

# ASCO® State/Regional Affiliate Program

## 2023-2024 STATE AFFILIATE COUNCIL PRIORITIES

### CO-PAY ACCUMULATORS\*

- Co-pay accumulators prevent a manufacturer's co-pay assistance from applying towards 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.
- Council members reported in their annual survey feedback that patient out of pocket costs was their second highest rated concern.
- ASCO and State Affiliates are advocating to prohibit copay accumulators.
- ASCO Policy Brief: [Co-Pay Accumulator and Co-Pay Maximizers](#)

### EQUITY, DIVERSITY & INCLUSION

- The Council views diversity in oncology as an important aspect in patient access to care. The care of racial and gender minorities, patient care in underserved populations (both rural and inner cities), and diversity in the oncology workforce, are all important aspects of diversity and allow for better health outcomes for patients with cancer.
- Members of the Council participate in a variety of ASCO initiatives to increase diversity, improve equity and inclusion.
- ASCO Statement: [Cancer Disparities and Health Equity](#)

### PHARMACY BENEFIT MANAGERS (PBMs)

- Pharmacy Benefit Managers (PBMs) are "third-party administrators contracted by health plans, large employers, unions and government entities to manage prescription drug benefits programs."
- Members of the Council reported some PBMs switched prescription medications without the knowledge of either patient or prescribing physician. Other Council members characterized these PBM strategies as interfering in the practice of medicine. Members also reported PBM requirements cause delays in treatment.
- Some Council members reported that drugs that were not needed due to a dosage change, or a treatment discontinuation were delivered directly to patients without physician knowledge, causing drug wastage.
- ASCO and State Affiliates are advocating for PBM reforms.
- ASCO Statement: [Pharmacy Benefit Managers and Their Impact on Cancer Care](#)

### PRIOR AUTHORIZATION

- The Council views prior authorization as a barrier for patients with cancer to receive proper care. Prior authorization requires patients or prescribers to secure pre-approval as a condition of payment or insurance coverage of the prescribed medication. Members report burdensome wait times, complex processes, and administrative challenges that take away time and resources that can be better used for patient care.
- ASCO and State Affiliates continue to advocate for streamlining and improved transparency in prior authorization requirements to ensure timely access to care.
- ASCO Statement: [Prior Authorization](#) and ASCO Prior Authorization [Survey Summary](#)

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## STEP THERAPY

- The Council considers step therapy, or “fail-first”, a barrier to care for patients with cancer. . Step therapy requires a patient to try, and fail, on a payer-approved drug before the drug prescribed by the physician is covered.
- ASCO and State Affiliates are advocating for guardrails to protect patients from step therapy requirements.
- ASCO Statement: [The Impact of Utilization Management Policies for Cancer Drug Therapies](#)

## TELEMEDICINE

- In July 2020, ASCO issued a policy statement, [Telemedicine in Cancer Care](#), which encouraged policymakers to permanently expand coverage to adequately reimburse providers for telehealth services.
- In December 2022, Congress extended many telehealth flexibilities through 2024, including the Medicare geographic and site restrictions.
- The COVID-19 Public Health Emergency ended on May 11, 2023. ASCO staff have summarized end dates of flexibilities and waivers of interest to oncologists in this [ASCO in Action article](#).
- ASCO continues to advocate for permanent telehealth flexibilities.