

Please vote yes on SB 876/HB 725 to improve cancer patients' access to life-saving CAR T-cell therapy.

WHAT IS CAR T-CELL THERAPY?

Chimeric Antigen Receptor T-cell (CAR T) therapy is a transformational treatment that harnesses the T-cells in a person's immune system to target and destroy cancer cells. CAR T holds the potential to be curative for severely ill patients and eliminates rounds of less effective treatments. Timely patient access is critical to enable the greatest chance of survival.¹

A growing number of patients have been cancer-free for 5+ years after receiving CAR T. Despite its advantages, only 2 out of every 10 eligible patients (8 are left behind) receive CAR T due to various patient access barriers.²

Patient distance to an Authorized Treatment Center (ATC) and limited availability of community-based CAR T programs are obstacles that can be removed through commercial insurance reform.



UNLOCKING INEFFICIENCIES IN PATIENT ACCESS TO CAR T

Commercial payers are restricting the expansion of CAR T therapy in qualified community centers despite proven safety and efficacy outside of FACT* accredited hospitals and academic centers.

- In 2019, the Centers for Medicare and Medicaid Services (CMS) determined that FACT accreditation is **not** required for patients treated in qualified CAR T centers that follow strict FDA guidelines.³
- When commercial insurers restrict coverage to FACT-accredited academic centers, they deter CAR T expansion into community networks, limiting access and creating disincentives for qualified centers to develop a CAR T program.

*Foundation for the Accreditation of Cellular Therapy

EXPANDING THE CAR T AUTHORIZED TREATMENT CENTER FOOTPRINT



Distance reduces the likelihood of access to curative CAR T treatment.

- If an eligible patient lives 25+ miles away from an ATC, data shows the patient is 47% less likely to receive CAR T.⁴
- Data shows that 41% of eligible patients have a cancer progression while waiting for CAR T and become ineligible for the treatment.⁵ Advanced cancer patients are often too ill to travel to distant ATCs or to navigate the logistical and financial preparations.

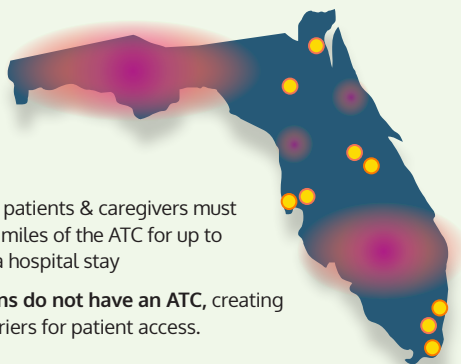


Community CAR T network expansion is hampered by payer and accreditation obstacles.

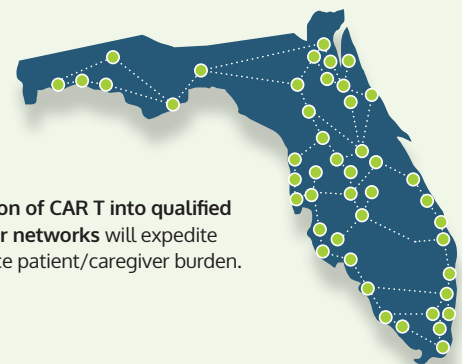
- 85% of patients receive their cancer care in community settings, yet CAR T remains primarily available in large, urban city centers.
- For optimal continuity of care, patients should be able to receive CAR T within their existing cancer care network to reduce treatment delays and improve patient access.⁶

● Existing ATCs patients & caregivers must stay within 30 miles of the ATC for up to 28 days after a hospital stay

● Several regions do not have an ATC, creating significant barriers for patient access.



Strategic expansion of CAR T into qualified community cancer networks will expedite referrals and reduce patient/caregiver burden.

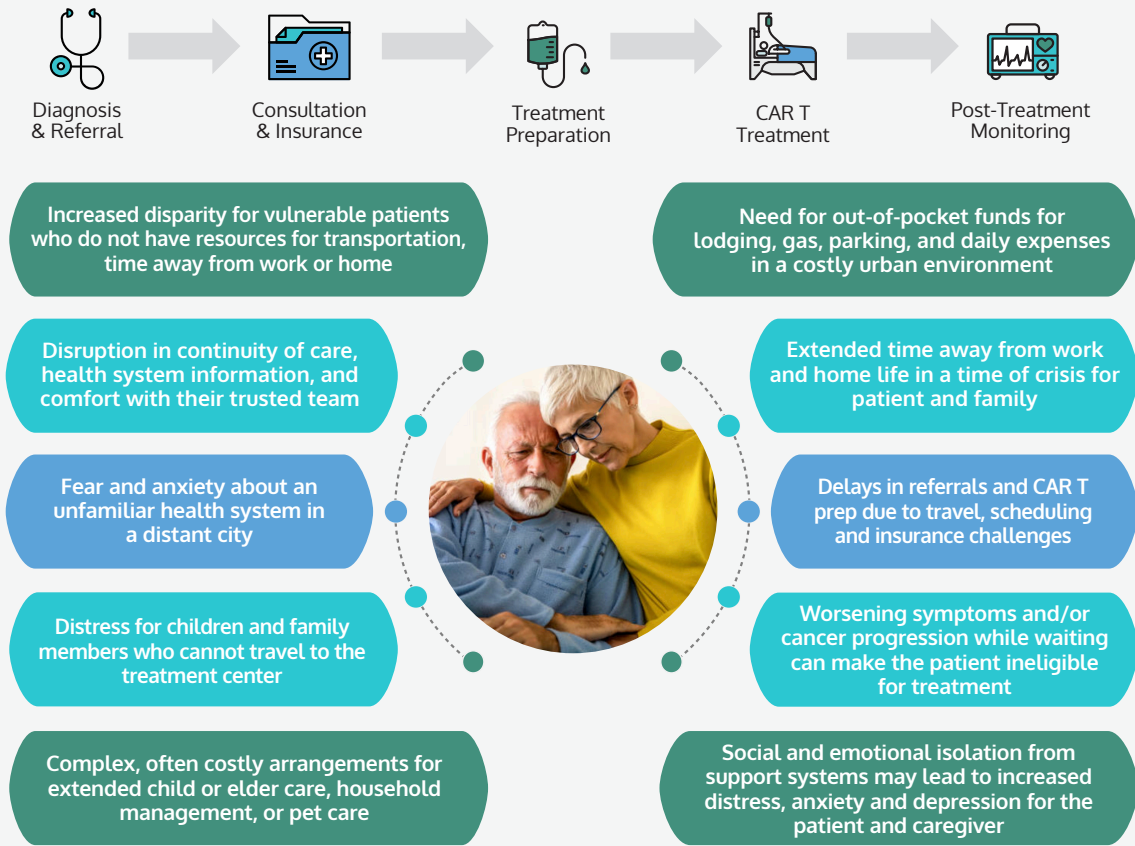


A New Era for CAR T-Cell Therapy

CAR T is a proven treatment bolstered by 10+ years of real-world evidence and clinical advances in patient safety, where management of therapy-related adverse events are well known and documented.^{7,8,9} As CAR T enters a new era, healthcare coverage reform that enables community cancer care networks to improve timely access, lessen patient/caregiver burden, and invest in infrastructure for this **game changer in cancer treatment** is essential.¹⁰ CAR T therapy treatment centers are being authorized as per FDA's strict approval guidelines – FACT accreditation is not fit-for-purpose for how CAR T is delivered today and should not be used to restrict patient access to this potentially curative therapy.

NEGATIVE IMPACT OF LIMITED GEOGRAPHIC ACCESS TO CAR T-CELL THERAPY

How far one lives from a CAR T treatment center can create geographic disparity and impact health outcomes.^{11,12}



Please support SB 876/HB 725 to expand access to life-saving community CAR T therapy for cancer patients across Florida

¹CAR T Cells: Engineering Patients' Immune Cells to Treat Their Cancers. National Cancer Institute. Accessed February 13, 2025. <https://www.cancer.gov/about-cancer/treatment/research/car-t-cells>.
²Cappell KM, Kochenderfer JN. Long-term outcomes following CAR T cell therapy: what we know so far. *Nat Rev Clin Oncol* (2023), 20, 359-371. ³Chimeric Antigen Receptor (CAR) T-cell Therapy for Cancers. <https://www.cms.gov/medicare-coverage-database/view/ncacal-decision-memo.aspx?proposed=N&NCAId=291>. ⁴Chung A, Shafrin J, Vadgama S, Hurley K, Shah GL, Alsfeld LC, Muthukrishnan S, Perales M, Maziarz RT. Access to CAR T-Cell Therapy in the US and its Potential Impact on Health Inequities. Presented at the Pan Pacific Lymphoma Conference, July 15-19, 2024, Lahaina, Hawaii.
⁵Sureda A, Adam SE, Yang S, Griffin E, Baker J, Johnston K, Navarro FR, Alhasani S, Chhibber A, Wang A, Mutebi A. Logistical challenges of CAR T-cell therapy in non-Hodgkin lymphoma: a survey of healthcare professionals. *Future Oncol*. 2024;20(36):2855-2868. doi: 10.1080/14796694.2024.2393566. Epub 2024 Sep 13. PMID: 39268892; PMCID: PMC11572306. ⁶https://journals.lww.com/oncology-times/fulltext/2025/02000/car_t_cell_therapy_via_a_community_lens.10.aspx. ⁷Melenhorst JJ, Chen GM, Wang M, Porter DL, Chen C, Collins MA, Gao P, Bandyopadhyay S, Sun H, Zhao Z, Lundh S. Decade-long leukaemia remissions with persistence of CD4+ CAR T cells. *Nature*. 2022 Feb 17;602(7897):503-9. ⁸Chen Y-J, Abila B, Kamel YM. *Cancers (Basel)*. 2023;15(3):663. ⁹MD Anderson Cancer Center. IEC Therapy Toxicity Assessment and Management. Accessed May 16, 2024. <https://www.mdanderson.org/documents/for-physicians/algorithms/clinical-management/clin-management-cytokine-release-web-algorithm.pdf>. ¹⁰Almäsbaq H, Aarvak T, Vemuri MC. CAR T Cell Therapy: A Game Changer in Cancer Treatment. *J Immunol Res*. 2016;2016:5474602. doi: 10.1155/2016/5474602. Epub 2016 May 19. PMID: 27298832; PMCID: PMC4889848. ¹¹Barata A, Coffey B, Amonoo H, Traeger L, Nelson A, Johnson P, Dhwal T, Karpinski K, Jim H, El-Jawahri A. Patients' and Caregivers' Perspectives on Preparedness for and Experience with Chimeric Antigen Receptor-T Cell Therapy, Transplantation and Cellular Therapy, Volume 31, Issue 2, Supplement, 2025, Page S377, ISSN 2666-6367, <https://doi.org/10.1016/j.jtct.2025.01.581>. ¹²https://www.accc-cancer.org/docs/projects/bringing-car-t-cell-therapies-to-co/bringing-car-t-cell-therapies-to-co.pdf?sfvrsn=304cf153_0&.