

11100556D

HOUSE JOINT RESOLUTION NO. 566

Offered January 12, 2011

Prefiled January 6, 2011

Directing the Joint Commission on Health Care to study access to oral chemotherapy drugs. Report.

Patron—Peace

Referred to Committee on Rules

WHEREAS, more than 30,000 cases of cancer are diagnosed in Virginia each year; and
WHEREAS, optimal treatment for cancer patients often includes both intravenously administered chemotherapy drugs and oral chemotherapy drugs; and

WHEREAS, in many cases, the use of oral chemotherapy drugs as part of a patient's treatment regimen can reduce the number of office visits and other medical appointments for a patient and the potential for complications resulting from treatment for cancer and may reduce the costs associated with cancer treatment, particularly when oral chemotherapy drugs can be used instead of more expensive intravenously administered chemotherapy drugs; and

WHEREAS, oral chemotherapy drugs are increasingly available from manufacturers, constituting up to 25 percent of new cancer treatment drugs in development or entering the market; and

WHEREAS, despite increasing availability of oral chemotherapy drugs, the cost of oral chemotherapy drugs is frequently prohibitively high, reducing access to beneficial medications; and

WHEREAS, a study by Prime Therapeutics found that one in six cancer patients with high out-of-pocket costs for medications (costs of \$200 or more per month) abandons a prescription, failing to fill a prescription and take medication as directed; and

WHEREAS, average out-of-pocket expenses for oral chemotherapy medications were \$2,942 per month in 2009, an amount that was 17 percent greater than the average monthly out-of-pocket cost of oral chemotherapy drugs in 2008; and

WHEREAS, cost sharing, coinsurance, and specialty tier pricing for oral chemotherapy drugs contribute significantly to the high cost of these medications; and

WHEREAS, five states and the District of Colombia have enacted legislation requiring parity for oral, intravenous, and injectable cancer drugs; and

WHEREAS, legislative action may be required to ensure access to oral chemotherapy drugs; now, therefore, be it

RESOLVED by the House of Delegates, the Senate concurring, That the Joint Commission on Health Care be directed to study access to oral chemotherapy drugs.

In conducting its study, the Joint Commission on Health Care shall (i) identify barriers to access to oral chemotherapy drugs, (ii) determine the impact of lack of access to oral chemotherapy drugs on citizens of the Commonwealth, (iii) identify and evaluate options for improving access to oral chemotherapy drugs for citizens of the Commonwealth, including but not limited to the potential benefits of oral/intravenous/injectable chemotherapy drug parity legislation, and (iv) develop recommendations for improving access to oral chemotherapy drugs in the Commonwealth.

All agencies of the Commonwealth shall provide assistance to the Joint Commission on Health Care for this study, upon request.

The Joint Commission on Health Care shall complete its meetings for the first year by November 30, 2011, and for the second year by November 30, 2012, and the chairman shall submit to the Division of Legislative Automated Systems an executive summary of its findings and recommendations no later than the first day of the next Regular Session of the General Assembly for each year. Each executive summary shall state whether the Joint Commission on Health Care intends to submit to the General Assembly and the Governor a report of its findings and recommendations for publication as a House or Senate document. The executive summaries and reports shall be submitted as provided in the procedures of the Division of Legislative Automated Systems for the processing of legislative documents and reports and shall be posted on the General Assembly's website.

INTRODUCED

HJ566