



Finding a cure now...
so our daughters won't have to.®

*Pat Halpin-Murphy
President and Founder*

March 16, 2010

Dear Chairman Micozzie:

Thank you Chairman DeLuca, Chairman Micozzie and members of the House Insurance Committee for the opportunity to provide comments on House Bill 1865.

House Bill 1865 requires insurers that provide coverage for intravenous chemotherapy and oral chemotherapy to provide such coverage on equal terms to the patient. This equalization would include co-payments, deductibles, coinsurance provisions and maximum out of pocket limits without regard as to how the chemotherapy is administered.

As you know, intravenous chemotherapy is typically covered as part of a patient's medical benefit. Oral chemotherapy treatment is typically covered as part of the prescription drug benefit. This means that oncology patients normally will experience significantly different out of pocket costs based upon how their treatment is administered. This difference has no relationship to how much the therapy costs or how effective it may be.

The treatment of cancer should be based on medical facts. It should not be driven by differences in a patients' costs whereby those of a lesser means have fewer options. In some cases oral chemotherapy is the best option. In some cases oral chemotherapy is not the answer.

This legislation is not about a patient's preference for pills over needles as a matter of convenience. Treatment plans are developed with outcomes in mind not convenience.

If a patient has both a prescription drug benefit and a medical benefit that covers chemotherapy treatment; what is the benefit to promoting one form of treatment over another? The oddity of this bias is that it cannot be tied to either an outcome or costs.

I hope that the Committee will consider House Bill 1865 in the near future and report the Bill favorably. Thank you.

Best Regards,

Pat Halpin-Murphy
President and Founder