



## 2023 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](#)

**Drug Donation Programs:** As patients continue to struggle with high out-of-pocket drug costs, some states have passed laws creating repository programs for patients to dispose of high-cost drugs for re-use. Any drug repository program should have safeguards, including marking donated drugs and limiting the scope to oral medication. As the National Association of Boards of Pharmacy (NABP) revised their policy on donated drugs being limited to a closed system, ASCO recently updated its position statement.

[ASCO Position Statement on Drug Repository Programs](#)

**Drug Pricing:** To address the high cost of prescription drugs, some states have created Prescription Drug Affordability Boards that can set upper payment limits for drugs. The establishment of an upper payment limit may have unintended adverse consequences for patients with cancer and the physicians who treat them. Upper payment limits could drive some manufacturers to leave the market, creating access issues for life-saving treatments, and without other corrections in the payment system, could remove resources that now support the cancer care delivery system.

[ASCO Position Statement on Addressing the Affordability of Cancer Drugs](#)

**Fertility Preservation Coverage:** 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 and Cancer: Policy Brief](#)

**Medicaid Waivers/Expansion:** 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 employment status. ASCO does not support waiver policies that have the could restrict or otherwise hinder access to Medicaid for individuals with a cancer diagnosis, or for those who are at increased cancer risk. ASCO continues to support Medicaid expansion and will work to support legislation and/or ballot measures in the 11 states that have not yet done so.

[Medicaid and Cancer Care Access: Policy Brief](#)

**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 oral cancer drugs is no less favorable than for traditional IV anticancer 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.

[Pharmacy Benefit Managers \(PBMs\): Policy Brief](#)

**Prior Authorization:** Prior authorization requires patients or prescribers to secure approval in advance of dispensing or administration as a condition of payment or insurance coverage of the prescribed medication. The prior authorization process can be long and complex and place heavy administrative burden on prescribers, drawing time away from patient care. ASCO supports efforts to streamline prior authorization policies to avoid unnecessary barriers, delays in care, and other administrative burdens.

[ASCO Position Statement: Prior Authorization](#)

[Gold Carding: Policy Brief](#)

**Non-ACA Compliant Health Plans:** ASCO opposes state efforts to allow for expansions of non-ACA compliant plans, including short term limited duration plans, that do not have adequate benefits. Non-comprehensive health insurance options attract consumers due to lower costs but could leave cancer patients without any accessible options for high-quality cancer care.

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

**Step Therapy:** Step therapy is a utilization management approach that requires patients to use the payer's preferred drug before the payer will cover another drug that may be preferred by the patient and treating physician. Step therapy policies are generally inappropriate in oncology due to the individualized nature of modern cancer treatment and the general lack of interchangeable options.

[ASCO Position Statement: Utilization Management](#)

**Telemedicine:** During the COVID-19 pandemic and the corresponding public health emergency, governors across the country loosened restrictions relating to telemedicine. Throughout the pandemic, telemedicine has allowed 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 Position Statement: Telemedicine Cross State Licensure](#)

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