



## Cancer Drug Parity Act H.R. 4101

### Request

**ONS urges Representatives to cosponsor and support passage of H.R. 4101, the Cancer Drug Parity Act.** The legislation was introduced in the House of Representatives by Reps. Glenn Grothman (R-WI-06) and Suzanne Bonamici (D-OR-01).

### Background

Under current law, most intravenous (IV) treatments are routinely covered under the medical benefit component of a health insurance plan, while orally administered anti-cancer medications are usually covered under the prescription drug component, which often results in a considerable disparity in patient out-of-pocket costs. The Cancer Drug Parity Act would remove this disparity, ensuring that medication cost is not a factor in physician and patient decisions. This is especially important as oral chemotherapy is becoming a more common standard of care for cancer patients and many of these oral chemotherapy drugs do not have IV/injectable equivalents. Although more than 40 states and the District of Columbia have enacted cancer drug parity laws, federal legislation is necessary to ensure that the approximately 150 million people who have large employer group health plans are protected. Such self-insured group health plans are governed by the federal Employee Retirement Income Security Act of 1974 and outside state jurisdiction.

### Bill Summary

The legislation would require a group or individual health plan providing benefits with respect to anticancer medications administered by a health care provider to provide no less favorable cost sharing for prescribed, patient-administered anticancer medications used to kill, slow, or prevent the growth of cancerous cells and that have been approved by the Food and Drug Administration. Such coverage may be subject to the same cost-sharing applicable to anticancer medications administered by a health care provider under the plan. However, the bill would prohibit a health plan from imposing an increase in out-of-pocket costs, reclassifying benefits with respect to anticancer medications, or applying more restrictive limitations on prescribed orally- or intravenously administered or injected anticancer medications.

### Contact

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