February 8, 2022

Thank you, Senate Finance Chair Krueger, Assembly Ways and Means Chair Weinstein, and distinguished Members of the Senate and Assembly for the opportunity to submit written testimony.

At The Leukemia & Lymphoma Society, our mission is to cure leukemia, lymphoma, Hodgkin’s disease and myeloma, and improve the quality of life of patients and their families. LLS exists to find cures and ensure access to treatments for blood cancer patients.

We come before you today requesting your full support of Part P of the Governor’s Health and Mental Hygiene bill that includes a provision that would improve access to National Cancer Institute (NCI)-designated cancer centers for enrollees with certain types of health coverage – a proposal that is included as legislation in the Assembly and the Senate (A.7976-Seawright/S.7614, Krueger).

Some forms of blood cancer are rare and require the most advanced treatments, which may only be available at a limited number of facilities such as NCI-designated cancer centers. To give one example, when the breakthrough of chimeric antigen receptor therapy (CAR-T) was first approved for large B-cell lymphoma, it was only available at 16 approved treatment sites, all of which were NCI-designated cancer centers.

A June 2021 collaborative study by LLS and Manatt Health found that the increasing adoption of narrow networks by insurance carriers present significant barriers to patients attempting to access specialty care, including at NCI centers. Without in-network access, patients are forced to endure significant administrative barriers to try and obtain coverage for out-of-network care – barriers that can be so cumbersome as to effectively eliminate a patient’s ability to access these specialty centers. The report recommends that states that adopt robust network adequacy standards and/or refine current network adequacy standards could greatly enhance a patient’s access to this needed care.¹

LLS fully supports enacting the provision in the Governor’s budget to that will improve access to NCI-designated cancer centers for millions of New Yorkers who rely on Medicaid, Essential, or ACA plans for their health coverage. As it stands currently, enrollees in these plans may have no in-network access to any NCI centers. This is an important step that the Legislature can take now to help reduce disparities in access to cancer care and, ultimately, to reduce disparities in cancer outcomes.

¹ Accessing Out of Network Subspecialty Cancer Care in Marketplace Plans
We appreciate the opportunity to submit written testimony and ask for your support for this vital budgetary item which would greatly increase access to specialized, high-quality healthcare for blood cancer patients seeking treatment.

Sincerely,

Ernie Davis
Regional Director, Government Affairs
The Leukemia and Lymphoma Society