



May 6, 2019

2019

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The Honorable Brian Higgins
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The Honorable Doris Matsui
U.S. House of Representatives
2311 Rayburn House Office Building
Washington, DC 20515

The Honorable Brett Guthrie
U.S. House of Representatives
2434 Rayburn House Office Building
Washington, DC 20515

The Honorable Gus Bilirakis
U.S. House of Representatives
2227 Rayburn House Office Building
Washington, DC 20515

Dear Representatives Higgins, Guthrie, Matsui, and Bilirakis:

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 introducing the Cancer Drug Parity Act (H.R. 1730) in the 116th Congress. ASH remains committed to removing barriers to care and this bill would positively impact the thousands of patients treated by the Society's members across America. We are pleased to inform you that several of ASH's members were recently on Capitol Hill advocating for this important legislation.

As you are aware, the field of cancer treatment is rapidly changing resulting from years of exciting research and innovation funded in part by the National Institutes of Health. Oral or patient-administered chemotherapy is now more prevalent and has become the standard of care for many types of blood cancer. These therapies also account for approximately 25 to 35 percent of the oncology drug development pipeline. More importantly, many oral or patient-administered anti-cancer medications do not have intravenous (IV) or injected alternatives, so these oral agents are the only treatment option for some blood cancer patients.

While the innovations are truly practice changing, the Society remains quite concerned that patients may not be able to access these new anti-cancer treatments because of high co-payments that can amount to hundreds or thousands of out-of-pocket dollars per month. Consequently, 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 to patients as their IV counterparts.

We are pleased to see that H.R. 1730 requires health plans offering IV chemotherapy benefits for plan subscribers to provide the same level of coverage for orally administered and self-injectable anti-cancer chemotherapy medications, greatly reducing the financial burden that patients fighting cancer currently face. While this legislation will not solve the problem of high drug prices, it will certainly help lower the high out-of-pocket cost burden experienced by the patients we serve.

ASH Letter to Representatives Higgins, Guthrie, Matsui, and Bilirakis

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Again, thank you for your leadership on this important access-to-care issue. Please do not hesitate to contact ASH Senior Manager, Legislative Advocacy Tracy Roades (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,

A handwritten signature in black ink, appearing to read "Roy L. Silverstein". The signature is fluid and cursive, with the first name "Roy" being the most prominent.

Roy L. Silverstein, MD
President