



AUGUST 14, 2020

The Honorable Alex M. Azar, II
Secretary
U.S. Department of Health and Human Services
Hubert H. Humphrey Building
200 Independence Avenue, SW
Washington, DC 20201

Re: Executive Order on Improving Rural Health and Telehealth Access

Dear Secretary Azar,

As members of the Coalition to Improve Access to Cancer Care (CIACC), we represent various stakeholders who serve cancer patients across the nation. These patients face severe issues in accessing lifesaving therapies, especially patients residing in rural and medically underserved areas. Such barriers to access are only exacerbated during the current COVID-19 pandemic. In particular, we believe it is important to address patient access to oral anticancer medications, which has been an issue that has increased in importance as a result of the COVID-19 pandemic.

As the Department of Health and Human Services (HHS) works to implement President Trump's recent executive order on Improving Rural Health and Telehealth Access, we urge you to consider policies that increase patient access to anticancer therapies and protect vulnerable patients.

Even in non-pandemic times, cancer patients in rural areas face a host of unique challenges that have the potential to limit their access to appropriate cancer treatments, putting them at risk for later diagnosis and more severe disease progression. Rural cancer patients and their caregivers must travel longer distances for longer times to access the same health care as those living in more urban areas. Rural residents may also be disproportionately disadvantaged financially, making it difficult to afford both the extra travel costs and the treatment costs themselves, especially when lost wages from treatment travel time are considered.

In addition to these concerns, many cancer patients are uniquely at risk to contract COVID-19 due to their compromised immune systems. To help alleviate this burden, oncologists are regularly reexamining the best ways to treat patients during the pandemic while complying with social distancing and quarantine protocols. When medically appropriate, many medical professionals are transitioning patients onto oral (or self-administered) anticancer drugs in order to help them stay at home as much as possible and reduce the risk of infection.

Oral cancer medications play a critical role in addressing the disparities facing rural cancer patients. Because they can be administered at home, these medications can be more accessible than intravenous (IV) cancer treatments, allowing patients to stay home, spend less time away from work and save money traveling to cancer care facilities.

Additionally, while oral treatments have side effects (as do IV treatments), the symptoms associated with oral medications tend to be less severe and more manageable for patients, saving trips to the local medical centers and reducing overall system usage in areas already overstressed.

Unfortunately, these oral anticancer treatments are, in many cases, inaccessible to patients due to high out-of-pocket costs stemming from outdated insurance benefit design. As you may know, many cancer patients today are covered under insurance policies which require patients to pay higher out-of-pocket costs for anticancer treatments delivered orally instead of intravenously. This unnecessary discrepancy in cost-sharing means that many cancer patients face significant financial barriers to oral therapies, which may be more appropriate for many patients, especially rural residents during a nationwide pandemic.

As you know, the President's executive order directs HHS to develop a report regarding existing and upcoming policy initiatives to increase rural access to health care. In order to assist rural cancer patients, we urge you to support a solution for patients. Standalone legislation does exist that would accomplish this goal permanently, the *Cancer Drug Parity Act (S. 741/H.R. 1730)*. This bipartisan bill could substantially help patients who are unable to access their medications, particularly at the present time with many vulnerable cancer patients in rural areas. The bill addresses this by improving patient access to other forms of treatment and standardizing cost-sharing systems across IV, oral, and other self-administered treatments. Ideally, this issue would be fixed on a permanent basis; however, we believe a 3-year authorization of this legislation or taking action with similar intent could help patients in the interim. We believe that addressing the issue only for the length of the public health emergency would not be sufficient as it is anticipated that the strain on the healthcare system could last for several years. Additionally, a three-year authorization period will allow HHS the ability to collect important data that will guide future discussion on this issue.

We appreciate your leadership and the Department's critical work during this pandemic to ensure that the American people are given all of the necessary tools to survive and thrive during these unprecedented times. The cancer community stands ready to work with you to continue to advance policy changes that will allow cancer patients to access lifesaving cancer treatment. Thank you in advance for considering supporting the *Cancer Drug Parity Act* or a similar temporary authorization to assist rural patients during the current pandemic and beyond.

Allowing more patients to stay safe at home will help prevent further spread of the COVID-19 virus and help protect rural patients already facing significant disparities in access to treatment. For further questions about the need for these changes, please contact Robin Roland Levy, Senior Director of Public Policy and Advocacy for the International Myeloma Foundation at 201-220-9137 or rlevy@myeloma.org.

Respectfully,

AIM at Melanoma
Alliance for Patient Access
American Cancer Society Cancer Action Network
American Society of Hematology
Aplastic Anemia and MDS International Foundation
Association for Clinical Oncology
Association of Community Cancer Centers
Association of American Cancer Institutes
Association of Pediatric Hematology/Oncology Nurses
CancerCare
Cancer and Careers/CEW Foundation

Cancer Support Community
Colorectal Cancer Alliance
Community Oncology Alliance
Dana Farber Cancer Institute
Debbie's Dream Foundation: Curing Stomach Cancer
Facing Our Risk of Cancer Empowered (FORCE)
Fight Colorectal Cancer
GO2 Foundation for Lung Cancer
Hematology/Oncology Pharmacy Association
International Myeloma Foundation
Karmanos Cancer Institute
Leukemia & Lymphoma Society
LUNGevity
Lymphoma Research Foundation
Medical College of Wisconsin
National Brain Tumor Society
National Patient Advocate Foundation
Oncology Nursing Society
Ovarian Cancer Research Alliance
Patient Access Network (PAN) Foundation
Patient Services, Incorporated
Roswell Park Cancer Institute
Susan G. Komen
The Ohio State University Comprehensive Cancer Center-James Cancer Hospital and Richard J Solove Institute
WVU Medicine
Zero – The End of Prostate Cancer

CC:

Dr. George Sigounas, Advisory to the Secretary for Rural Health
Tom Morris, Associate Administrator, Federal Office of Rural Health Policy, Health Resources and Services
Administration

