



April 13, 2023

Representative Julie Rogers, Chair
House Committee on Health Policy
Room 519
Cora B. Anderson House Office Building
124 N Capitol Ave
Lansing, MI 48933

Dear Chair Rogers and Members of the Committee,

The undersigned organizations strongly support cancer treatment fairness and urge the committee to pass House Bill 4071 out of the House Health Policy Committee. This bipartisan legislation would help address the unacceptable financial barriers to cancer care that occur when undue cost sharing requirements are imposed upon individuals and families for oral anticancer medications.

Our organizations are dedicated to promoting exemplary care for patients with cancer and blood disorders through advocacy, education, and research. Collectively, we represent thousands of patients, families, and healthcare professionals in Michigan and across the nation. Meaningful and affordable access to appropriate high-quality cancer care is central to the mission of each of our organizations.

For many years, intravenous (IV) delivery was the primary method for administering the medicines used to treat cancer but, in recent years, orally administered medicines have increased in prevalence. In fact, for many cancers, an oral treatment is the standard of care, and, in some cases, an oral treatment is the only available treatment option.

Unfortunately, high cost-sharing requirements prohibit many patients from accessing oral therapies. This contrasts sharply with the cost-sharing rules that have typically applied to IV-administered cancer treatments. For IV therapies – which traditionally have been covered under a plan’s medical benefit – the typical cost-share is a flat co-pay of a moderate amount. Oral therapies, however, are usually covered under a plan’s pharmacy benefit, where patients are commonly required to pay coinsurance. A percentage of the actual price of a medication, coinsurance can be as high as 50%, leading to a potential cost-share in the thousands of dollars for a single month’s supply of a medication.

Such high cost-sharing forces patients to make impossible choices between paying for a medically necessary treatment or risking the family’s financial stability. High cost-sharing also drives many patients to alter the prescribed treatment regimen: three out of seven cancer patients report skipping doses or cutting pills because of financial pressures.¹ In other cases, patients have stopped taking their pills altogether.

To date, Michigan is only one of seven states that has not enacted laws to ensure cancer treatment fairness. HB 4071 is a fair and balanced solution that offers meaningful improvements in access to cancer care, and we strongly encourage its passage.

If you have questions or would like additional resources on issues involving the care of individuals with cancer, please contact Lauren Edwards at lauren.edwards@lls.org or (914) 916-0691.

Sincerely,

The American Lung Association in Michigan
American Society of Hematology
The Association for Clinical Oncology
The Leukemia and Lymphoma Society
Michigan Society of Hematology and Oncology
Michigan Ovarian Cancer Alliance
The Pink Fund
Susan G. Komen

Zullig, LL, Peppercorn, JM, et al. "Financial Distress, Use of Cost-Coping Strategies, and Adherence to Prescription Medication Among Patients With Cancer." *Journal of Oncology Practice*, 2013: vol. 9, issue 6s