

Safeguard Cancer Patients and Protect the Public's Health During the COVID-19 Crisis – ACS CAN Policy Recommendations



Cancer is an unpredictable and life-threatening disease. Cancer patients are scared, not only about COVID-19, but how they will manage their diagnosis and disease in this crisis. The American Cancer Society Cancer Action Network (ACS CAN) recommends the adoption of several policy priorities to protect cancer patients during this public health crisis.

Protect our Uninsured Families by Closing the Health Insurance Coverage Gap

Support expanding Medicaid eligibility to slow the spread of the virus, by providing low-income North Carolinians who are uninsured – especially those who are newly unemployed and/or no longer able to afford their health insurance coverage - access to comprehensive and affordable care, including COVID-19 testing and treatment services.

In the midst of this pandemic, Medicaid coverage can provide countless state residents, reassurance that their family will not go bankrupt, should they need to seek medical care or need to go to the hospital. Further, Medicaid expansion can help support our hospitals and health systems by providing them much needed revenue to help them provide care for current and anticipated COVID-19 patients.

Protect Cancer Patients by Closing the Chemotherapy Gap

Cancer patients are immunocompromised, and therefore, at a much higher risk of infection than a person without cancer. It is more important than ever to ensure cancer patients are not unnecessarily exposed to high risk environments like hospitals and clinics. Cancer patients must have continuity in care and access oral chemotherapy medication from the safety of their homes. Cancer patients in some areas are having difficulty keeping their chemotherapy appointments because of the shelter at home order, transportation challenges, and shortages of personal protective equipment, as well as concerns about exposure to the virus.

- ACS CAN recommends the passage of the NC Cancer Treatment Fairness Act (H480). This legislation will help equalize patients' out-of-pocket costs for oral chemotherapy drugs and intravenous (IV) chemotherapy, reducing financial barriers and increasing access to the best available treatment at home. 43 states have passed oral chemotherapy fairness legislation.
- Health insurance plans have not kept pace with modern medicine. Historically, chemotherapy was only available by infusion (medical benefit of an insurance plan). Oral chemotherapy (pill form) is covered as a pharmacy benefit of insurance plan. The out of pocket price differential between medical benefit infusion medication and pharmacy benefit oral medication is substantial, and many cancer patients find they cannot afford the co-insurance cost for oral chemotherapy medication.
- One study found that patients who start some types of chemotherapy are 70% more likely to discontinue and 42% more likely to be non-adherent if they have higher cost sharing. Often

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there are no substitutes for oral chemotherapy. If patients cannot afford the out-of-pocket expense for these therapies, they may not receive any other treatments.ⁱ

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1. ⁱ Dusetzina, 2014 Cost sharing and adherence to tyrosine kinase inhibitors for patients with chronic myeloid leukemia. Journal of Clinical Oncology.