

**Statement for the record from Susan G. Komen on *Unequal Treatment: Addressing the Drivers of Unaffordability for Oral Chemotherapy***  
**United States House of Representatives Committee on Oversight and Government Reform Subcommittee on Health Care and Financial Services**

September 15, 2026

Dear Chairman Grothman, Ranking Member Krishnamoorthi, and Members of the Health Care and Financial Services Subcommittee,

I write today on behalf of Susan G. Komen (Komen) to provide the following written comments in response to the September 15, 2026, U.S. House Committee on Oversight and Government Reform, *Unequal Treatment: Addressing the Drivers of Unaffordability for Oral Chemotherapy*.

Komen is the world's leading nonprofit breast cancer organization, working toward a future where no one dies from breast cancer. Komen has an unmatched, comprehensive 360-degree approach to fighting this disease across all fronts and supporting millions of people in the U.S. and in countries worldwide. We advocate for patients, drive research breakthroughs, improve access to high-quality care, offer direct patient support and empower people with trustworthy information. We advocate on behalf of the estimated 324,600 people in the United States who will be diagnosed with breast cancer and the 42,670 who will die from the disease in 2026 alone.

*Treating Breast Cancer*

Patients with breast cancer are treated with some combination of surgery, radiation therapy, and/or drug therapy. Drug therapies for breast cancer includes four main categories of drugs: chemotherapy, hormone therapy, immunotherapy, and targeted therapy (a cornerstone of precision medicine). Treatment is tailored to the biology of the tumor (including biomarkers), tumor profiling test results, stage of breast cancer and the patient's overall health and preferences. These therapies are a critical part of caring for people living with breast cancer and must remain an option in order for patients to adhere to the treatment plans that yield the best outcomes for their disease. It is due to the highly specialized nature of breast cancer treatment that Komen advocates for patients to have affordable access to the full range of treatment options available. Unfortunately, outdated benefit design can disincentivize the use of oral forms of anti-cancer medicine or put these treatments entirely out of reach.

*Breast Cancer & Oral Chemotherapy*

While intravenous (IV) drug therapy is the most well-known type of cancer treatment, recent scientific developments have led to a proliferation of drugs administered orally. Currently, oral therapies comprise an estimated 25-35% of the oncology pipeline and are increasingly likely to be the only option to treat certain cancers. However, because insurance plans cover IV-administered drugs, which are administered in an office or outpatient setting, under medical benefits and oral drugs under prescription benefits, patients must pay much higher cost-sharing for oral treatments.

Komen recently conducted a survey of patients with early stage and metastatic breast cancer (MBC) to examine how different breast cancer treatment methods affect people's daily lives — including their experiences with side effects, ability to work and ability to care for family. This study found that *across nearly every measure*, people receiving IV treatment reported a significantly greater negative impact on their daily lives than people receiving oral treatment.

Breast cancer patients receiving oral treatment reported fewer disruptions to life and work. People on IV treatment were more than three times as likely as people on oral treatment to say their treatment had a big impact on productivity at work or school and a negative impact on their ability to care for or meet the needs of their families. One study participant shared, "[With oral treatment], I don't have to miss work or time with my family." Breast cancer is a life-changing disease which can have a major impact on not only a patient's physical health but all other aspects of their lives including their family, career and finances. Over half of respondents on IV treatment reported having to take paid time off of work to accommodate their treatment compared to only 5% of those on an oral treatment regimen with one study participant stating, "Oral treatment did not require leave from my work... and so has been far less invasive in my daily life."

Access to oral therapies can be especially important for individuals living with MBC, also known as stage 4 or advanced breast cancer. MBC is breast cancer which has spread beyond the breast and nearby lymph nodes to other parts of the body. An estimated 170,000 individuals are living with MBC in the US. Treatment for people with MBC focuses on extending life and maintaining quality of life. Individuals with MBC are monitored closely by their healthcare providers to check to see if the cancer is responding to treatment. While MBC can respond to many different drug therapies, over time, the tumors can become resistant or stop responding to the current treatment. Unfortunately, it is common for metastatic breast cancers to develop resistance to drugs, so people living with MBC often change therapies multiple times. Because of this, access barriers for certain treatments, particularly oral therapies, can be acutely felt by those living with MBC who may have no alternative options which will work for their cancer.

In comparison to IV-administered cancer treatments, oral treatments can also offer significant advantages to patients living in medically underserved areas who often experience high costs associated with traveling to the doctor. In rural areas, access to self-administered anticancer therapies can help patients avoid long travel times to an infusion center. They are also vital for many cancer patients, especially those living with MBC, who may be immunocompromised and need to maintain their treatment regimens from the safety of their homes. However, having to pay thousands of dollars per month for oral therapies presents a huge barrier to these patients accessing their needed treatments.

#### Oral Chemotherapy Parity

Komen commends the Committee for recognizing the disparity in out-of-pocket costs that patients often face in accessing oral chemotherapy. We share in the Committee's commitment to addressing the underlying policies that make it more expensive for patients to access self-administered cancer treatments, even when those treatments are the most appropriate or the only option available. To ensure breast cancer patients have adequate access to the treatments that are right for them, Komen believes Congress must act to equalize coverage for oral and IV anti-cancer treatments.

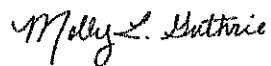
Komen is a strong supporter of the Cancer Drug Parity Act (H.R.4101/S.5005) which would require federally-regulated, self-insured group plans to cover oral anti-cancer treatments no less favorably than IV treatments creating parity. Since 2008, 45 states plus DC have enacted oral parity laws (everywhere but AL, MT, NC, SC, TN) including most recently in Idaho earlier this year. This bicameral, bipartisan legislation, supported by over 35 leading organizations, would take an incredible step in ensuring breast cancer patients can choose the best treatment for them without arbitrary, burdensome financial barriers. We continue our calls on Congress to act by passing the Cancer Drug Parity Act on behalf of cancer patients across the nation.

#### Conclusion

Komen thanks the Subcommittee for considering the factors that have led to widespread out-of-pocket cost disparities between oral and intravenous chemotherapy and look forward to working together to ensure patients

have access to the therapies that are right for them. Please consider Komen to be a resource on anything related to breast cancer. Please reach out to Valerie Nelson, Komen's Sr. Manager of Federal Policy and Advocacy, at [VNelson@komen.org](mailto:VNelson@komen.org), with any questions or for additional information.

Sincerely,

A handwritten signature in cursive script that reads "Molly Guthrie".

Molly Guthrie  
Vice President, Policy & Advocacy  
Susan G. Komen