
Latest News for State Affiliates – March 7, 2024

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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](#)

Practices, Providers Face Uncertainty Following Change Healthcare Ransomware Attack

Change Healthcare, a healthcare technology company that is a business unit of Optum and owned by UnitedHealth Group, fell victim to a cyberattack on February 21. Its clearinghouse remains offline. Regular updates on the situation are available for impacted customers on [Optum's website](#). According to a recent update, the platform's Rx ePrescribing service has been restored.

The ransomware attack could have significant implications for hospitals, health systems, pharmacies and others that rely on Change Healthcare's tools for payment, revenue cycle management, medication fulfillment, and other functions. Change Healthcare is the largest payment exchange platform in the country, with more than 50% of U.S. medical claims passing through its electronic clearinghouse.

Change Healthcare held a webcast on Friday afternoon, March 1, 2024, at which representatives presented prepared remarks and took questions. [Read more on ASCO in Action](#).

ASCO Annual Meeting: Please Submit Your State Society Photos

The State Oncology Societies Booth at the 2024 ASCO Annual Meeting provides Affiliates an opportunity to showcase their programs, initiatives, and meet with current and potential members and sponsors. The booth will include a photo display of all state society meetings and activities.

With many of you holding your spring meetings, this is a friendly reminder to please take photos and send them to [Lisa-Marie Pratt](#).

To have your state society featured at the booth and raise awareness of all the great things happening in your state, please email your photos by Friday, April 26.

Register Now: State Affiliate Leadership Training Series

Based on the annual survey results, Affiliates reported membership engagement, volunteer recruitment, and succession planning as the top three association management areas of concerns. In response, the Association for Clinical Oncology is offering several leadership training courses led by association experts meant for attendees to share ideas and offer solutions. **Please be aware that you must register for each training individually by selecting the "Register" links below.**

Volunteer Succession & Leadership Transition Planning Webinar

Presented by Elisa Brewer Pratt, MA, CAE | Thursday, March 14 from 2:00 – 3:00 PM Eastern

Ensuring a robust pipeline of skilled, engaged volunteers is crucial to achieve your society's mission. Many organizations struggle to retain volunteers over the long term and prepare new leaders to step in when veterans transition out. This webinar will provide practical strategies and insights on implementing effective volunteer succession planning. [Register](#).

Your Board Wasn't Born Perfect: New Approaches to Board Orientation, Refresh, and Onboarding

Presented by Lowell Aplebaum, CAE, CPF | Tuesday, May 14 from 2:00 – 3:00 PM Eastern

The efficacy with which our boards work together directly impacts an organization's ability to advance its mission. This webinar will spend time exploring the differences between a board orientation for new board members, a board refresh for returning members, and onboarding for the entire team. Attendees will walk away with new ideas and practical approaches on how to structure their board for greater success as individual leaders and together as a unit. [Register](#).

If you have any questions about these sessions, please contact [Lisa-Marie Pratt](#).

Mississippi Enacts Prior Authorization Reform and Advances Medicaid Expansion Legislation

Legislation that would reform prior authorization processes in Mississippi became [law](#) on February 29 without Governor Tate Reeves' signature. The law, which goes into effect July 1, requires insurers to respond to urgent prior authorization requests within 24 hours and non-urgent requests within five calendar days. Approved requests to treat chronic or long-term conditions, including chemotherapy, are valid for a maximum of 12 months. Additionally, the law promotes continuity of care by requiring prior authorization for a healthcare service to remain valid for at least 90 days. The law will 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 House and Senate unanimously passed the legislation in February. The Mississippi Oncology Society (MOS) and Association for Clinical Oncology (ASCO) submitted [joint letters of support](#) for the bill and [tweeted](#) in support of it becoming law.

The Mississippi House of Representatives passed [HB 1725](#) on February 28, which would expand access to Medicaid for nearly 300,000 low-income adults in the state. The legislation would require enrollees to work at least 20 hours per week to be eligible for Medicaid expansion. MOS and ASCO sent a [joint letter in support](#) of efforts to expand Medicaid last fall to then presumptive-Speaker of the House Jason White and Lieutenant Governor Delbert Hosemann. [MOS](#) and [ASCO](#) expressed support of the House passing HB 1725 and will continue to monitor the bill's movement in the Senate. Mississippi is one of 10 states that has yet to expand access to Medicaid under the Affordable Care Act.

Prior Authorization Legislation Moves in Wyoming, Iowa, and Vermont

Governor Mark Gordon signed [HB 14](#) into law on March 4 after it unanimously passed both chambers of the Wyoming Legislature in February. The legislation would require insurers to respond to urgent requests within 72 hours and nonurgent requests in five 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 and increase transparency by requiring insurers to publish prior authorization statistics and utilization management processes clearly online. Lastly, the bill would offer providers who have a 90% or higher prior authorization approval rate over a 12-month period an exemption from prior authorization requirements. Parts of the law will go into effect as early as July 1, 2024, while the remaining provisions will go into effect by January 1, 2026. The Wyoming State Oncology Society (WSOS) and Association for Clinical Oncology (ASCO) sent joint letters of support ahead of hearings held by the [House](#) and [Senate](#) Committees.

The Iowa House unanimously passed [HF 2488](#) on February 29. The legislation would require insurers to respond to urgent prior authorization requests within 48 hours and nonurgent requests in 10 calendar days. The bill would also require insurers to develop a pilot program that would offer some providers an exemption from certain prior authorization requirements. The Iowa Oncology Society (IOS) and ASCO sent a [joint letter of support](#) ahead of a subcommittee hearing in February. IOS and ASCO will monitor the bill's movement as it heads to the Senate for consideration.

On February 29, the Vermont House Committee on Health Care unanimously advanced [H 766](#), which would reform prior authorization processes and step therapy protocols in the state. The bill would require insurers to respond to an urgent prior authorization request within 24 hours and for nonurgent requests within two business days. The legislation would also promote continuity of care by requiring that prior authorization for a healthcare service must remain valid for a year and at least 90 days for patients who are stable on their treatment but switch health plans. Additionally, H 766 would place guardrails around step therapy by requiring insurers to grant an exception to a step therapy protocol if the drug is contraindicated or will likely cause an adverse reaction; expected to be ineffective based on the patient's clinical history and the known characteristics of the prescription drug regimen; the patient already tried a prescription drug that was discontinued by the prescriber due to a lack of efficacy or an adverse event; or the patient is stable on their current prescription drug. The Northern New England Clinical Oncology Society (NNECOS) and ASCO sent a [joint letter of support](#) ahead of a hearing held by the Committee in January. NNECOS and ASCO will monitor its movement, including the House's consideration of the bill on [March 12](#).

Georgia and Alaska Act on White Bagging and Brown Bagging Legislation

On February 29, the Georgia House of Representatives passed [HB 924](#), which would prohibit payer-mandated white bagging and all instances of brown bagging. The Georgia Society of Clinical Oncology (GASCO) and Association for Clinical Oncology (ASCO) previously sent a [joint letter of support](#) ahead of a hearing held by the Insurance Subcommittee on Life and Health before it was referred to the House Committee on Public Health, which advanced the bill in February. GASCO and ASCO will continue to watch the bill's movement as it is sent to the Senate.

The Alaska House Committee on Health and Social Services advanced [HB 226](#), which would prohibit payer-mandated white bagging and all instances of brown bagging, on February 29. The legislation would also reform PBM practices in Alaska, such as steering

patients to payer-owned or affiliated pharmacies and utilizing gag clauses to prevent pharmacists from informing patients on their most cost-effective option to purchase their prescriptions. The Denali Oncology Group (DOG) and Association for Clinical Oncology (ASCO) sent joint letters of support ahead of hearings held by the [Committee on Health and Social Services](#), the [House Committee on Labor and Commerce](#), and the [Senate Committee on Labor and Commerce](#), which heard its [Senate companion](#) on February 28 and March 6. The DOG and ASCO will continue to monitor the bill's progress.

Fertility Preservation Legislation Advances in Hawaii

The Hawaii House Committee on Finance passed [HB 1624](#), which would provide coverage for fertility preservation services for cancer patients, on February 28. The Hawaii Society of Clinical Oncology (HSCO) and Association for Clinical Oncology (ASCO) submitted a [joint letter of support](#) ahead of the Finance Committee's hearing. The legislation previously passed the [House Committee on Health and Homelessness](#) and the [House Committee on Consumer Protection and Commerce](#); HSCO and ASCO submitted letters of support for both hearings. ASCO and HSCO will continue to monitor the legislation.

A Better Plan for Emerging Leaders

Finding and keeping good volunteers is something many organizations address on a regular basis. Based on the Annual Affiliate Survey, 60 percent of respondents identified volunteer recruitment as an association management concern. This *Associations Now* [article](#) shares how to identify and keep current and future leadership candidates.

If your society has a best practice around volunteer recruitment, please share your experience through the State Oncology Societies [best practice program](#).