

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. While 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, we are committed to pressing on for patients this year and beyond.



BY 2020
AN ESTIMATED
\$173 BILLION
WILL BE SPENT ON THE
COST OF CANCER CARE



EXPERTS PROJECT A
39%
JUMP IN THE ANNUAL
COST OF CANCER CARE
FROM 2010 TO 2020



MORE THAN
600,000
AMERICANS DIE
FROM CANCER
ANNUALLY



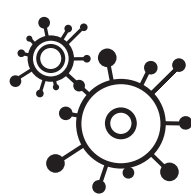
MORE THAN
1.3 MILLION
AMERICANS ARE LIVING WITH
OR IN REMISSION
FROM A BLOOD CANCER

PROGRESS ALIGNED WITH LLS'S POLICY AGENDA



GENERIC DRUGS

The FDA has sped up the review of generic drug applications, which has already begun to help drive down the cost of purchasing certain drugs.



BIOLOGICS

A new law will begin to prevent Medicare Part D patients from paying more when they switch from an expensive branded biologic drug to a cheaper "biosimilar" version.



DRUG REBATES

Medicare regulators have endorsed reforms requiring that patients receive at least a portion of the prescription drug rebates that the Medicare Part D plans get from drug makers.



SITE-NEUTRAL PAYMENTS

The Department of Health and Human Services endorsed requiring equal payments to healthcare providers for some services regardless of whether patients are treated in a hospital or a physician's office. This would lower patient out-of-pocket costs and reduce unnecessary Medicare spending.



COST TRANSPARENCY

Pharmacy benefit managers and electronic health record vendors initiated a collaboration that gives doctors and patients transparency on drug costs during the prescribing process.



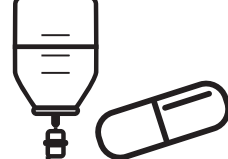
VALUE-BASED PAYMENT ARRANGEMENTS

In June 2018, the FDA removed several obstacles that prevent insurers from setting payments for drugs based on their value. FDA gave new tools to drug companies and insurers that allow them to work together to create payment structures focused on value to patients.



MEDICARE DONUT HOLE

Congress passed a new law that will close the "donut hole" in the Medicare Part D program a year ahead of schedule, which will help patients bear less of the costs for particularly expensive medicines. Patients will see reduced out-of-pocket drug costs beginning in 2019.



ORAL PARITY LAWS

Oral parity laws guarantee equitable cost-sharing for cancer therapies taken orally and those received via infusion in a hospital or clinic. Arkansas became the latest state to approve such a law. Today, 43 states and the District of Columbia have an oral parity law, and LLS played a significant role in advancing these laws.



STATE OUT-OF-POCKET WIN

Thanks to lobbying by LLS and others, Colorado adopted a policy requiring that at least 25 percent of plans offered by insurers charge only a flat copay for drugs, rather than coinsurance. Also, these plans are prohibited from applying a deductible to drugs. Because coinsurance requires a patient to pay a percentage of the cost of a drug, it typically results in extremely high out-of-pocket costs for patients.

LLS CONTINUES WORK TO DRIVE POLICY CHANGE

VALUE-BASED PAYMENTS

LLS WILL CONTINUE TO ADVOCATE FOR PAYMENT ARRANGEMENTS FOR PRESCRIPTION DRUGS BASED ON THEIR VALUE TO PATIENTS, AND PROGRAMS THAT INCENTIVIZE VALUE-DRIVEN CARE DECISIONS BY DOCTORS AND HOSPITALS.

DRUG COMPETITION

LLS IS WORKING COLLABORATIVELY WITH POLICY MAKERS TO REMOVE BARRIERS THAT PREVENT GENERIC DRUG MANUFACTURERS FROM BEING ABLE TO DEVELOP AND BRING GENERIC AND BIOSIMILAR VERSIONS OF COSTLY BRAND DRUGS TO MARKET.

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 OBTAIN THEIR MEDICATIONS—A PROPOSAL ENDORSED BY BOTH THE TRUMP ADMINISTRATION AND KEY DEMOCRATIC CONGRESSIONAL LEADERS.

PROVIDER REIMBURSEMENT REFORM

LLS URGES MEDICARE OFFICIALS TO FURTHER LEVERAGE TOOLS LIKE THE ONCOLOGY CARE MODEL TO TEST ADDITIONAL REIMBURSEMENT REFORMS THAT REWARD DOCTORS AND HOSPITALS FOR PROVIDING HIGH-QUALITY, EFFICIENT ONCOLOGY CARE.

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.