

Cancer Coalition Announces Support for California Bill to Eliminate Cancer Care Inequity

Cancer Care Is Different, which championed passage of California's Cancer Patients Bill of Rights, enthusiastically endorses SB 987 to help address inequities in access to cancer care.

SACRAMENTO, Calif. — Today, the [Cancer Care Is Different](#) Coalition announced its support for the [California Cancer Care Equity Act \(SB 987\)](#), which would remove unfair regulatory barriers that disproportionately prevent Californians in underserved communities from accessing optimal cancer care for complex cancer diagnoses.

The California Cancer Care Equity Act would ensure Medi-Cal beneficiaries who receive a complex cancer diagnosis have the choice to seek treatment at a comprehensive cancer center, increasing the number of Californians able to benefit from emerging therapies, clinical trials and appropriate cancer treatment specialized for particular types of cancer. The complex diagnoses covered include leukemia, multiple myeloma, certain lymphomas, pancreatic cancer, advanced stage lung cancer, advanced stage prostate cancer, advanced stage breast cancer, sarcomas, and liver and biliary cancer.

The bill was introduced by Sen. Anthony Portantino (SD-25) and advances the rights affirmed by the California State Legislature through its unanimous passage of the [Cancer Patients Bill of Rights](#) resolution in 2021.

“Sadly, there are serious inequalities in access to care for cancer patients. The impact of these care disparities is greater for patients who are Medi-Cal beneficiaries, especially those who come from underserved communities,” stated **Senator Anthony Portantino (SD-25)**. *“Health insurance doesn’t guarantee access to experts specializing in complex cancer types, promising clinical trials, and advances in personalized, precision cancer treatments. With advances in cancer science and more effective treatments, it’s critical that we ensure all cancer patients have access to new science and technology that can improve health outcomes for patients and their families. SB 987 provides a more equitable model of health care for cancer patients.”*

This legislation would be an important step in addressing current inequities in cancer care that disproportionately impact Californians in underserved communities. Californians insured with Medi-Cal currently suffer worse than average outcomes for several cancer diagnoses, including lung cancer and breast cancer. By increasing access and helping reduce disparities in cancer care, the legislation supports President Joe Biden’s renewed commitment to the Cancer Moonshot.

The Cancer Care Is Different Coalition believes that every Californian diagnosed with cancer deserves a chance to access the cancer treatments most appropriate for their diagnosis and most likely to save their life. Members joining in support of SB 987 include [City of Hope](#), [American Cancer Society Cancer Action Network](#), [Susan G. Komen](#), [The Leukemia & Lymphoma Society](#), [The National Marrow Donor Program/Be The Match](#), [North Bay Cancer Alliance](#), [Lazarex Cancer Foundation](#) and [Triage Cancer](#).

“Despite the wondrous era of innovation taking place in cancer care, too many patients are being hurt by a system that often results in the wrong care and connects patients to care too late, shortening lives and ultimately increasing costs,” said **Robert Stone, President and CEO of City of Hope and the Helen and Morgan Chu Chief Executive Officer Distinguished Chair**. *“This legislation would embrace a model for cancer care that enables access to innovation and care, improving outcomes for patients and their families. City of Hope is proud to support the California Cancer Care Equity Act, and we are grateful for Senator Portantino’s leadership on this legislation that is an important step toward democratizing cancer care and saving more lives.”*

“The American Cancer Society Cancer Action Network is proud to support the California Cancer Care Equity Act, which would help more Medi-Cal patients with cancer have access to the full range of medical options available for their cancer,” said **Autumn J. Ogden-Smith, California legislative**

director of the American Cancer Society Cancer Action Network. *“Patients deserve to have the choice to engage with cancer subspecialists to receive clinically appropriate care, including enrolling in clinical trials and innovative therapies without unnecessary and unfair barriers.”*

“We are excited to see the introduction for the California Cancer Care Equity Act as an important landmark for historically underserved patients in California,” said **Rebecca Birch, state and advocacy director of Susan G. Komen.** *“More than 29,000 women in California are diagnosed with breast cancer yearly, and this legislation will ensure more women can receive optimal care and access to subspecialist expertise regardless of insurance status.”*

“All patients deserve access to the best treatment — but unfortunately, that’s not the case for Californians today. The California Cancer Care Equity Act represents a long overdue shift in the approach used to think about and treat cancer patients,” said **Thea Zajac, California advocacy director for The Leukemia & Lymphoma Society.** *“We are proud to support SB 987 as a crucial step to ensuring that all Californians with cancer can access the full array of treatment and clinical trial options for their cancer subtype.”*

“The National Marrow Donor Program (NMDP)/Be The Match welcomes the introduction of SB 987 to benefit the thousands of Californians diagnosed every year with life-threatening blood cancers,” said **Amy Ronneberg, CEO of NMDP/Be the Match.** *“The California Cancer Care Equity Act shares our organizational mission to help every patient receive the lifesaving treatments and care they need.”*

“We are excited at the prospect that SB 987 would open access to cancer care and services that so many patients on Medi-Cal haven’t had access to before,” said **Kent Corley, executive director of the North Bay Cancer Alliance.** *“This bill benefits the patients who sadly fall through the cracks — low-income people with cancer and their family, friends and caregivers — who would now be able to get the treatments and expertise they need to satisfactorily move through the cancer journey.”*

“The California Cancer Care Equity Act will undoubtedly help bring about a future where every family affected by cancer can feel hopeful and supported by expert care, no matter their stage in life or financial means,” said **Dana Dornsife, founder of the Lazarex Cancer Foundation.** *“SB 987 will help open access to the most advanced treatments for more patients in California.”*

“SB 987 embodies the core belief that drives the work of Triage Cancer: Everyone should have access to the resources they need to manage their life beyond diagnosis, regardless of their type of cancer, where they live or their financial situation,” said **Joanna Fawzy Morales, Esq., CEO of Triage Cancer.** *“We are proud to support this bill.”*

Background:

The Centers for Disease Control and Prevention [lists](#) cancer as the second-leading cause of death in California. More than 189,220 Californians are diagnosed with cancer every year, and thousands of them will be misdiagnosed or placed on inappropriate or ineffective treatment.

Cancer care is evolving at a pace that has resulted in dramatic changes to the diagnosis and treatment of patients. But delivering the best outcomes for certain complex cancer diagnoses increasingly relies on precision genetic and genomic testing to enable cancer subspecialists to develop personalized courses of care for a patient’s particular subtype of cancer. This may involve enrolling a patient in a clinical trial.

Community practices are a trusted, integral part of our health system in treating cancer and other illnesses. This legislation was created to respect the role of community oncologists and defines a set number of complex cancer diagnoses for which a patient may benefit from the care of a subspecialist.

The sheer volume of new discoveries and the pace at which they emerge mean that it will require every part of the health care system to work together to give patients the best shot at survival and care.

The health care system has not evolved as quickly as the science has. The way payment, reimbursement and even value-based models are designed in oncology typically follows designs used to support affordability for chronic conditions and primary care. But for patients with life-threatening diseases like cancer, the best chance at a cure is often the first chance. Patients and their families can't afford to wait for initial therapies to fail before seeking care from subspecialists. Cancer care is different, and the way it is paid for must be different.

Currently, there are significant disparities in access to genomic testing, precision medicine-based care, subspecialty expertise and clinical trials that result in inferior survival outcomes for those patients who cannot access this care with the necessary urgency. Patients receiving care from designated specialists saw a 53% reduction in the odds of early mortality, but less than half of California cancer patients received care aligned with national guidelines between 2004 and 2016. Only about 8% of eligible cancer patients nationally enroll in clinical trials.

Survival outcomes only get worse for those who are from underserved communities, are not commercially insured or are people of color. The disproportionately worse survival outcomes for those in underserved communities are in part due to disparities in cancer care, particularly delays in diagnostics and treatment. Patients with Medi-Cal having breast, colon, lung and rectal cancer are more likely to be diagnosed at an advanced stage of disease and have less favorable five-year survival rates. Thirty percent of Californians are covered by Medi-Cal or the related CHIP program, and 90% of Medi-Cal patients received care through health plans that use a managed care model.

The current one-size-fits-most system prevents too many California cancer patients from accessing optimal care, and too many Californians realize that health insurance does not necessarily add up to access to the care they need.

To address this, the California Cancer Care Equity Act (SB 987) ensures Medi-Cal managed care plans and their delegated entities make available to enrollees the services of a National Cancer Institute (NCI)-designated comprehensive cancer center by expanding the existing set of care diagnoses for which such enhanced access is provided. This parallels the current Medi-Cal coverage model that allows Medi-Cal beneficiaries to have access to certain lifesaving care services at a Center of Excellence, even if that center is not included in the member's provider network. The NCI-designated comprehensive cancer center providing services would be reimbursed by the beneficiary's Medi-Cal managed care plan equal to what would be paid for those services in the Medi-Cal fee-for-service delivery system.

The bill would also require Medi-Cal managed care providers to inform enrollees of their eligibility to receive enhanced care and ensures primary care doctors in contract with those managed care providers inform enrollees with any information they need to decide between relevant treatment options. The bill also requires that decisions to approve, deny or modify a patient's request for optimal care are made within a 72-hour time window to shorten the window between diagnosis and treatment.

About Cancer Care Is Different

[Cancer Care Is Different](#) is a coalition-based campaign effort focused on raising awareness of the need to improve cancer care delivery in California. Partners in this effort include [City of Hope](#), [American Cancer Society Cancer Action Network](#), [Susan G. Komen](#), [The Leukemia & Lymphoma Society](#), [The National Marrow Donor Program/Be The Match](#), [North Bay Cancer Alliance](#), [Lazarex Cancer Foundation](#) and [Triage Cancer](#).