

2020 ILLINOIS VIRTUAL DAY AT THE CAPITOL

Legislative Asks Fact Sheets & Talking Points



Support the Illinois' Breast and Cervical Cancer Program Support \$14.5 Million in FY21 Budget

The Illinois Breast and Cervical Cancer Program (IBCCP) provides free mammograms, breast exams, pelvic exams, and Pap tests to eligible women. Even if a woman has already been diagnosed with cancer, she may receive free treatment if she qualifies. The program has been providing breast and cervical cancer screenings to the women of Illinois since 1995. Breast cancer is the most common cancer in women. When detected in its earlier states, breast cancer can be successfully treated. Routine mammograms and breast exams can detect cancer early and provide women with better treatment options. Cervical cancer also is treatable if detected early. Since there are often no noticeable symptoms, it is important that women get screened regularly.

Breast and Cervical Cancer in Illinois

- Breast cancer is the second leading cause of cancer death among women today.
- 45,651 women have been screened by IBCCP over the last 5 years: 18,167 women have received pap tests and 28,300 women have received mammography services.ⁱ
- An estimated 11,020 women will be diagnosed with breast cancer and 540 women will be diagnosed with cervical cancer in Illinois in 2020.ⁱⁱ
- The five-year survival rate for breast cancer is 99 percent when diagnosed in stage I but drops to 26 percent when the cancer is detected in stage IV.ⁱⁱⁱ
- In Illinois, 56% of women 40 years old and older have had a mammogram in the last year. In the last two years, 72% of women 40 years old and older have been screened.ⁱⁱⁱ
- 53% of uninsured women 40 years old and older have had a mammogram in the last two years.ⁱⁱⁱ
- Gaps still remain for women who are uninsured or underinsured due to affordability, literacy, and language related barriers. It is estimated that more than 75,000 Illinois women ages 40-64 remain uninsured and are still eligible for services offered through IBCCP.ⁱⁱⁱ

Who Qualifies for IBCCP?

You will receive free services from IBCCP if you are a woman:

- Living in Illinois
- Without health insurance
- Between the ages of 35 to 64 years old*

* You may qualify for services outside of the age range if symptoms are detected as recommended by the U.S. Centers for Disease Control and Prevention.

Vote to support an FY21 budget to fully fund the Illinois' Breast and Cervical Cancer Program at \$14.5 million!

i U.S. Centers for Disease Control and Prevention. National Breast and Cervical Cancer Early Detection Program Summaries. Illinois Five-Year Summary July 2013-June 2018. <http://www.cdc.gov/cancer/nbcedp/data/summaries/illinois.htm>

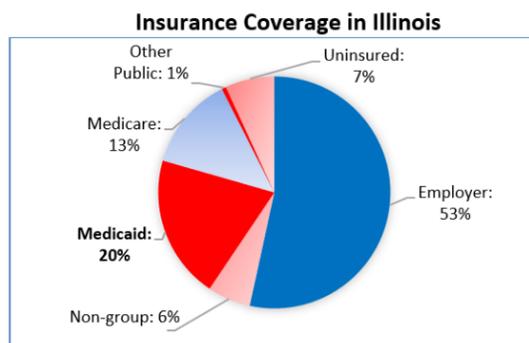
ii American Cancer Society Cancer Facts and Figures 2020

iii American Cancer Society Cancer Prevention and Early Detection Facts and Figures. Tables and Figures 2020

SUPPORT CLINICAL TRIAL ACCESS FOR MEDICAID RECIPIENTS

SUPPORT SB2499 (SEN. MANAR)/ HB4314 (REP. LILLY)

- Clinical trials are critical to advancing life-saving cancer treatments. Patient participation in trials is crucial to this success. Currently the Medicaid program is one of the few remaining insurance programs in the U.S. that is not required to cover routine care for patients in cancer clinical trials. Although several states require Medicaid plans to offer this coverage, Illinois is not one of them.



Medicaid is the second largest source of insurance in Illinois and covers more than one in five residents. Source: Kaiser Family Foundation

- More than 20% of Illinoisans are covered by Medicaid, the second largest type of insurance behind Medicare. The program serves children, disabled adults, lower income adults, and seniors. 36% of Illinois children are enrolled in Medicaid. Children who face critical illnesses and diseases deserve access to clinical trials .
- Because routine costs would be paid for by Medicaid if the patient were not on a clinical trial, it is generally assumed that there is no or minimal cost differential for Medicaid to cover these costs within a clinical trial.
- Participants in cancer clinical trials often do not reflect the broader population diagnosed with cancer. The elderly, minorities, and those with lower incomes tend to be underrepresented in clinical trials. In fact, individuals with household incomes below \$50,000 are nearly 30% less likely to enroll in a clinical trial.
- Because Medicaid beneficiaries tend to be lower income and more diverse, ensuring their participation in clinical trials makes it more likely that new therapies will be tested in a representative population.

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The Problem: Patients Cannot Afford Their Medications

As the cost of health care continues to rise, many consumers and patients see their out-of-pocket responsibility increase year after year. Thanks to innovative new medicines, many diseases that were once fatal are now being treated as manageable chronic conditions, and for other diseases, new medicines have greatly increased average life expectancy and quality of life. Unfortunately, these treatments are often expensive, and under many health insurance plans, patients living with serious and life-threatening diseases must pay thousands of dollars in out-of-pocket costs to access the drugs their health care providers have prescribed.

Patients facing extremely high out-of-pocket prescription costs are often forced to go deep into debt just to access the medication they need to stay alive. Some even forego needed medication because they simply cannot afford it.

Health plans that include coinsurance — in which patients are responsible for paying a percentage of the drug's price — are particularly challenging for patients with chronic diseases. These patients often require specialized medical care for months or years at a time. In many cases, patients face tremendous financial burdens, and often then must pay a significant deductible at the start of the year, for many years in a row. Because coinsurance is a percentage of cost, rather than an actual dollar amount, patients face exposure to exorbitant and unexpected costs, even after they have met their deductible.

House Bill 4477 would help address these burdens by offering more coverage choices for Illinoisans.

The Issue: By the Numbers

- There are more than **500** plans offered across all insurance companies and counties in IL.
- Less than **10%** of those plans provide patients with an affordable, predictable way to pay for specialty medicines
- **92%** require coinsurance for specialty medicines
- On average, patients have to pay **45%** of the cost of the medicines under these plans
- **56%** require a deductible before starting to cover a specialty medicine
- **No plans** offer copay options for specialty medicines

House Bill 4477 will:

- Require all health insurers to offer at least some plans that use only flat-dollar/ predictable copays for prescription drugs; or,
- Require that some plans have a flat-dollar copay cap.
- Enable patients to plan financially for their medications and, as a result, have a better chance of sticking to their treatment plans and improving their health.



Learn more and take action at ILaffordablemedication.com

Talking Points

Illinois Breast & Cervical Cancer Program:

The Illinois Breast and Cervical Cancer Program offers free mammograms, breast exams, pelvic exams and Pap tests to eligible women. In 2020, we estimate that 11,020 women will be diagnosed with breast cancer and 3,390 women will be diagnosed with cervical cancer. We need to ensure women have access to screenings. We are asking the IL General Assembly to support \$14.5 million dollars for IBCCP in the FY21 budget.

Medicaid Coverage of Clinical Trials:

Clinical trials are the base of our scientific advancements yet not everyone has equal access to them. Clinical trials are critical to advancing life-saving cancer treatments. Patient participation in trials is crucial to this success. Currently the Medicaid program is one of the few remaining insurance programs in the U.S. that is not required to cover routine care for patients in cancer clinical trials. Although several states require Medicaid plans to offer this coverage, Illinois is not one of them.

Because routine costs would be paid for by Medicaid if the patient were not on a clinical trial, it is generally assumed that there is no or minimal cost differential for Medicaid to cover these costs within a clinical trial. More than 20% of Illinoisans are covered by Medicaid, the second largest type of insurance behind Medicare. The program serves children, disabled adults, lower income adults, and seniors. 36% of Illinois children are enrolled in Medicaid. Children who face critical illnesses and diseases deserve access to clinical trials.

That is why we are working with Senator Manar and Representative Lilly on SB2499. Ask your senator and representative to support and cosponsor SB2499 to ensure all patients have access to clinical trials.

Out of Pocket:

As the cost of health care continues to rise, many consumers and patients see their out-of-pocket responsibility increase year after year. Patients facing extremely high out-of-pocket prescription costs are often forced to go deep into debt just to access the medication they need to stay alive. Some even forego needed medication because they simply cannot afford it.

Health plans that include coinsurance — in which patients are responsible for paying a percentage of the drug's price — are particularly challenging for patients with chronic diseases. In Illinois, the average coinsurance is 45% of the costs of the medicines under these plans. No plan available on the IL exchanges offers copay options for specialty medicines.

House Bill 4477 would help address these burdens by offering more coverage choices for Illinoisans. Patient could choose a plan that fits their prescription drug needs.

Ask your representative and senator to give patients a choice so they can better plan and predict their prescription drugs costs by supporting and cosponsoring HB4477.