



Ovarian Cancer Research Alliance
Statement for the Record for the House Committee on Oversight and Accountability
Subcommittee on Health Care and Financial Services
“Unequal Treatment: Addressing the Drivers of Unaffordability for Oral Chemotherapy”
September 15, 2026

Dear Chairman Grothman and Ranking Member Krishnamoorthi:

Thank you for the opportunity to provide a written statement for the record for the Subcommittee’s September 15 hearing “Unequal Treatment: Addressing the Drivers of Unaffordability for Oral Chemotherapy.”

Ovarian Cancer Research Alliance (OCRA) commends the Subcommittee for holding this hearing to examine the complex drivers of unaffordability and access challenges surrounding oral cancer treatments. OCRA is the largest organization in the United States dedicated to advancing research, advocacy, and support for people affected by ovarian and other gynecologic cancers. We are committed to ensuring that patients can access the medically necessary treatments they need, when they need them, regardless of how those treatments are delivered.

In recent years, cancer care has evolved significantly, with vital maintenance and treatment options increasingly available in oral formulations that patients can take at home. The gynecologic cancer treatment paradigm has also evolved significantly beyond traditional cancer treatment regimens. For many patients diagnosed with ovarian cancer, oral anticancer therapies, including targeted maintenance treatments such as PARP inhibitors, have become an essential component of clinical care to help delay disease recurrence and prolong survival. Because these therapies are taken at home, and often over an extended period of time, ongoing and predictable access is vital to their therapeutic benefit. However, insurance coverage structures and benefit designs have not kept pace with these clinical advances.

Cancer patients frequently face substantial disparities in how oral medications are covered compared to traditional infusion therapies. Out-of-pocket expenses, high cost-sharing, and administrative hurdles often place an unsustainable burden on individuals navigating a life-threatening diagnosis. When treatments become cost-prohibitive or difficult to obtain in a timely manner, patients are put at risk of delayed care, treatment disruptions, or financial hardship.

A patient’s access to the care prescribed by their physician should be guided by clinical necessity and best practices, not by the delivery mechanism of the medication. OCRA supports congressional efforts to address disparities in benefit design and ensure that cost-sharing for medically appropriate, patient-administered oral anticancer therapies is no less favorable than cost-sharing for comparable physician-administered cancer treatments, such as the concepts put forward in H.R. 4101 the Cancer Drug Parity Act of 2025.



We appreciate the Subcommittee's attention to these critical issues and welcome the opportunity to serve as a resource to Congress as you work towards solutions that improve healthcare access and affordability for cancer patients nationwide.

Sincerely,

A handwritten signature in black ink, which appears to read 'Julia Thayer', is positioned below the word 'Sincerely,'.

Julia Thayer
Associate Director, Advocacy
Ovarian Cancer Research Alliance (OCRA)