

Community Oncology Alliance

Dedicated to high quality, affordable, and accessible cancer care

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FTR

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February 15, 2010

State of Connecticut
Insurance and Real Estate Committee
Room 2800, Legislative Office Building
Hartford, CT 06106

Re: Testimony in support of Senate Bill 50
An Act Concerning Oral Chemotherapy Treatments

ATTENTION: Senator Crisco, Representative Fontana and members of the Committee

Gentlemen:

The Community Oncology Alliance (COA) is a non-profit organization dedicated solely to community oncology. COA was founded by community oncology to advocate for patients and providers in the community oncology setting, where over 80 percent of Americans with cancer are treated.

Currently, COA is working with the United States Congress in providing proactive solutions designed to protect the viability of the nation's cancer care delivery system and patients' access to quality, affordable cancer care.

The mission of COA is to protect and foster the community oncology delivery system in the United States through public policy, advocacy, and education. Because over 80% of Americans battling cancer receive treatment in the community setting, ensuring the vitality of the community cancer care delivery system is imperative for patient well-being.

It is noted that the great state of Connecticut is taking under consideration, Raised Bill No. 50; an Act concerning oral chemotherapy treatments. In that COA is committed to adhering to the highest standards of integrity and patient well being, we commend you for tackling this very serious issue as it relates to cancer care.

With more than 25% of the drugs in the cancer pipeline in an oral formulation, it is imperative that a clearly delineated statement of coverage be put into place, allowing cancer patients access to the best form of treatment appropriate for their individual need, as prescribed by their oncologist. Ensuring parity for patient cost sharing for oral and IV cancer treatments will only increase access to and thereby improvement in the care and quality of life for cancer patients. In many instances, this will allow a patient a more expedient re-entry into the workforce, thus removing a burden from the State Medicaid roles, Unemployment Compensation Board, disability insurance, et cetera.

We hereby implore the Connecticut legislature to urgently pass the Bill No. 50 before it, thereby leveling the playing field for cancer patients who must now choose between the least costly alternative versus the treatment of choice. Whether a prescribed therapy be an oral, intravenous or injectable route of administration, the out-of-pocket expense to the patient should not only be equivalent, but achievable. It is, therefore, equally as important to insert

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verbiage into Bill No. 50 assuring that cancer patients not only receive the prescribed therapies based upon their potential efficacy by the prescribing oncologist, whatever the formulation, but also that they are not unjustly assessed unachievable co-pays and co-insurances as seen by recent revised legislation in the state of Oregon and others, as well as private insurance company trends of drug formulary tier placement equating to a higher cost share.

We welcome the opportunity to provide further education and insight into this extremely important aspect of cancer care, with COA having just completed a study in conjunction with Avalere Health on barriers to access for oral oncolytics. The results clearly speak to cancer patient access issues----issues which your legislation will help to resolve.

Very truly yours,

A handwritten signature in cursive script, appearing to read "Mary Kruczynski".

Mary Kruczynski
Director of Policy Analysis
Community Oncology Alliance