



ASCO's 2021 State Advocacy Issues

Co-Pay Accumulators: “Co-pay accumulators” and “co-pay maximizers” are forms of payer-imposed utilization management policies. With a co-pay accumulator or co-pay maximizer program in place, a manufacturer’s co-pay assistance no longer applies toward a patient’s co-pay or out-of-pocket maximum, resulting in patients’ out-of-pocket costs increasing. Such tactics negate the intended benefit of patient assistance programs, remove a safety net for patients who need specialty medications but cannot afford them, and could lead to poorer outcomes for people with cancer.

[ASCO Co-Pay Accumulator Policy Brief](#)

Fertility Preservation: ASCO supports efforts to provide coverage of fertility preservation options for people with cancer or anticipating cancer treatment. ASCO has long advocated inclusion of fertility preservation as a component of patient education and informed consent before cancer therapy including discussing options with health care providers as early as possible.

[Fertility Preservation in Patients with Cancer: ASCO Clinical Practice Guideline Update](#)

Medicaid Coverage of Clinical Trials Routine Care Costs: Medicaid insures nearly one-fifth of the U.S. population and is the only major payer not required by federal law to provide coverage of the routine care costs for patients participating in a clinical trial. ASCO supports efforts to ensure access to clinical trials for Medicaid enrollees.

[ASCO Statement on Medicaid Reform](#)

Medicaid Waivers: Some states have sought approval from the Centers for Medicare and Medicaid Services (CMS) to implement programmatic changes in their Medicaid programs that would condition eligibility, continued coverage, cost-sharing and other benefits on work status. ASCO does not support waiver policies that have the potential to restrict or otherwise hinder access to Medicaid for individuals with a cancer diagnosis, or who are at increased cancer risk.

[ASCO Position Statement: Addressing Medicaid Waivers & Their Impact on Cancer Care](#)

Opioid Therapy: ASCO supports efforts to address the widespread problems of opioid misuse and abuse, while ensuring that initiatives do not have the unintended consequences of limiting access to treatment of pain for cancer patients.

[ASCO Policy Statement: Opioid Therapy Protecting Access to Treatment for Cancer-Related Pain](#)

Oral Chemotherapy Parity: Some health plans impose significantly higher cost sharing requirements on cancer patients for oral anticancer drugs, which can create financial barriers for cancer patients who need access to oral cancer medications. ASCO supports efforts to ensure that patient cost sharing for traditional IV anticancer drugs are no less favorable than for oral cancer drugs.

[ASCO Principles for State Oral Parity Legislation](#)

Pharmacy Benefit Managers: ASCO members have voiced serious concerns about the negative impact Pharmacy Benefit Managers (PBMs) can have on patient care. ASCO is concerned that PBMs may be interfering with the doctor-patient relationship and lowering the quality of care.

[ASCO Position Statement: Pharmacy Benefit Managers and Their Impact on Cancer Care](#)

Safe-Handling of Hazardous Drugs: ASCO is committed to ensuring that patients receive safe and appropriate cancer treatment and safeguarding all professionals who work with or near oncology drugs in settings where oncology treatments are prepared, delivered, and administered. As policymakers consider the development of requirements that apply to the handling of drugs in physician practices, we encourage them to consider ASCO's standards for the safe handling of chemotherapy and actively involve ASCO and the local medical oncology community.

[ASCO Policy Brief: Safe Handling of Chemotherapy](#)

Short-Term Limited Duration Health Plans: ASCO opposes state efforts to allow for short-term limited duration health plans that do not comply with patient protections mandated in the Affordable Care Act. These plans are not comprehensive health insurance options and could leave cancer patients without any accessible options for high-quality cancer care.

[ASCO Principles for Patient-Centered Health Care Reform](#)

Telemedicine: Due to the COVID-19 pandemic, many governors across the country loosened restrictions relating to telemedicine. Throughout the pandemic, telemedicine has allowed for providers to continue providing cancer care in both rural and urban communities without disruption. ASCO supports efforts to reimburse telemedicine appointments the same as in-person visits and for audio-only appointments to be covered when in-person appointments are not possible.

[ASCO Interim Position Statement Telemedicine in Cancer Care](#)

Tobacco Cessation and Control: ASCO has a far-reaching agenda aimed at promoting worldwide reduction and ultimate elimination of tobacco-related disease through discouraging the use of tobacco products and exposure to secondhand smoke.

[Tobacco Cessation and Control a Decade Later: ASCO Statement Update](#)

Skin Cancer Prevention: Skin cancer is the most commonly diagnosed cancer in the United States and poses a growing health care challenge. Solar ultraviolet radiation (UVR) has been a well-established cause of skin-cancer for decades and exposure can be particularly damaging for teens. ASCO supports legislation requiring individuals to be 18 years or older to use indoor tanning facilities.

[ASCO Policy Statement on Skin Cancer Prevention](#)

Utilization Management- Prior Authorization and Step Therapy: Utilization management policies, including prior authorization and step therapy, are payer-imposed rules that may restrict or deny coverage for selected treatments. While ASCO is committed to supporting policies that reduce cost while preserving or increasing quality of cancer care, such policies must be developed and implemented in a way that does not undermine patient access to medically necessary care.

[ASCO Position Statement: Utilization Management](#)

For more information, contact Aaron Segel at Aaron.Segel@asco.org