## ASCO State/Regional Affiliate Program

## Latest News for State Affiliates – February 29, 2024

Help spread the word by sharing relevant information from this newsletter with your members.

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### Archived issues of Latest News can be found on myAffiliates

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#### **ADDITIONAL RESOURCES**

- ASCO's Advocacy Toolkit: Learn more about efforts to improve cancer care and research and how to get involved
- ASCO Practice Central: Information, tools, and resources to help practices provide high-quality patient care
- Health Equity: Resources to help the cancer community better understand and address health equity issues in oncology research and care
- ASCO Association PAC: Learn more about the PAC
- Best of ASCO Domestic Events Calendar

#### **REMINDER: 2024 Call for Nominations Due March 7**

We need you! Help shape the future of the State Affiliate Council by serving on its Executive Subcommittee. This year we are seeking to fill the Chair-elect position. The three-year term begins June 2024 following the ASCO Annual Meeting. <u>Listen</u> to current Chair-elect, Emily Touloukian, DO explain her experience in this role.

If you are interested in serving, please review the <u>Call for Nominations</u> document and follow the instructions for submitting your <u>Statement of Interest</u>. All submissions are due by 11:59 PM Eastern on Thursday, March 7. Late submissions will not be considered.

Elections will be held at the April 15 State Affiliate Council meeting. If you have any questions about the responsibilities of the position, please contact <u>Terry Cox</u> or Council Chair <u>Dr. Brian Persing</u>.

### **REMINDER: Sign onto an Open Letter to End Drug Shortages**

The Association for Clinical Oncology invites you to sign onto an open letter from America's oncologists and providers urging policy makers to end drug shortages. The most recent shortages have been so severe and prolonged that Congress--for the first time in over a decade--is actively looking to pass legislation addressing the issue.

Please share with your membership and encourage them to add their voice to the effort to drive change and **sign the letter** today.

## Submit Comments: Federal Agencies Looking at How GPOs, Drug Wholesalers Influence Shortages

On February 14, the Federal Trade Commission and the U.S. Department of Health and Human Services issued a joint Request for Information on how group purchasing organizations' and drug wholesalers' practices are impacting the generic drug market. The Association for Clinical Oncology encourages stakeholders within the cancer community to comment to give federal agencies the perspective they need from across the myriad settings of cancer care.

Stakeholders have 60 days to <u>submit comments</u>. Once submitted, comments will be posted on <u>Regulations.gov</u>.

## Mississippi Prior Authorization Bill Sent to Governor

On February 23, the Mississippi Legislature sent <u>SB 2140</u>, which would reform prior authorization processes in Mississippi, to Governor Tate Reeves for his signature. The bill would require insurers to respond to urgent prior authorization requests within 24 hours and non-urgent requests within 5 calendar days. Approved requests to treat a chronic or long-term condition, including but not limited to chemotherapy, would be valid for a maximum of 12 months. Additionally, the bill promotes continuity of care by requiring prior authorization for a healthcare service to remain valid for at least 90 days. SB 2140 would also improve the review and appeals process by requiring that adverse determinations are made by a physician who practices in the same specialty as the prescribing physician and will increase transparency by requiring insurers to post clearly online any utilization management

practices and prior authorization statistics. The bill unanimously passed the House and Senate earlier this month. The Mississippi Oncology Society and Association for Clinical Oncology submitted **joint letters of support** for the bill. Governor Reeves has until February 29, to either sign or veto the legislation.

### **Prior Authorization Bill Passes Wyoming Committee**

On February 23, the Wyoming Senate Labor, Health, and Social Services Committee passed HB 14, which would reform prior authorization processes. The legislation would require insurers to respond to urgent requests within 24 hours and nonurgent requests in 5 business days as well as notify the prescribing physician of a possible denial and provide the opportunity to discuss the service's medical necessity. The bill would accommodate the needs of specialized patient populations by ensuring that a physician within the same relevant specialty as the prescribing physician will review any adverse determination appeals. Additionally, HB 14 would promote continuity of care by requiring that prior authorization for a healthcare service treating a long-term and chronic condition remains valid for 12 months. It would also increase transparency by requiring insurers to publish prior authorization statistics and utilization management processes clearly online. Lastly, the bill would offer providers who have an 80% or higher prior authorization approval rate over a 12-month period an exemption from prior authorization requirements.

The bill unanimously passed the House on February 19. The Wyoming State Oncology Society (WSOS) and Association for Clinical Oncology (ASCO) sent joint letters of support ahead of hearings held by the <u>House</u> and <u>Senate</u> Committees; WSOS and ASCO will continue to track the bill's progress.

### Missouri Committee Advances Prior Authorization Gold Carding Bill

The Missouri House Committee on Rules and Administrative Oversight unanimously advanced <a href="HB 1976">HB 1976</a>, which would exempt providers who have a prior authorization approval rate of at least 90% over a six-month period. The Missouri Oncology Society (MOS) and Association for Clinical Oncology (ASCO) previously sent a <a href="joint letter of support">joint letter of support</a> to the House Committee on Healthcare Reform, which unanimously passed HB 1976 in January. MOS and ASCO will continue to monitor the legislation.

# New Policy Statement Addresses Social, Economic, and Environmental Factors Influencing Cancer Care, Outcomes

The American Society of Clinical Oncology (ASCO)'s new <u>policy statement</u> highlights the need for formalized efforts to address health-related social needs and outlines ways to address social determinants of health (SDOH) in cancer care. Social determinants are defined as conditions in which people are born, grow, live, work, and age, which may include underlying social, economic, and environmental conditions. The statement, published February 22, provides a framework to guide ASCO advocacy on SDOH-related issues and covers several areas in which the consideration of health-related social needs is critical across the cancer care continuum. **Read more on ASCO in Action**.

### **Succession Planning: Managing Leadership Transitions**

In response to the 53 percent of Annual Affiliate Survey respondents who identified succession planning as an association management concern, we are sharing this National Council of Nonprofits **blog post**, which provides ten planning tips for leadership transitions.

Additionally, on Thursday, March 14 from 2:00 – 3:00 PM Eastern, Elisa Brewer Pratt, MA, CAE, will provide practical strategies and insights on implementing effective volunteer succession planning. By attending, you will learn how to create continuity in operations, preserve institutional knowledge, enhance volunteer engagement, and build organizational sustainability through coordinated volunteer transitions.

Please <u>register</u> to attend this webinar and bring your questions and ideas as we develop actionable steps and innovative approaches you can apply immediately.