



ASSOCIATION FOR CLINICAL ONCOLOGY

ASCO COVID-19 RECOMMENDATIONS TO SUSTAIN ACCESS TO CANCER CARE

The Association for Clinical Oncology (ASCO) continues to engage with Congress, the Administration, and payers to advance short- and long-term policies to help practices provide high-quality cancer care to patients during the COVID-19 crisis and beyond. Specifically, ASCO is pursuing:

Permanent Expanded Support for Telehealth. ASCO commends the Administration for the flexibilities it quickly put in place to allow physicians to continue to care for cancer patients through telehealth visits. Oncology practices are reporting significant uptake of telehealth and enthusiasm from their patients. ASCO urges CMS and commercial payers to provide equal reimbursement for the visits that are happening by audio only, which require similar effort to face to face E&M visits but where patients often lack the access to, or are uncomfortable with, technology to allow audio-visual visits. We also urge CMS and commercial payers to consider making permanent the telehealth flexibilities that they have extended during the public health emergency, to be utilized in the appropriate clinical situation.

Additional and Immediate Financial Support for Practices. Many oncology practices have received the much-needed funds granted through the CARES Act. However, given the significant and unprecedented stressors on practices, additional immediate increases in financial support for practices are necessary. These should happen through a combination of direct cash infusions based on practice needs and the nature of the populations they serve, including grants, interest free loans paid within five years, or low interest loans if paid over longer time. These funds should not be limited to only treatment or care for COVID-19 patients, as the impact of the virus is felt throughout the health care system. Action should also be taken to ensure that all cancer care providers, including safety net providers, are adequately reimbursed.

Additional Relief from Sequester. ASCO appreciates the temporary lifting of the sequester through December 31, 2020. However, as the crisis continues to drag on, this short-term relief will not be sufficient to help practices through the years it will take to recover financially. ASCO recommends extending this relief indefinitely.

Passage of Federal Oral Parity Legislation. During the crisis, certain patients and physicians may choose to switch from intravenous drugs to oral drugs that can be taken at home, where patients are able to limit their exposure to COVID-19. In order to avoid subjecting patients to higher cost-sharing for these oral and self-administered drugs, Congress should include The Cancer Drug Parity Act (H.R. 1730/S. 741) in its next COVID-19 relief package. This legislation would prohibit the longstanding inequity in cost sharing based on route of drug administration.



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Suspension of Prior Authorization. Practices are under increasing stress trying to address patient concerns during a time when many have reduced staffing levels. Practices are reporting that prior authorization is taking longer during this crisis because of longer hold times when attempting to reach payer staff and the length of time to receive a final prior authorization has increased by 50%-100% in some cases, adding weeks to the approval process. Any additional administrative burden takes valuable time away from patient care. ASCO appreciates that many payers have suspended prior authorization during the public health emergency. We recommend that before these policies are reinstated, careful analysis is given to ensure they are targeted to areas where there is a clear variation or performance gap.

Prevention of Additional Drug Shortages. ASCO is very concerned about the supply chain for critical chemotherapy and supportive care drugs. While several provisions of the ASCO-supported MEDS Act were passed into law with the CARES Act, they will not go into effect until September of this year. Many countries that provide the active pharmaceutical ingredients (API) or other raw materials for drug production are under severe stress due to COVID-19 outbreaks in their countries and some are reducing the amount of supplies they are producing or releasing to other countries, including the United States. While current reporting indicates that we are not yet in acute shortage, many individuals and organizations are ringing alarm bells that shortages are a question of when, not if. The FDA is working with manufacturers to help ensure a constant supply of these vital drugs, but a comprehensive solution requires a “whole-of-government” approach with involvement by HHS (FDA and ASPR), the DEA, FEMA, and other agencies engaged in working on critical infrastructure and national security. The goal should be constant awareness of availability throughout the supply chain and the development of contingency plans prior to the point at which a shortage becomes acute.

Suspend Reporting and Financial Risk Requirements for the OCM. While we are pleased that CMS significantly eased reporting burden in the MIPS program and likewise eased some of the financial burden on specific two-sided risk payment models (e.g. the MSSP ACO), we remain concerned that the Oncology Care Model (OCM) has not been similarly addressed. OCM practices face the same significant financial risk as other practices dealing with this pandemic and will likely find it extremely difficult if not impossible to complete the reporting requirements needed to avoid significant financial disruption. We urge CMS and CMMI to provide the same relief to these OCM practices as they have to other payment models.

Adapting Clinical Trials. ASCO appreciates the regulatory changes and flexibilities the Administration has allowed within the federal agencies, particularly FDA, NIH, and NCI. ASCO recognizes that the clinical trial landscape has also been impacted, and many of the COVID trials have started with reduced trial timelines and with the use of technology. ASCO recommends increasing patient access to clinical trials through models such as decentralization of trials and electronic consent to ensure required signatures and remote recruiting. Decentralized trials allow execution of trials through local healthcare providers and enable patients to access a trial without going to the trial site. Additionally, ASCO recommends the coverage of routine patient costs for all clinical trial participants, including Medicaid patients in every state.