

# Access to Clinical Trials: Impeding the Insured

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# The Issue

- Patients are having difficulties that limit their access to effective treatments because commercial health insurers often refuse to pay for routine care costs associated with the trial.
- These costs would include, for example, physician visits, blood work, x-rays, etc. These costs would otherwise be reimbursed by the insurer if the patient was not participating in a clinical trial.
- Lack of routine medical care coverage is a significant barrier to many patients who might otherwise enroll in a trial, and it impedes researchers from successfully conducting trials that could improve prevention and treatment options.

## The Issue (continued)

- Currently, millions of cancer patients reside in states where there are no laws that require commercial health insurers to pay.
- Other states with clinical trial coverage laws do not necessarily cover all cancer patients.
- Without federal policy, cancer patients are not guaranteed coverage if they enroll in a trial that is potentially life-saving trial for them or the people who will follow them

## Action items: The Solution

- Address the financial and regulatory barriers that make it challenging for oncologists to offer clinical trials in their practices.
- Require federally regulated **Employee Retirement Income Security Act** (ERISA) plans to provide coverage for the routine costs of participation in clinical trials

## *State Progress*

- Substitute Senate Bill 186, sponsored by Senator Steve Stivers (R-Columbus), would obligate health plans to pay for routine care costs when a cancer patient enrolls in a clinical trial.
- Signed by Governor and will become law on October 4, 2008

## *Federal Progress*

- Congresswoman Deborah Pryce (R-OH) and Senator Sherrod Brown (D-OH) have introduced the bipartisan Access to Cancer Clinical Trials Act (H.R. 2676, S. 2999).
- Current status: Pending in the Senate HELP Committee and House Ways and Means committees.

# Questions?



# Thank you