



October 1, 2026

Dear Ranking Member Wyden and Members of the Senate Finance Committee:

Thank you for the opportunity to provide feedback on the Committee's Request for Information on health coverage. Tigerlily is a national women's health and cancer advocacy organization dedicated to educating, empowering, advocating for, and supporting women before, during, and after cancer.

For a woman facing cancer, a delayed authorization is not merely an administrative inconvenience, it is time she cannot get back. It is the stress and anxiety of knowing she needs treatment and being powerless to start it, while her cancer may progress or spread, potentially altering whether she lives or dies. A denied claim is not only hours on the phone instead of time with her family; it is an undue burden that compounds her anxiety and delays care in ways that can decrease her likelihood of survival. An unaffordable coinsurance bill can force a choice between filling a prescription and paying for housing, food, childcare, or transportation; a choice no patient should ever have to make.

Patients should not have to become insurance experts while they are fighting for their lives. That is why Tigerlily appreciates the Committee's focus, particularly in Sections I and II of the RFI, on affordability and the insurance practices that can delay or deny care. We also appreciate the attention in Section III to consolidation, vertical integration, and the growing number of entities that can influence whether a patient receives the care her physician recommends. This is a complex system that most patients are not even aware exists, yet it plays a central and often decisive role in whether they can access the care they need. Any meaningful reform must address this system directly to ensure better access for patients.

For us, these issues come back to a few simple questions: Can a patient get the treatment she needs when she needs it? Can she afford to stay on that treatment? And when an insurer says no, does she have a clear, timely and meaningful way to challenge that decision?

Step therapy, claim denials, and appeals are where those questions become deeply personal. For cancer patients, expedient access to appropriate personalized treatment can be critical to survival, making the "fail first" approach to treatment detrimental to patient outcomes. As the Committee evaluates utilization management practices, it should consider whether existing step therapy protections adequately account for patients with rare diseases, progressive conditions, already advanced or metastatic diseases, and other circumstances in which treatment delays can lead to irreversible health consequences.

Kathryn Jackson, a Tigerlily ANGEL Advocate who had metastatic breast cancer, knew what it means to depend on timely access to care while treating cancer. For women like Kathryn, delays are not simply frustrating administrative hurdles. When someone is living with advanced cancer, weeks or months can mean the difference between life and death. Kathryn's insurance denied the new treatment she needed. After repeated denials, she traveled to another state to seek access through MD Anderson's programs. She was ultimately able to access the treatment, but by then, it was too late. Kathryn passed away a month after finally getting access to the treatment that was recommended for her. Her story is not an outlier; it is a warning.



Recent data underscore how common these barriers have become. An [IQVIA analysis](#) found that in 2024, 70% of commercially insured patients attempting to start a new branded medicine experienced at least one coverage denial. Twenty-four percent of new-to-brand commercial claims were still not approved within one year of the initial attempt.

Coverage challenges may extend beyond denials alone. Patients' access to prescribed medicines can vary depending on whether they use a pharmacy affiliated with their PBM. In oral oncology and immunology, patients who initially sought to fill prescriptions at non-affiliated pharmacies [faced more rejections and longer delays](#), while some ultimately obtained approval only after switching to a PBM-affiliated pharmacy. These findings raise questions about whether vertically integrated arrangements can steer patients toward affiliated businesses and create additional barriers when patients seek to use a local or independent pharmacy. For patients, these barriers are often experienced simply as another delay standing between them and treatment: another week of fear, another month of uncertainty, another chance for their cancer to advance.

We have heard the same frustration from patients like Tigerlily ANGEL Advocate Paris Smith, who spent nearly three months fighting for access to physician-prescribed cancer treatment. While appeals moved through the system, Paris was left wondering whether her cancer was progressing. Her oncologist and care team spent countless hours challenging repeated denials. Ultimately, those appeals were never successful. Paris was only able to access the treatment she needed directly through the manufacturer, which provided it for free through their patient assistance program. She should never have had to rely on charity to survive. Paris carried the fear and uncertainty; her physicians carried the burden of fighting a system that would not say yes.

Prior authorization decisions should be made quickly and transparently. Patients should receive clear explanations when care is denied. Appeals should be simple to navigate and expedited when a patient's health is at risk. And insurers and other entities making utilization-management decisions should be held accountable when administrative barriers unnecessarily delay appropriate care.

Affordability is equally important. Every day, Tigerlily hears from women who are insured and still struggle to afford their cancer care. Deductibles, coinsurance, prescription expenses, transportation, childcare and time away from work can accumulate quickly. As Tigerlily ANGEL Advocate LaTia Maxwell has shared, those costs can determine whether a patient fills a prescription, keeps an appointment, stays on treatment or takes on debt simply to stay alive.

Tigerlily supports policies that reduce patients' out-of-pocket costs and help women remain connected to the care their providers recommend. At the same time, affordability reforms should be considered with careful attention to their effect on patient access and future treatment options. Women living with metastatic cancer are benefiting today from therapies that did not exist a generation ago, while others are waiting for the next treatment that may give them more time.

Patients should be able to understand who is making decisions about their care, what financial relationships and incentives may influence those decisions, and where to turn when something goes wrong. Greater transparency and accountability across insurers, pharmacy benefit managers, third-party administrators and other affiliated entities can help ensure that patients do not get lost between companies pointing responsibility at one another.



Tigerlily encourages the Committee to keep the patient at the center of its work. For a woman facing cancer, every day without the treatment she needs matters. Every delay is measured not just in time, but in fear, in pain, and too often in lives.

Thank you for the opportunity to share the experiences of the women and families Tigerlily serves. We appreciate the Committee's continued attention to affordability, access and accountability and welcome the opportunity to remain engaged as these proposals are developed.

Sincerely,

Lizzie Wittig

Vice President, HEAL Policy Center of Excellence

Tigerlily Foundation