



Connecticut Affiliate
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SB50
Anne Morris

**Testimony of Anne Morris to the Insurance and Real Estate
Committee
SB 50: An Act Concerning Oral Chemotherapy Treatments
Insurance and Real Estate Public Hearing
February 18, 2010
Legislative Office Building, Hartford**

Good afternoon Senator Crisco, Representative Fontana and members of the Insurance and Real Estate Committee. My name is Anne Morris and I am the Executive Director of the Connecticut Affiliate of Susan G. Komen for the Cure®. Susan G. Komen for the Cure® is the world's largest and most progressive grassroots network of breast cancer survivors and advocates. Since 1996, Komen has invested over \$19 million in breast cancer education, screening, treatment and research in Connecticut.

I am here this afternoon in support of SB 50 An Act Concerning Oral Chemotherapy Treatments.

Oral chemotherapies are becoming an increasingly available, non-invasive and more convenient alternative to intravenous chemotherapy. This is good news for cancer patients and avoids numerous problems such as risk of infection from intravenous lines, transportation to and from the cancer treatment facilities, child care concerns and reduces the amount of time it takes to receive treatment. The bad news is that due to how health plans classify these oral chemotherapies, patients are forced to bear a much larger out of pocket cost for oral treatments than they do for the equivalent IV treatment - sometimes for the exact same medication.

Three simple steps to early detection are regular mammograms, clinical exams and breast self-exams.



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Most health plans cover IV chemotherapy under the medical benefit and the patient's out of pocket cost is an office visit co-pay. That is not the case with oral therapy.

Orally administered anti-cancer medications are covered under the health plan's pharmacy benefit. These anti-cancer drugs are placed in a specialty or 4th tier of the health plan's formulary and require an average coinsurance of 28% according to a recent study by the Kaiser Family Foundation. For an orally administered anti-cancer medication with a \$3,000 per month cost, the patient out of pocket is \$900 per month. This puts orally administered anti-cancer medications out of reach for many Connecticut residents.

In some cases, new chemotherapy medications are only available in oral form causing patients who cannot afford these high out of pocket costs, to take a less effective drug.

Patients should receive the chemotherapy medication that is recommended by their physician and will be most effective in fighting their cancer. Life saving decisions such as these should not be based on whether or not a patient can afford a \$900 per month out of pocket co-pay. They should be based on what will save, extend or improve the quality of life of the patient. Passing this legislation will ensure that happens.

Thank you for your consideration.