

April 25, 2001

The Honorable Deborah Pryce
United States House of Representatives
221 Cannon House Office Bldg.
Washington, D.C. 20515

Dear Representative Pryce:

The patient advocate, health professional and research organizations in the Cancer Leadership Council (CLC) support a comprehensive Medicare prescription drug benefit, but are nevertheless mindful of the difficulties facing the Congress in fashioning legislation in the near term to achieve that result. In light of that reality, we greatly appreciate your leadership and vision in developing a bill that will provide immediate and meaningful relief for people with cancer, seeking to expand their access to life-extending new anti-cancer drugs. We wholeheartedly endorse your Access to Cancer Therapies Act of 2001, which will provide people with cancer with a means of accessing these drugs not currently covered by Medicare.

Cancer is a disease strongly associated with aging, and Medicare beneficiaries are disproportionately affected by cancer. At present, cancer therapy is largely covered for Medicare beneficiaries because the program pays for drugs administered by health professionals, which is very fortunate in light of the expense of anti-cancer drug treatment. In the future, however, drugs to fight cancer will increasingly be available in oral form, designed to be administered by the patients themselves. These new oral drugs have shown remarkable targeted activity against a number of cancers with few serious side-effects. If Medicare coverage is not available, many beneficiaries will not be able to access these important life-extending products.

Some of the most impressive of these new drugs will be on the market during this calendar year -- probably well in advance of any comprehensive Medicare drug coverage. Thus, there is a pressing need for immediate coverage of these drugs to enable beneficiaries with cancer to access them without crippling out-of-pocket costs. Even if a comprehensive benefit were enacted in a timely way, its cost-sharing features would no doubt be less advantageous than under current Medicare Part B provisions. If Part B coverage is not extended to the new oral anti-cancer agents, then patients will increasingly be required to shoulder costs now covered by the Medicare program. The consequences of such a shift in fiscal responsibility could be disastrous for people with cancer.

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It is for this reason that we strongly support your Access to Cancer Therapies Act of 2001, which will extend Medicare Part B coverage to all oral anti-cancer drugs. Some oral drugs are already covered under Part B, and your bill is a reasonable extension of that current policy. As your legislation proceeds through the Congress, please let us know what we can do to assist you in realizing its enactment for the benefit of Medicare beneficiaries with cancer. And thank you once again for your aggressive and effective leadership on behalf of cancer patients.

Cancer Leadership Council

Alliance for Lung Cancer Advocacy,
Support, and Education

American Society of Clinical Oncology

Association of American Cancer Institutes

Cancer Care, Inc.

Cancer Research Foundation of America

The Children's Cause, Inc.

Coalition of National Cancer Cooperative
Groups

Colorectal Cancer Network

Cure For Lymphoma Foundation

International Myeloma Foundation

Kidney Cancer Association

The Leukemia & Lymphoma Society
Multiple Myeloma Research Foundation
National Coalition for Cancer Survivorship
National Patient Advocate Foundation
National Prostate Cancer Coalition
North American Brain Tumor Coalition
Ovarian Cancer National Alliance
Pancreatic Cancer Action Network
The Susan G. Komen Breast Cancer
Foundation
The Wellness Community
US TOO! International, Inc.