

# Please vote yes on HB 3057 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.<sup>1</sup>

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.<sup>2</sup>

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.

## UNLOCK 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.<sup>3</sup>
- When commercial insurers restrict coverage only 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 authorized treatment center (ATC) for CAR T therapy, data shows the patient is 47% less likely to receive CAR T.<sup>4</sup> Advanced cancer patients are often too ill to travel to distant ATCs or to navigate the logistical and financial preparations.
- Data has shown that 41% of eligible patients had a cancer progression while waiting for CAR T and become ineligible for the treatment.<sup>5</sup>

● **Existing ATCs:** Note that patients & caregivers must stay within 30 miles of the ATC for up to 28 days after CAR T treatment.

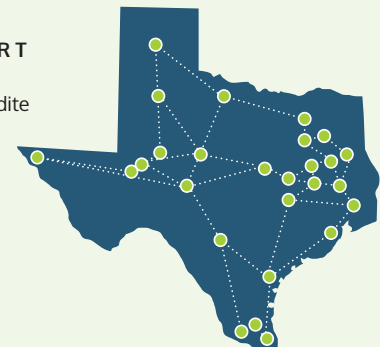
● **Most Texans live far from an ATC,** creating significant barriers for patient access to CAR T.



**Community CAR T network expansion is hampered by payer 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.<sup>6</sup>

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

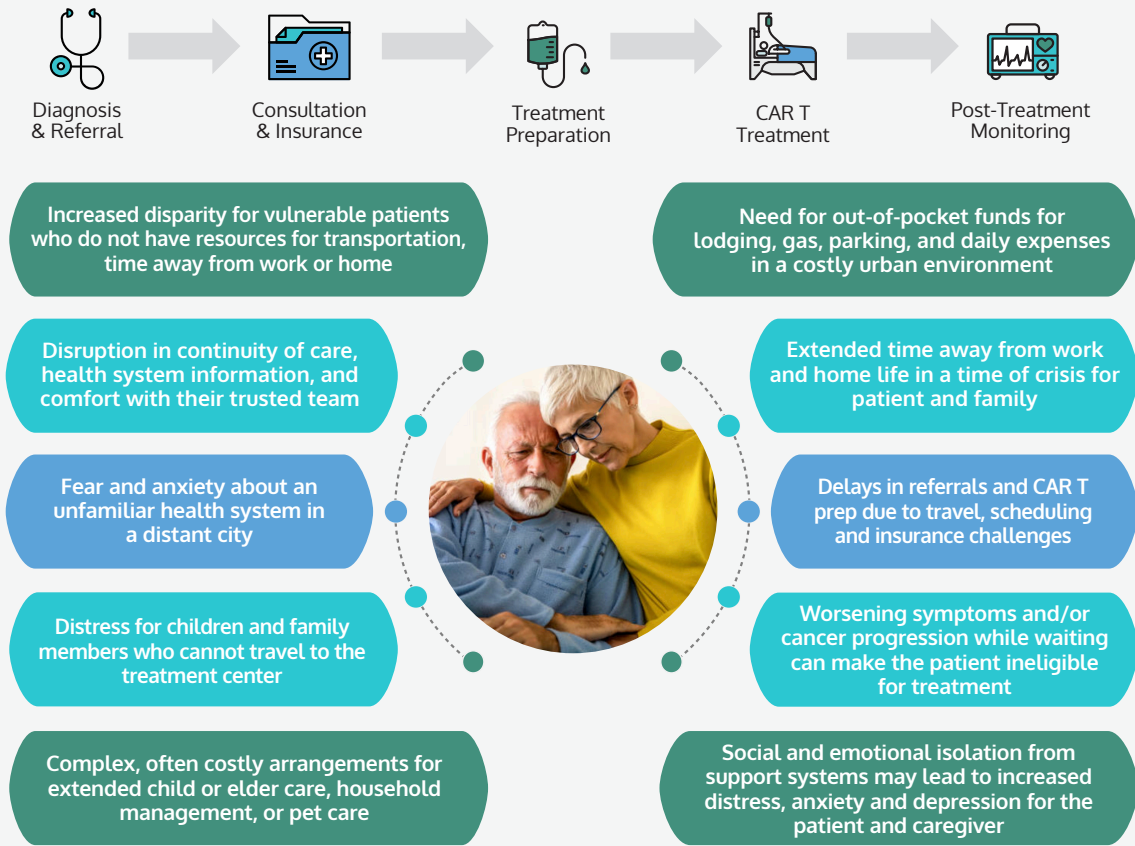


# A New Era for CAR T-Cell Therapy

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.<sup>7,8,9</sup> 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.<sup>10</sup> 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.<sup>11,12</sup>



**Please support HB 3057 to expand access to life-saving community CAR T therapy for cancer patients across Texas.**

<sup>1</sup>CAR 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>.  
<sup>2</sup>Cappell KM, Kochenderfer JN. Long-term outcomes following CAR T cell therapy: what we know so far. *Nat Rev Clin Oncol* (2023), 20, 359-371. <sup>3</sup>Chimeric Antigen Receptor (CAR) T-cell Therapy for Cancers. <https://www.cms.gov/medicare-coverage-database/view/ncacal-decision-memo.aspx?proposed=N&NCAId=291>. <sup>4</sup> Chung 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.  
<sup>5</sup> Sureda 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. <sup>6</sup> [https://journals.lww.com/oncology-times/fulltext/2025/02000/car\\_t\\_cell\\_therapy\\_via\\_a\\_community\\_lens.10.aspx](https://journals.lww.com/oncology-times/fulltext/2025/02000/car_t_cell_therapy_via_a_community_lens.10.aspx).<sup>7</sup> Melenhorst 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. <sup>8</sup> Chen Y-J, Abila B, Kamel YM. *Cancers (Basel)*. 2023;15(3):663. <sup>9</sup> MD 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>. <sup>10</sup> Almásbak 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. <sup>11</sup> Barata 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>.  
<sup>12</sup> [https://www.accc-cancer.org/docs/projects/bringing-car-t-cell-therapies-to-co/bringing-car-t-cell-therapies-to-co.pdf?sfvrsn=304cf153\\_0&](https://www.accc-cancer.org/docs/projects/bringing-car-t-cell-therapies-to-co/bringing-car-t-cell-therapies-to-co.pdf?sfvrsn=304cf153_0&).