June 5, 2019

The Honorable Lamar Alexander
Chair, Senate Health Education, Labor and Pensions Committee
U.S. Senate
Washington, DC 20510

The Honorable Patty Murray,
Ranking Member, Senate Health Education, Labor and Pensions Committee
U.S. Senate
Washington, DC 20510

Dear Chairman Alexander and Ranking Member Murray,

The American Society of Clinical Oncology (ASCO) appreciates your commitment to lowering health care costs while delivering better outcomes and experiences, demonstrated most recently by the request for comment on discussion draft legislation.

ASCO is the national organization representing more than 45,000 physicians and other health care professionals specializing in cancer treatment, diagnosis, and prevention. We are committed to ensuring that evidence-based practices for the treatment of cancer are available to all Americans.

ASCO shares the Committee’s concern about increasing out of pocket health care costs. Financial toxicity is a real issue for patients with cancer. It can add significant stress for a patient battling cancer and increase a patient’s likelihood to abandon treatment or become noncompliant with his or her treatment plan. A 2018 study titled “Financial Toxicity in Adults with Cancer: Adverse Outcomes and Noncompliance” published in the Journal of Oncology Practice revealed that patients with cancer who were identified as reporting financial toxicity were less likely to fill their medications, attend office visits, and undergo recommended medical tests.

In that spirit, we commend your efforts to address the impact unanticipated medical bills are having on patients and support the broader physician community in efforts to find a workable solution for patients and providers.

We respectfully provide comment on the following sections of the legislation:
Title II: Reducing the Prices of Prescription Drugs

ASCO strongly supports the Committee’s efforts to ensure generics and biologics are widely available and robust competition in the development of generic drugs and biologics. To that end, ASCO opposes extending market or data exclusivity periods beyond the current exclusivities granted to small-molecule, generic, orphan, and biologic drugs. Further, we support consideration of reducing the current data exclusivity period of 12 years on biologics.

ASCO applauds the Committee’s efforts to make information about biologics widely available. Continuous provider education is critical to inform and support the use of biosimilar products in a medically appropriate and cost-effective way to treat cancer. Public awareness and education, and the use of standardized materials, such as the FDA website required in this legislation, will help to ensure understanding of biosimilars.

Title III: Improving Transparency

Of critical importance to our members and their patients is a need for greater transparency around the actions of Pharmacy Benefit Managers (PBMs). ASCO offers for your review the ASCO Position Statement: PBMs and Their Impact on Cancer Care. We hear serious concerns from our members about the negative effects of certain PBM practices on patients and the cancer care system. These include errors in filling prescriptions, treatment doses being altered in the absence of consultation with oncology care providers, duplicate patient copays because of incomplete dispensing, and drug waste resulting from incorrect doses or treatments sent directly to a patient’s home. We applaud the inclusion of greater transparency around the costs, fees, and rebates associated with PBM contracts included in this legislation as well as the prohibition of PBMs charging more than their cost to acquire a drug. While we support the PBM passing on rebates or discounts, we encourage plan sponsors to ensure these savings get to the patient.

ASCO further supports provisions to ban anticompetitive terms in facility and insurance contracts to better ensure access to cancer care services. Sometimes in cancer, for example, the best pharmacy provider is the physician. Some oncology practices that provide in-office dispensing have been excluded from PBM networks entirely, despite Medicare’s Any Willing Provider (AWP) requirements. This is often the most convenient and timely care option for patients with cancer.

Title IV: Improving Public Health

Disparities in outcomes for cancer care are increasingly predictable by zip code. Patients living in rural areas are often diagnosed with more advanced cancer and have recently been shown to have higher mortality. For this reason, ASCO applauds the authorization of Centers for Disease Control grants to expand the use of technology-enabled collaborative learning and capacity building models to increase access to specialty health care services in medically underserved areas. Additional research is critical and new approaches will likely be needed to improve outcomes.
Title V: Improving the Exchange of Health Information

ASCO supports the ability of patients to easily access their health information as it can empower them as partners in care and allows for improved continuity of care across providers. The Office of the National Coordinator of Health Information Technology (ONC) and the Centers for Medicare and Medicaid Services (CMS) have proposed rules emphasizing patient access to their data via the use of third-party applications (“apps”) and while we believe this will lead to enhanced patient access, we are concerned that patients’ sensitive data may be exposed in ways they are not necessarily aware of. Patient privacy and security must be ensured to optimize exchange of patient health data and a Government Accountability Office study of existing gaps is a logical step as the field continues to move forward.

ASCO strongly supports the information blocking provisions included in the 21st Century Cures Act. The recently proposed standards for interoperability from the Office of the National Coordinator require careful monitoring to ensure that these exceptions to information blocking do not become “loopholes” allowing actors to claim them as reasons for blocking interoperability and the free flow of data. We appreciate the Committee’s clarification of the Inspector General’s authority in this area.

Whether through this legislation or another vehicle, ASCO also calls on this Committee to work to address drug shortages which are limiting access for patients and adding to cost of care across the US health care delivery system.

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ASCO looks forward to working with you to accomplish these important goals for patients with cancer. For questions about this or other issues related to cancer care and research, please reach out to Amanda Schwartz, Amanda.schwartz@asco.org or 571-483-1647.

Sincerely,

Howard A. “Skip” Burris III, MD, FACP, FASCO
President, American Society of Clinical Oncology