

ASCO Oral Parity Toolkit

ASCO developed this toolkit as a resource to ASCO members as their states consider policies related to oral chemotherapy parity, or “cancer treatment fairness.”

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Current Legislation

To view current legislation related to oral parity and other important issues in your state, visit the [ASCO ACT Network](#) and click on your state in the map.

Other Resources

You can find helpful state advocacy resources on the [ASCO State Advocacy Site](#).

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Lessons Learned: ASCO's State Advocates on Oral Parity Legislation

Background

Many states have recently passed parity legislation, which ensures patient cost-sharing for both traditional intravenous cancer drugs and oral cancer drugs are similar. In some of these states, ASCO's State Affiliates have been instrumental in getting this legislation introduced and ultimately passed. These affiliates have shared the tactics they used to achieve this, as well as some of the challenges they faced along the way.

Successful Messages

- **Point out that there is no financial gain for oncologists from this legislation; you are there to help your patients.** The advocates highlighted that medical oncologists supported the legislation because it was the right thing to do for their patients rather than because of the potential for financial gain. The fact that the medical oncologists did not have any financial stake in the outcome of the bill allowed the advocates to be the single most effective and credible voice with the legislators.
- **Describe the changes in modern cancer care and tie these changes to the need for enacting oral parity legislation.** By using clear, common language, you can tell the story effectively and provide lawmakers with the background necessary to understand the wisdom behind the legislation. Through scientific breakthroughs, cancer treatment is now moving away from reliance on drugs that are not very targeted – drugs that poison the cancer cells but also have toxicities for other cells in the patient. The new drugs are more targeted and designed to turn off specific processes in the cancerous cells, and many of these new drugs are oral cancer drugs. This is a big change, and as a result, oral cancer drugs are playing an increasingly important role in the day-to-day care of cancer patients. To reflect this role, it is important to ensure that similar policies apply to patient cost-sharing for both traditional intravenous cancer drugs and oral cancer drugs.

Successful Tactics

- **Offer to testify.** Testimony from a motivated oncologist was one of the most effective approaches taken in one state. This was central to the success of the effort and a big part of the success. The lawmakers placed significant weight on such testimony because the medical oncologist had no interest in the issue other than to provide the best possible care to cancer patients and because the medical oncologist knew the science, knew the drugs and knew about dealing with insurers. The medical oncologist was the one voice that could address how all of these factors interact in practice.
- **Use data to support your argument.** There were some studies available to help support the fact that insurance premiums would not change dramatically under the legislation.
- **Contact the media to help get your message out.** The press helped one state significantly in helping the public and the legislature understand the issue. There were front page stories about cancer patients with difficulties accessing cancer drugs. In the face of all of this, opposition to the bill seemed to disappear.
- **Keep the message simple.** Make sure it is clear that the bill is very simple, especially if the other

stakeholders are making the issue appear complicated. Most bills addressing this issue leave significant discretion to the insurance companies. The bills for the most part simply say that the insurers must not impose more burdensome cost-sharing on the patients for oral drugs than other types of cancer drugs. The detail regarding how this works in practice – the discretion to establish the insurer’s policies – is left up to the insurers to determine. Do not let anyone make this sound complicated or hard to do.

- **Work with state patient advocacy organizations.** Working with state patient advocacy groups is critical to success because they were able to raise awareness by pushing the message to a larger audience. In addition, there was a sense of unity among all of the groups in the coalition of stakeholders supporting the legislation, including pharmaceutical companies, patient advocacy groups and pharmacy associations.
- **Form a coalition.** Forming a more formal relationship with patient advocacy groups and other interested parties can be a powerful tool to raise awareness of the issue. In one state, the coalition submitted a letter on behalf of the local oncology association, the state medical society and patient advocacy groups and others.
- **Meet with all legislators in the state.** In one state, a single ASCO volunteer – a medical oncologist – called all of the state senators to urge their support and answer any questions.

Barriers

- Advocates had to overcome the natural hesitancy of many legislators against imposing legislative mandates on the insurance industry.
- There were concerns about harming patients by inadvertently raising insurance premiums.

Other Important Things to Consider

- The advocates believe that advocating in support of this bill was the right thing to do for their patients. But in addition, their work on this patient-focused bill will likely enhance their potential credibility in the future for advocacy involving other issues.
- An initial version of many of the bills introduced relied on the use of the word “chemotherapy.” Not all of the drugs for cancer therapy fall into the category of “chemotherapy,” and it is important to ensure that the bill applied more broadly to all anticancer drugs. If possible, avoid using the word “chemotherapy.” Anticancer medication is an alternative that better describes what the bill is trying to achieve parity for.
- There may be some stakeholders who state that oral cancer drugs are less toxic. As medical oncologists, it is important to clarify those statements and to note that it is more accurate to say that oral cancer drugs have different toxicities from traditional intravenous and injected anticancer drugs.
- ASCO has also compiled both model legislation and oral parity principles to help guide advocacy efforts on the state level. There remain some evolving issues that may result in questions from state legislators regarding the interplay between patient protections established under state law and the new regulations that continue to arise under the Affordable Care Act. ASCO can provide timely guidance, so please do not hesitate to call us at (571) 483-1670 if you are confronted with such issues.

Suggested Language for State Oral Parity Legislation

(a) Every policy or contract of health insurance delivered, issued for delivery, renewed, amended, or continued in this state that provides medical, major medical, or similar comprehensive coverage and that provides coverage for anticancer medications shall provide coverage for prescribed, orally administered anticancer medications and shall not apply cost sharing requirements for orally administered anticancer medications that are less favorable to the covered person than either:

(1) the cost sharing requirements for intravenous or injected anticancer medications that are covered under the policy or contract; or

(2) the cost sharing requirements for anticancer medications covered under the prescription drug benefits that the policy or contract may include.

(b) For the purposes of this section, “cost sharing” shall include copayments, coinsurance, dollar limits, and deductibles imposed on the covered person.

(c) An insurer providing a policy or contract described in subsection (a) and any participating entity through which the insurer offers health services shall not:

(1) vary the terms of the policy relative to the terms in effect on the date of enactment of this section for the purpose or with the effect of avoiding compliance with this section;

(2) provide incentives (monetary or otherwise) to encourage a covered person to accept less than the minimum protections available under this section;

(3) penalize in any way or reduce or limit the compensation of a health care practitioner for recommending or providing care to a covered person in accordance with this section;

(4) provide incentives (monetary or otherwise) to a health care practitioner relating to the services provided pursuant to this section intended to induce or have the effect of inducing such practitioner to provide care to a covered person in a manner inconsistent with this section; or

(5) achieve compliance with this section by reclassifying any anticancer medication or by imposing an increase in cost sharing for intravenous or injected anticancer medications relative to the cost sharing requirements in place on the date of enactment of this section.

[Drafting note: Individual states use different terminology and sometimes multiple code sections for different types of health care insurance products. The language in this template may require adjustment on a state-by-state basis to achieve the intent of applying these safeguards broadly. This includes, but is not limited to, applying the safeguards to the following: group health care insurance, individual health care insurance, any form of self insurance regulated by the state (to extent not preempted by federal law), managed care plans, health maintenance organizations, group and individual accident and sickness insurance, individual and group hospital insurance or service contracts, medical service contracts, health benefit plans, fraternal benefit society plans, municipal group-funded pools, health plans for public employees, and comparable health insurance products described by different terminology.]

Principles for State Oral Parity Legislation

Due to scientific advances in recent years, there are increasing opportunities to treat individuals with cancer with orally administered medications. As health insurance products have evolved over time, some health plans impose significantly higher cost sharing requirements on cancer patients for oral cancer drugs than for intravenous or injected cancer drugs.

In most cases where this discrepancy exists, it arises from the fact that traditional cancer drugs are covered under the medical benefit of most insurance plans and oral cancer drugs are often covered under the outpatient drug benefit. Significant concerns exist because, in many instances, the cost sharing burden imposed on patients (copayments, coinsurance, etc.) under the prescription drug benefit creates insurmountable financial barriers for cancer patients who need access to oral cancer medications.

In light of these concerns, the American Society of Clinical Oncology (ASCO) has adopted the following principles for evaluating state legislation involving access to oral cancer drugs.

- Oral cancer drugs may provide significant clinical advantages over the more traditional intravenous and injected forms of cancer medications that may exist to treat a particular type and stage of cancer. In some instances, they may represent the only treatment option. Ensuring that cancer patients have meaningful access to such oral cancer drugs is an issue of critical clinical importance. This is not merely an issue of convenience for the cancer patient or health care provider.
- We strongly support state oral parity laws, which play a critically important role in protecting cancer patients. In the absence of such laws, some health insurance companies impose much higher cost sharing requirements on patients for oral cancer drugs than intravenous and injected cancer drugs. State oral parity laws typically establish safeguards to ensure that cancer patients can access oral cancer drugs under the same general cost sharing rules that apply to other forms of cancer drugs.
- We continue to have concerns regarding the pricing of new oncology drugs and the adverse impacts that high costs may have on patient access to the most effective or most appropriate clinical therapies. State oral parity laws typically do not address the pricing of cancer drugs, instead focusing on the policies governing the cost sharing imposed on cancer patients. Although state oral parity laws do not address all of the problems related to cancer drug costs, these laws provide tangible and meaningful positive steps that warrant support.
- State oral parity laws should include robust language to ensure patient copayments, coinsurance, deductibles and other limits for oral anticancer drugs are no less favorable for cancer patients than would occur under the policies governing intravenous and injected anticancer drugs. In addition, such laws should include safeguards to prevent insurers from

taking steps to circumvent the intent of these laws.

- Given the significant number of promising oral cancer medications in the research pipeline, we anticipate the need to protect and promote patient access to oral cancer drugs will become even more important in future years.
- The increasingly important role of oral cancer drugs in the future is one of several reasons why policy makers should also take steps to ensure that oncologists receive fair and adequate reimbursement for the labor intensive professional services they provide to cancer patients, including treatment planning, prevention and management of complications, cancer care management and coordination of care.