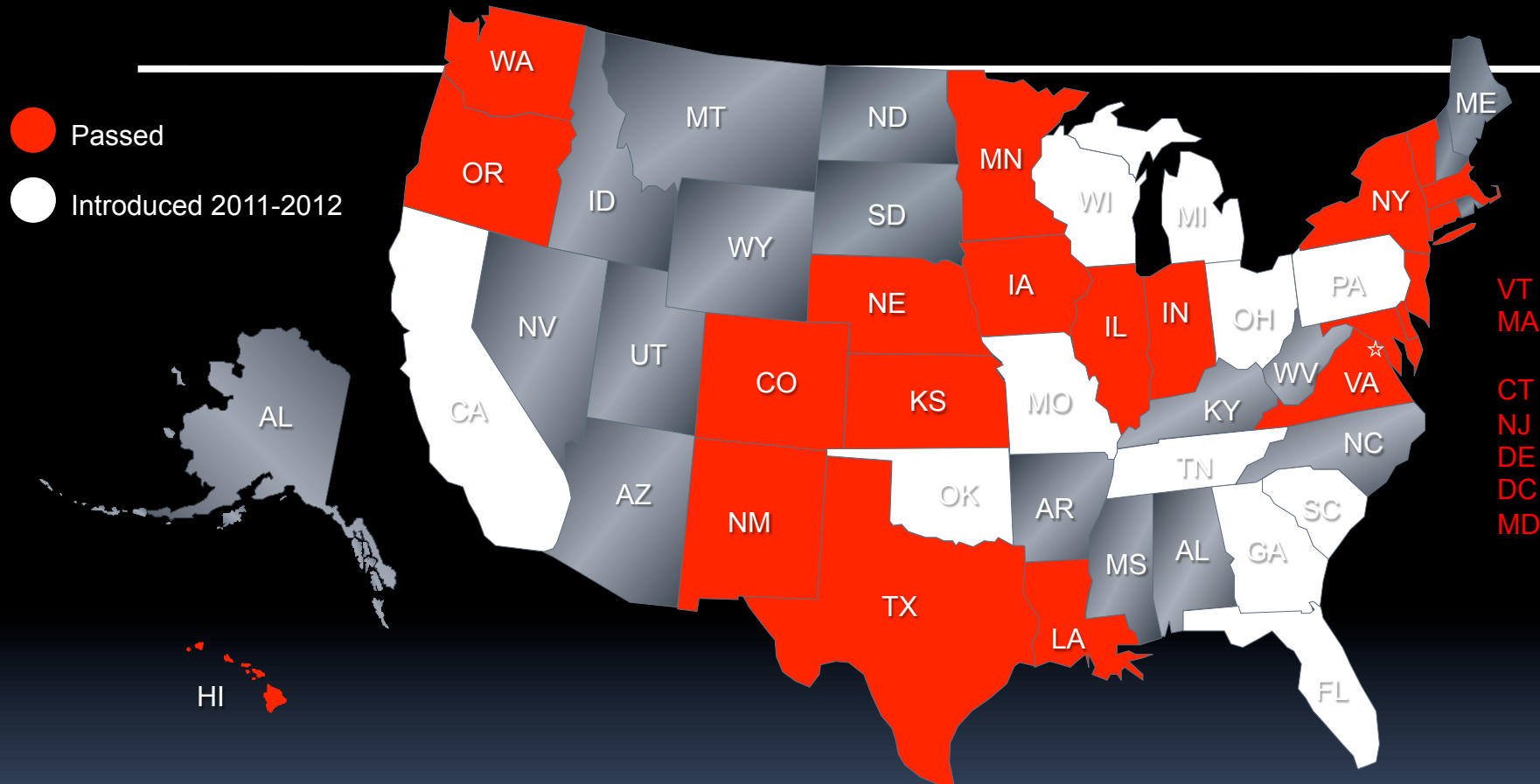


# State Legislation...it all began in 2007

---

- 21 States have enacted oral parity legislation
- 2008: Oregon .....the trailblazer!
- 2009: Indiana, Iowa, Hawaii, District of Columbia
- 2010: Vermont, Connecticut, Kansas, Colorado, Minnesota
- 2011: Illinois, New Mexico, Texas, New York, Washington
- 2012: Nebraska, New Jersey, Maryland, Virginia, Delaware, Louisiana
- 2013: Massachusetts (*and maybe Utah!*)

# Oral Chemotherapy Access Legislation – January 2013



To date, 20 states and the District of Columbia have enacted oral chemotherapy parity access laws; Oregon (2008), Indiana (2009), Iowa (2009), Hawaii (2009), District of Columbia (2009), Vermont (2010), Connecticut (2010), Kansas (2010), Colorado (2010), Minnesota (2010), Illinois (2011), New Mexico (2011), Texas (2011), New York (2011), Washington (2011), New Jersey (2012), Nebraska (2012), Maryland (2012), Virginia (2012), Delaware (2012), Louisiana (2012), Massachusetts (2013).

# Grassroots Involvement Helped!

---

- Hard work and lots of volunteers facilitated passage of the individual state parity bills
- Testimony needed; patient, doctor, nurse, pharmacist, family member, caregiver
- National Organizations can lend their expertise
- Insurance Companies need to hear from patients
- Employers need to hear from employees
- Congressional members need to hear from their constituents!

# FLORIDA...*Is it really the Magic Kingdom?*

---

- Senate Bill SB 422 – 21 co-sponsors
- Introduced by Senator Lizbeth Benacquisto
- House Bill HB 301 – 46 co-sponsors
- Introduced by Representative Debbie Mayfield
- <http://www.myfloridahouse.gov/>
- <http://www.flsenate.gov>
- Your Voice needs to be heard.....
- Contact Jeri Francoeur: [jhfrancoeur@gmail.com](mailto:jhfrancoeur@gmail.com)

# *Your Voice Can Make a Difference!*

---



Sen. Lizbeth Benacquisto, at lecturn, stands with cancer survivors and relatives on Wednesday. Rep. Debbie Mayfield is at left holding a yellow folder, and Rep. Dorothy Hukill is between them

# Florida Cancer Specialist Doc Testifies

---

- **On March 7, 2013, SB 422 passed the Senate Health committee- 7-2. It now goes to Banking and Insurance. Dr. Tetreault testified at the March 7 meeting – thanks Dr. Tetreault.**



# How advocates made a difference

In Louisiana, Utah and Oklahoma

# Brief Background

- Executive Director for state oncology societies for over 9 years
- Executive Director for 7 state oncology societies which cover 10 states: AL MS LA AR OK NM TX CO UT and ID
- Worked with American Cancer Society and hospice for several years before I began my current position
- Own my own company, MJ Executive Management, which has been in business 5 years





Here is the coalition I facilitate in Oklahoma. When legislators receive letters showing how many organizations are involved, they tend to take notice. Every state can have a coalition, but it doesn't have to have this many groups involved.

**Oklahoma Society of Clinical Oncology**

**Oklahoma State Medical Association**

**Community Oncology Alliance**

**Integrus Health**

**American Cancer Society -  
Cancer Action Network**

**Oklahoma Primary Care Association**

**Pharmacy Providers of Oklahoma**

**Oklahoma Pharmacy Association**

**Oklahoma Comprehensive Cancer  
Control Network**

**International Myeloma Foundation**

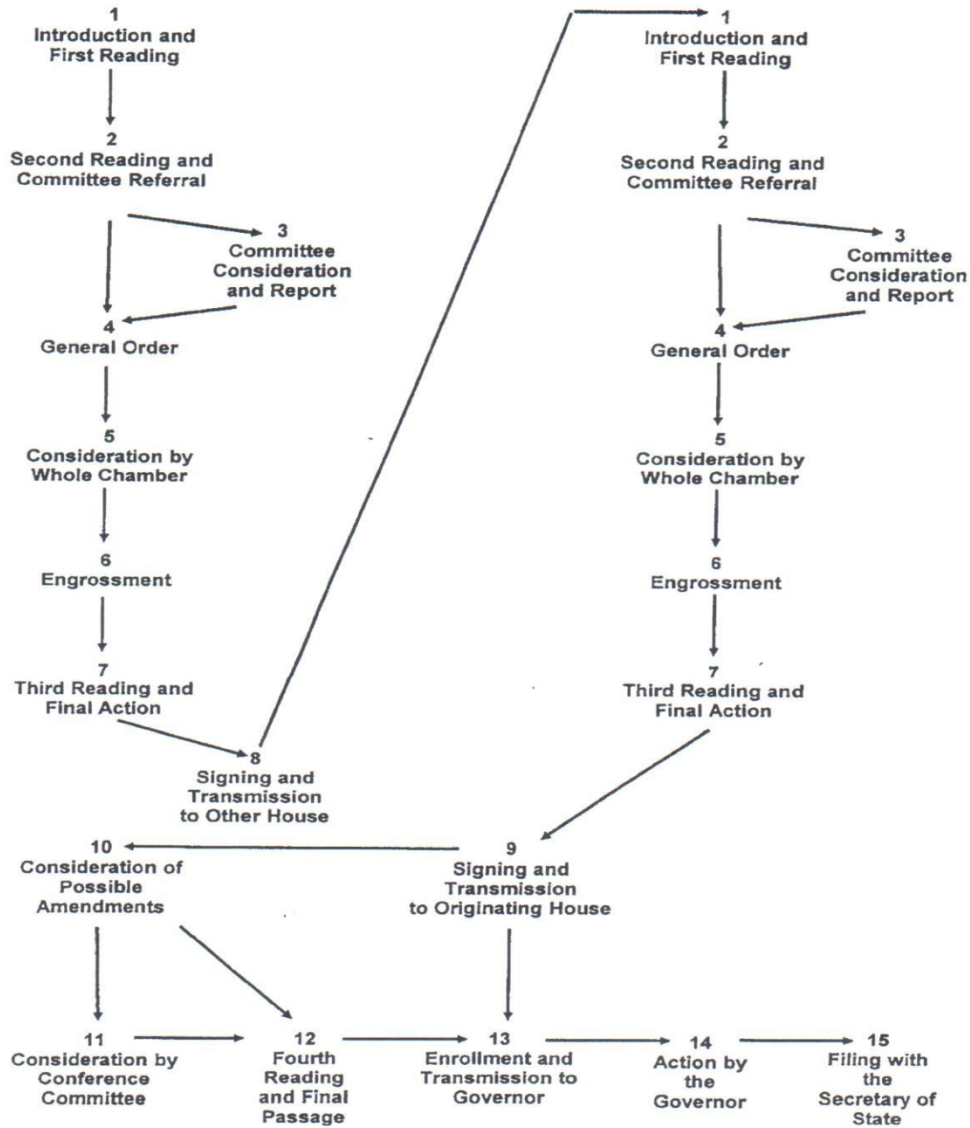
**National Patient Advocacy Foundation**

**American Lung Association**

**Komen Central & Western Oklahoma**

**Komen Tulsa**

# The Path of a New Law in Oklahoma



# HB 693 - Louisiana Oncology Society

- . . . . A health insurance issuer that provides coverage for cancer treatment
- 5 shall provide for coverage of prescribed orally administered anti-cancer medications
- 6 **on a basis no less favorable** than intravenously administered or injected cancer
- 7 medications.
  
- 8 (2) **Health insurance coverage of orally administered anti-cancer medications**
- 9 **shall not be subject to any prior authorization, dollar limit, copayment, deductible,**
- 10 **or other out-of-pocket expense that does not apply to intravenously administered or**
- 11 **injected cancer medications,** regardless of formulation or benefit category
- 12 determination by the health insurance issuer.
  
- 19 (4) A health insurance issuer that limits the total amount paid by a covered
- 20 person through all cost-sharing requirements **to no more than one hundred dollars per**
- 21 **filled prescription for any orally administered anti-cancer medication** shall be
- 22 considered in compliance with this Section. For purposes of this Paragraph, "cost
- 23 sharing requirements" shall include copayments, coinsurance, deductibles, and any
- 24 other amounts paid by the covered person for that prescription. . . .

# HB 693 was a rare exception

- The chairman of the house insurance committee was the sponsor of the bill.
- Chairman Greg Cromer's wife had just gone through treatment the second time for breast cancer and he'd been to every treatment with her.
- He ended up with 62 co-sponsors to his bill and it passed through both the house and senate with zero no votes.
- Signed into law by Governor Jindal last spring.

# SB 189 - Utah

- Passed last week and will be signed by the governor this week.
- Different organizations partnered together, including SUMO and Happy Chemo!
- Lots of publicity – large newspapers, tv stations.
- Resistance from a group that already has large copays and patient responsibility – thinks that patients should be paying for bulk of their treatment.

# What made an impact

- Patient stories by patient and/or caregiver
- Senators and representatives received a large number of emails and phone calls from oncologists, their staff, patients, caregivers, survivors, and other concerned parties
- Testimony at committee hearings
- Publicity
- Letter on behalf of the oncologists and SUMO

# SB 765/HB 2202 in OK

- Same bill with two different sponsors
- Chairman of Senate Insurance Committee had refused to hear oral parity bills the last two sessions, effectively killing them
- Barely made it out of his insurance committee this year by a 4-3 vote
- The bill was passed unanimously out of the Senate Appropriations Committee and then....

- “Chairman” works for an insurance company and always believed that a patient never had to pay more than \$1200 out of pocket for a co-pay
- “Chairman” heard from one patient that his drug costs \$10,000/month and that the patient is responsible for 50% of that cost
- When “Chairman” heard that and other patient stories from his district he did some investigation and educated himself on the issue



- When SB 765 made it to the senate floor, “Chairman” changed his vote.

**He voted in favor of the bill.**

- What happened between the first and third round of votes?
- Our 14 organization coalition went to bat and the members of the different organizations called and emailed the senators as directed by the state society, OSCO.
- Patients , their caregivers and survivors reached out via email, fax and phone.

- It didn't matter that the senator had heard from oncologists and lobbyists for years about the issue
- **Patient and caregiver stories made the impact.**
- The Oklahoma bill has two more hearings but should pass and be signed by the governor in early April.

# Your State Oncology Society

*If you don't currently have oral parity legislation*

- Should take the lead
- Should be reaching out to other organizations to form a coalition
- Should send you talking points
- Should send emails directing you and others to call and/or email your story to particular legislators (names, emails & phone numbers should always be provided to you)

- Should ask for patients, caregivers and survivors who are willing to give testimony at the different committee hearings, and/or supply their story in written form
- If it is in written form, the letter can be sent by the society to all the legislators.
- Should be asking who is willing to be interviewed by the media
- American Cancer Society likes to have patient pictures with their stories, but it isn't a requirement

- Sometimes survivors and caregivers can be more of an advocate than the patient
- Patients are usually undergoing treatment and the caregiver is usually the one paying the bills and is quite angry about it and their loved one having cancer
- Survivors may have had to use all their retirement money for treatment, or were unable to get the best drug for their disease because of the cost
- If you are a caregiver or survivor, please use that anger to advocate for oral parity legislation

# A special thank you

- To the lobbyists and government relations folks from pharmaceutical companies who work on our behalf behind the scenes.
- Pharma pays for lobbying so the society and other organizations do not have to do so.
- Yes, they will still be providing co-pay and drug assistance for those with large employers who self-insure, as well as the uninsured population

# Contact Us

- Mary Jo Wichers
- [maryjo@mjexecmgmt.com](mailto:maryjo@mjexecmgmt.com)
  
- Rose Gerber
- [roseg@coacancer.org](mailto:roseg@coacancer.org)
  
- Mary Kruczynski
- [maryk@coacancer.org](mailto:maryk@coacancer.org)