As the world’s largest blood cancer nonprofit advocating for patients, The Leukemia & Lymphoma Society (LLS) collaborates daily with stakeholders across the healthcare ecosystem to ensure that patients have access to quality, affordable, sustainable care. We have seen progress in addressing ballooning cancer care costs, including many policy reforms we have proposed since the launch of our Cost of Cancer Care Position and Policy Recommendations in May 2017, and we are committed to pressing on for patients this year and beyond.

Cancer patients must have affordable access to the healthcare they need. Their lives literally depend on it. LLS will continue to work to ensure patients transparency on drug costs during the prescribing process. We are committed to pressing on for patients this year and beyond.

As we look towards 2020 and beyond, our priorities for the coming year include:

**Generic Drugs**

- **Oral Parity Laws:** 43 states and the District of Columbia have an oral parity law, and LLS played a significant role in advancing these laws.
- **Antibiotics:** The FDA has sped up the review of generic drug applications, which has already begun to help drive down the cost of medicines. Patients will see reductions in their out-of-pocket costs and pharmacy benefit managers will be able to negotiate for payers and patients.
- **High-Quality, Efficient Oncology Care:** Medicare regulators have removed several obstacles that prevent insurers from setting rebates that Medicare Part D plans get from drug makers.
- **Medicare Part D Cap:** LLS will continue to press lawmakers to cap the amount Medicare Part D beneficiaries must pay out of their own pockets to ensure that Medicare Part D patients have access to the medicines they need.

**Biologics**

- **Oral Parity Laws:** Thanks to lobbying by LLS and other patient advocacy groups, Colorado adopted a biosimilar law in May 2017.
- **Drug Reimbursements:** The Department of Health and Human Services endorsed reforms requiring pharmacy benefit managers to pay doctors and hospitals for providing high-quality, efficient oncology care.

**Drug Reimbursements**

- **Medicare Donut Hole:** Medicare Part D beneficiaries must pay out of their own pockets to obtain their medications—A proposal endorsed by both the Trump administration and key Democratic congressional leaders.
- **MORE THAN $173 BILLION WILL BE SPENT ON THE COST OF CANCER CARE FROM 2010 TO 2020**

**Value-Based Payments**

- **VALUE-BASED PAYMENTS:** LLS is working collaboratively with policy makers to promote value-based payment arrangements for prescription drugs based on their value to patients and physicians; these arrangements are designed to reward doctors and hospitals for providing high-quality, efficient oncology care.
- **Drug Competition:** LLS will continue to press lawmakers to cap the amount Medicare Part D beneficiaries must pay out of their own pockets to ensure that Medicare Part D patients have access to the medicines they need.

**Medicare Part D Cap**

- **Provider Remuneration Reform:** LLS urges Medicare officials to further leverage tools like the cost of cancer care model to test additional reimbursement reforms that reduce drug costs and incentives for physician drug remuneration.

**Conclusion**

Cancer patients must have affordable access to the healthcare they need. Their lives literally depend on it. LLS will continue to work to ensure policymakers put patients first, by preserving existing patient protections and enacting new reforms to help make affordable care a reality.