



September 15, 2026

The Honorable Members of the House Oversight Subcommittee on Health Care and Financial Services
U.S. House of Representatives
via email to: Andrew.Bambrick@mail.house.gov

Re: Additional Materials Submitted for the Hearing Record – "Unequal Treatment: Addressing the Drivers of Unaffordability for Oral Chemotherapy"

Dear Members of the Subcommittee:

The Cancer Support Community (CSC) respectfully submits this statement and supporting data for the record of today's hearing on the critical issue of oral chemotherapy affordability and access. As the largest nonprofit provider of social and emotional support services for people impacted by cancer in the United States, CSC serves more than 1 million individuals annually through our nationwide network of affiliates, helpline, and online communities. Through our Cancer Experience Registry—an ongoing web-based research initiative with more than 4,200 participants—and our Cancer Policy Institute, we have a unique understanding of the barriers cancer patients face in accessing care.

Why Oral Parity Matters: A Patient-Centered Perspective

For years, the Cancer Support Community has identified oral cancer medication affordability as a critical access issue. As the number of oral cancer medications continues to expand, many patients who would benefit from these options find themselves unable to afford them due to unequal insurance coverage, higher cost-sharing requirements, and restrictive utilization management practices. The result is that patients forgo, delay, or reduce their medications—jeopardizing their treatment efficacy and health outcomes.

Current Data: Patients Are Rationing Medications Due to Cost

Our 2024 Cancer Experience Registry findings reveal the real-world impact of medication affordability barriers:

- 14% of patients taking prescription cancer medications reported their medication cost too much to take it regularly
- 10% engaged in medication scrimping—defined as skipping doses, taking less medication, or delaying refills to save money

These statistics represent thousands of cancer patients making impossible choices between financial survival and medical survival. Among those experiencing financial toxicity related to their cancer care, patients were significantly more likely to have suboptimal treatment adherence and postpone medical visits and supportive care services.

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The Oral Medication Burden

While the Cancer Experience Registry captures the experiences of all cancer patients, patients taking oral medications occupy a particularly vulnerable position in our current system. Prior research and clinical experience demonstrate that:

- Oral medications are a major source of out-of-pocket expenses for cancer patients
- Insurance company prior authorization requirements frequently delay access to oral treatments
- Cost-sharing for oral medications is often more burdensome than cost-sharing for comparable IV treatments

When patients cannot afford their oral medications, the consequences extend beyond financial stress. They experience treatment failure, disease progression, reduced survival rates, and profoundly diminished quality of life.

The Equity Potential of Oral Medications

Notably, oral medications have the potential to address health disparities and improve treatment access for underserved populations—if affordability barriers are removed. Unlike intravenous treatments, which require frequent visits to infusion centers, oral medications can be taken at home. This eliminates or substantially reduces transportation costs, the need to take time off work, and the logistical burden that falls particularly heavily on patients with limited economic resources, caregiving responsibilities, or who live in rural or underserved areas. For working-poor and low-income cancer patients who already struggle to balance treatment with employment and family responsibilities, the accessibility of oral medications—when affordable—could be transformative. However, the current system of unequal coverage and restrictive cost-sharing for oral medications paradoxically creates a situation where the medication delivery method most accessible to vulnerable populations is simultaneously often the most financially burdensome. Ensuring equitable coverage for oral medications would help level the playing field and make effective cancer treatment truly accessible to all patients, regardless of economic circumstances.

What We Can Learn from State-level Action

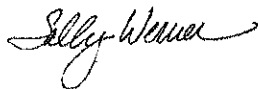
Recognizing these disparities, forty-three states and the District of Columbia have already enacted oral parity protections that require health insurers to provide coverage for oral cancer medications that is no less favorable than coverage for intravenous treatments. These state-level efforts provide valuable evidence about the scope of the problem and demonstrate that parity protections can be effectively implemented.

Conclusion

The data from our Cancer Experience Registry demonstrates that medication affordability barriers are not theoretical—they are happening right now to 1 in 10 cancer patients taking prescription medications, with potentially many more experiencing financial barriers to optimal medication adherence. Cancer patients should not have to choose between affording their medications and affording basic necessities.

We submit this statement and data to the Subcommittee's hearing record as evidence of the real barriers that exist in cancer care today. We welcome the opportunity to provide additional information or to discuss the experiences of cancer patients and families who have faced these access and affordability challenges.

Respectfully submitted,

A handwritten signature in cursive script, appearing to read "Sally Werner".

Sally Werner, RN, BSN, MSHA
Chief Executive Officer

SUPPORTING DATA

2024 CANCER EXPERIENCE REGISTRY – TREATMENT ADHERENCE & FINANCIAL BARRIERS

Study Population: 3,668 cancer patients and survivors (October 2021–August 2024)

MEDICATION COST AND ADHERENCE FINDINGS

(Among participants taking prescription cancer medication, n = 1,490–2,055):

- 14% reported their medication cost too much to take it regularly
- 10% engaged in medication scrimping (skipping doses, taking less medication, or delaying refills to save money)
- 11% had difficulty remembering to take their medication
- 18% indicated that taking their medication interfered with their daily schedule
- 37% found taking their medication difficult due to side effects

FINANCIAL TOXICITY FINDINGS

(n = 2,170–3,646):

- 48% of participants indicated at least mild levels of financial toxicity
- 21% reported high (moderate to severe) financial toxicity
- 39% did not feel knowledgeable about the financial impact of cancer treatment options

Among participants with financial toxicity:

- More likely to postpone medical visits
- More likely to have suboptimal treatment adherence
- More likely to postpone supportive care and psychological support services

TOP 10 PATIENT CONCERNS

(n = 3,572–3,628; ranked by percentage moderately to very seriously concerned):

1. Cancer progressing or recurring (57%)
2. Exercising (48%)
3. Eating and nutrition (47%)
4. Worry about future (45%)
5. Fatigue (42%)
6. Sleep problems (40%)
7. Financial worries (40%)
8. Body image (37%)
9. Worry about family (37%)
10. Moving around (37%)

Financial worries rank as the 7th most serious concern among cancer patients, underscoring the critical need to address medication affordability and access.

Source:

Cancer Support Community. (2024). Cancer Experience Registry: Patient Insights Report 2024. Retrieved from <https://www.cancersupportcommunity.org/cancer-experience-registry>