

RESOLUTION 64-15

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3 Title: Oral Chemotherapy Parity
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5 Introduced by: James Randolph Hillard, MD, for the Ingham County Delegation
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7 Original Author: James Randolph Hillard, MD
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9 Referred to: Reference Committee A
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11 House Action: **APPROVED AS AMENDED**
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14 Whereas, innovative, targeted patient-administered medicines have become
15 more prevalent in cancer treatment and are now the recognized standard of care for
16 many types of cancers, and

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18 Whereas, approximately one-quarter of all cancer drugs currently under
19 development are oral (or other patient-administered treatments) and there is an
20 increasing trend toward advances of these therapies, and

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22 Whereas, intravenous (IV) medications are typically covered under a health
23 plan's medical benefit while orally administered chemotherapy is typically covered
24 under a health plan's pharmacy benefit, and

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26 Whereas, the medications are often classified in the highest tier of a health
27 plan's cost-sharing system; thereby, requiring patients to pay higher co-payments,
28 potentially resulting in thousands of dollars in out-of-pocket costs each month, and

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30 Whereas, increased out of pocket costs for oral medication, as opposed to IV
31 medication, limit the ability of many patients to afford the treatments prescribed by
32 their physicians, and

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34 Whereas, thirty-four states and the District of Columbia have already passed
35 legislation to limit the out-of-pocket costs of oral anti-cancer medications, and

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37 Whereas, the Affordable Care Act contains no remedies for this situation, and

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39 Whereas, this disparity restricts patient access to life-saving oral cancer
40 therapies; therefore be it

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42 **RESOLVED:** That MSMS support state and federal legislation, similar to that
43 passed in a majority of states, mandating parity between intravenous medications and
44 oral anti-cancer therapy drugs.
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47 **WAYS AND MEANS COMMITTEE FISCAL NOTE:** None