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June 6, 2019

The Honorable Richard E. Neal  
 Chairman  
 House Ways and Means Committee

The Honorable Kevin Brady  
 Ranking Member  
 House Ways and Means Committee

The Honorable Frank Pallone  
 Chairman  
 House Committee on Energy and Commerce

The Honorable Greg Walden  
 Ranking Member  
 House Committee on Energy and Commerce

Re: Draft Medicare Part D Legislation

Dear Chairman Neal, Chairman Pallone, Ranking Member Brady and Ranking Member Walden:

I am writing to you on behalf of Susan G. Komen to comment on your draft legislation to reform the Medicare Part D program. Komen is the world’s largest breast cancer organization, funding more breast cancer research than any other nonprofit outside of the federal government while providing real-time help to those facing the disease. Since its founding in 1982, Komen has funded more than \$956 million in research and provided more than \$2.1 billion in funding to screening, education, treatment and psychosocial support programs serving millions of people in more than 30 countries worldwide. Komen works closely with local health care providers and those impacted by breast cancer in communities across our country, affording us the unique opportunity to share with you their collective concerns about drug affordability and the policy solutions we believe will address these complex issues.

**Importance of Access to Drug Therapies for Breast Cancer Patients and Survivors**

Reliable access to high-quality and affordable drugs is a critical part of treating breast cancer. Patients with breast cancer are treated with some combination of surgery, radiation therapy, and/or drug therapy. Drug therapy for breast cancer includes three main categories of drugs: chemotherapy, hormone therapy, and targeted therapy (a cornerstone of precision medicine). Each treatment option has risks and benefits. Treatment is tailored to the biology or type of breast cancer, stage of breast cancer and the patient’s overall health and preferences. Thus, patients must have access to all three drug categories throughout the course of treatment to ensure the best outcomes.

Access to drugs is vitally important, but these drugs also must be affordable. We know that cancer treatments can be very expensive and may require long-term monitoring and follow-up care, potentially exposing patients to significant financial hardship. More and more stakeholders in the cancer community are recognizing the financial toxicity associated with adhering to treatment as prescribed, which can not only expose patients to financial ruin but also can negatively affect their health if they are forced to delay or stop treatment or make suboptimal treatment decisions due to cost. We appreciate that you are seeking to implement policies that would lower drug costs in general, and patient out-of-pocket costs specifically. Addressing financial toxicity and how it impacts patients’ treatments and overall health will be key to saving lives from breast cancer.

## Comments on the Draft Legislation

Komen believes all women and men should have timely access to affordable, appropriate treatments for their cancer and policies affecting Medicare Part D are very important to our patients and survivors enrolled in Medicare. Given the high costs of cancer treatments, breast cancer patients on Medicare often move through the coverage gap into catastrophic coverage. While a person's out-of-pocket costs are less per drug once catastrophic coverage begins, having even the \$5,100 in drug costs that triggers catastrophic coverage is very difficult for many Medicare beneficiaries on fixed incomes. Therefore, we support your efforts to institute an out-of-pocket maximum for Part D costs as proposed in the draft legislation.

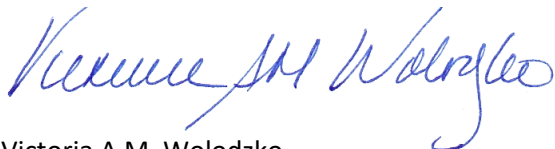
We also appreciate your consideration of other policies to reduce patients' out-of-pocket costs for drugs and would encourage you to consider adding a chemotherapy parity provision to your legislation. Komen has been a long-time supporter of oral chemotherapy parity laws on the state and federal levels, which seek to promote access and lower out-of-pocket costs for patient-administered forms of chemotherapy. Oral anti-cancer medications have become more prevalent, making up more than 25% of the oncology pipeline. Unfortunately, insurance coverage has not kept pace with this innovation, and insurance benefit design – for both private insurance and Medicare – impedes patient access to treatment. This is because IV anti-cancer drugs are typically covered under a plan's medical benefit, which means that patients are required to only pay an office co-pay versus oral medications, which are typically covered under the pharmacy benefit and require much higher coinsurance. The disparity restricts patients' access to these therapies.

Oral oncology parity laws are intended to address this problem of inequitable coverage between oral and IV anti-cancer medications by requiring health insurance plans to equalize a patient's out-of-pocket costs between these therapeutic types. The Cancer Drug Coverage Parity Act, H.R.1730, is bipartisan legislation that would affect private insurance coverage of chemotherapy. Since this problem also affects Medicare beneficiaries, we encourage you to consider adding similar provisions to your final Part D legislation. This policy would greatly benefit cancer patients, reducing their out-of-pocket costs and improving their access to treatment.

## Conclusion

Komen appreciates the opportunity to comment on this draft legislation and we applaud your efforts to improve the affordability and accessibility of cancer treatments for patients. If we may be of further assistance, please contact Molly Guthrie, Director of Public Policy and Advocacy for Susan G. Komen, at [mguthrie@komen.org](mailto:mguthrie@komen.org).

Sincerely,



Victoria A.M. Wolodzko  
Senior Vice President, Mission  
Susan G. Komen