Dear Majority Leader Schumer, Minority Leader McConnell, Speaker Pelosi, and Minority Leader McCarthy:

The undersigned organizations, representing millions of people with or at increased risk of cancer, cancer care providers, researchers, and caregivers, write today to urge Congress to address the urgent need of cancer care affordability and pass reconciliation legislation that:

- Permanently extends expanded subsidies in the Affordable Care Act marketplaces,
- Permanently fixes the Medicaid “coverage gap,” and
- Enacts a cap on out-of-pocket costs for Medicare Part D beneficiaries.

The American Cancer Society estimates that roughly 1.9 million new cases of cancer will be diagnosed in the U.S. in 2022 and that more than 16.9 million Americans living today have a cancer history. As a leading cause of death and disease in the U.S., not only does cancer take an enormous toll on the health of patients and survivors—it also has a tremendous financial impact. In a recent poll, 51 percent of cancer patients and survivors report incurring medical debt as a result of their cancer care. Of those patients, 45 percent have delayed or avoided medical care for serious issues as a result of the debt they incurred.

Having comprehensive and affordable health insurance coverage is a key determinant in surviving cancer. Research from the American Cancer Society shows that uninsured Americans are less likely to get screened for cancer and thus are more likely to have their cancer diagnosed at an advanced stage when survival is less likely and the cost of care more expensive.

As part of the American Rescue Plan Act enacted in March 2021, Congress made premiums in the health insurance marketplaces more affordable for many individuals by increasing the amount of and expanding eligibility for Advanced Premium Tax Credits, otherwise known as subsidies. Expanded subsidies allow more individuals to purchase plans through the marketplace, which provide consumers with more comprehensive coverage than other options such as short-term, limited-duration health

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plans. Unfortunately, these expanded subsidies expire at the end of 2022. It is imperative that Congress make these enhanced subsidies permanent. A projected 3 million people will become uninsured if the enhanced subsidies expire at the end of the year and 8.9 million people would see reductions in their subsidies of $406 per person annually on average.\(^4\)

Another important issue related to health insurance affordability is the Medicaid “coverage gap.” An estimated 2.2 million low-income adults who would benefit from Medicaid if their state expanded coverage are in the “coverage gap,” uninsured and unable to qualify for affordable health insurance.\(^5\) Research shows that cancer outcomes are better in states that have expanded Medicaid; one recent study showed that Medicaid expansion was associated with better long-term survival across a variety of cancers and for patients with both early- and late-stage disease at diagnosis.\(^6\) We urge Congress to take action to provide affordable, comprehensive health insurance options to the millions of people in states who have not yet expanded their Medicaid programs.

Finally, Medicare Part D beneficiaries who do not qualify for the Part D low-income subsidy program face unlimited cost sharing for their prescription drugs. For cancer patients – who rely heavily on life-saving drug therapies – these costs are often substantial. Unfortunately, due to the construct of the Part D benefit, beneficiaries with high drug costs can incur significant out-of-pocket costs in a short period of time. In 2019, 1.2 million Part D enrollees incurred annual out-of-pocket costs for their prescription drugs above $2,000, and this number is expected to increase in future years.\(^7\) Congress should enact a $2,000 cap on out-of-pocket costs for the Medicare Part D program, as well as a “smoothing” mechanism would allow beneficiaries the opportunity to pay these out-of-pocket costs over several months, thereby improving access to medications.

Thank you for your attention to these important issues. If you would like to discuss these requests further, please direct your staff to contact Stephanie Krenrich, Senior Director of Federal Advocacy at the American Cancer Society Cancer Action Network, at stephanie.krenrich@cancer.org.

Sincerely,

Academy of Oncology Nurse & Patient Navigators
AliveAndKickn

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American Cancer Society Cancer Action Network
American Indian Cancer Foundation
American Kidney Fund
American Liver Foundation
American Lung Association
Asbestos Disease Awareness Organization (ADAO)
Association of American Cancer Institutes
Association of Community Cancer Centers (ACCC)
Bladder Cancer Advocacy Network
Cancer Support Community
CancerCare
Children's Cancer Cause
Colorectal Cancer Alliance
Debbie's Dream Foundation: Curing Stomach Cancer
Digestive Disease National Coalition
Fight Colorectal Cancer
FORCE: Facing Our Risk of Cancer Empowered
Global Liver Institute
GO2 Foundation for Lung Cancer
International Myeloma Foundation
Leukemia and Lymphoma Society
Livestrong
LUNGevity Foundation
Lymphoma Research Foundation
Lynch Syndrome International
National Cancer Registrars Association
National Comprehensive Cancer Network
National Marrow Donor Program/Be The Match
National Pancreas Foundation
National Patient Advocate Foundation
Pennsylvania Prostate Cancer Coalition (PPCC)
Prevent Cancer Foundation
Susan G. Komen
The Blue Hat Foundation, Inc
Tigerlily Foundation
Triage Cancer
ZERO - The End of Prostate Cancer

Cc:  House Majority Leader Steny Hoyer
     Senate Finance Committee Chairman Ron Wyden
     Senate Finance Committee Ranking Member Mike Crapo
     Senate HELP Committee Chairwoman Patty Murray
     Senate HELP Committee Ranking Member Richard Burr
     House Energy and Commerce Committee Chairman Frank Pallone
     House Energy and Commerce Committee Ranking Member Cathy McMorris Rodgers
     House Ways and Means Committee Chairman Richard Neal
     House Ways and Means Committee Ranking Member Kevin Brady