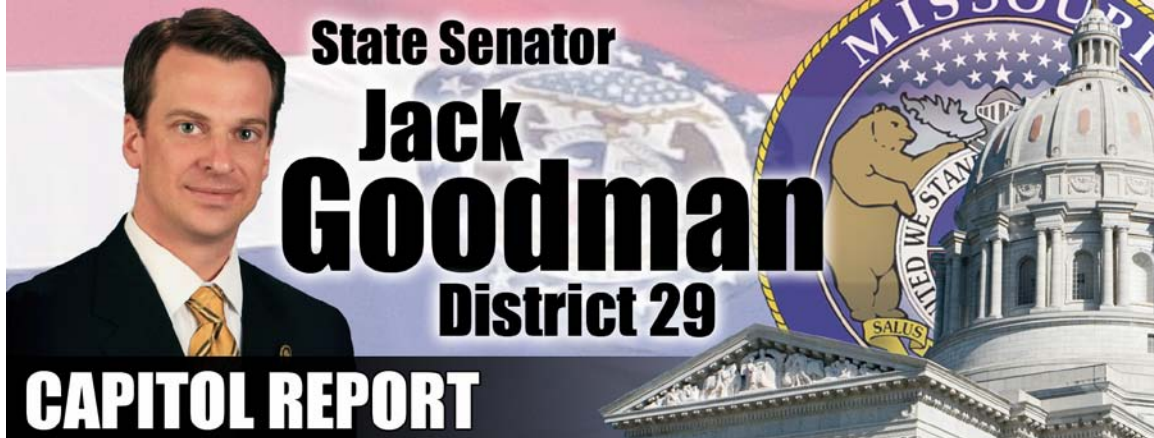


April 2, 2010



CAPITOL REPORT

Senator Jack Goodman – Serving Barry, Lawrence, McDonald, Ozark, Stone and Taney Counties

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Insurance Parity for Cancer Treatments

Everyone knows someone who has battled cancer. It is one of the most common afflictions of our time, and you would be hard-pressed to find a family who has not been affected by it. In 2009, roughly 30,000 Missourians were diagnosed with cancer. It knows no race, ethnicity or socio-economic class. This universal problem affects real people, which is why it is especially important that those suffering from cancer are able to access new and effective treatment options through their health insurance.

Advances in treatment have made oral medication treatment plans a preferable alternative for many types of cancer. In fact, oral chemotherapies are now the most common cancer treatment for breast cancer and other women's cancers, and can have fewer side effects. For 15 to 20 percent of new cancer patients, oral chemotherapy will be the only effective form of treatment, often because there is simply no intravenous equivalent. Perhaps most importantly, oral chemotherapy improves the quality of life for cancer patients by lessening the side effects of treatment and avoiding the need for transportation between appointments—an especially important consideration in rural areas where patients often travel long distances to receive IV chemotherapy. Unfortunately, some insurance plans do not cover oral drugs as they do intravenous drugs, eliminating the choice of treatment for people fighting the disease. This has led to legislative action on the part of some states and the federal government to establish insurance parity for cancer treatment.

This week the Missouri Senate is advancing [Senate Bill 786](#), a common-sense, cost-saving bill that requires health benefit plans to cover orally administered anti-cancer medications, just as they would provide intravenously administered anti-cancer medications. This bill establishes a much-needed consumer protection that allows cancer patients to have more choices for effective treatment.

In terms of pure cost-effectiveness, oral medication treatment plans are the obvious

choice. They are typically less expensive, because dispensing an oral medication requires less professional training than dispensing an intravenous medication. Also, because the product itself is not as costly and outcomes are often the same, it only makes sense to establish insurance parity for oral and intravenous anti-cancer drugs. Insurance companies should not be able to use a loophole to continue avoiding covering oral medication treatment plans.

This week, I spoke to a large crowd at an American Cancer Society event in the Capitol. It was encouraging to see so many people united for such an important purpose. While we work for a cure, we should continue taking practical steps like making multiple treatment options as accessible as possible. Senate Bill 786—which needs one more “yes” vote from the Senate before moving to the House—is another step in the right direction.

As always, I welcome your ideas, questions and concerns about Missouri government. You may contact me at the State Capitol as follows: (573) 751-2234, jack.goodman@senate.mo.gov or by writing to Senator Jack Goodman, Missouri State Capitol, Room 331-A, Jefferson City, MO 65101.

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