



Sit in My Chair

Toolkit





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What is *Sit in My Chair*?

The *Sit in My Chair* advocacy program is one of the Community Oncology Alliance's (COA) most powerful tools to empower advocates to support COA policy priorities. *Sit in My Chair* is a deeply personal experience that provides lawmakers with a better understanding of the challenges that cancer patients and practices face. The event invites lawmakers to go through a mock cancer treatment appointment, meet with community oncology professionals, hear from patient advocates about the value of community oncology, and consider COA's policy priorities.

To host your own *Sit in My Chair* event, all you have to do is:

1. Decide if you'd like to reach federal or state lawmakers.
2. Invite your lawmaker.
3. Plan your event, including a mock cancer treatment and time to discuss the challenges facing community oncology.
4. Host your lawmaker and advocate for community oncology!

Your *Sit in My Chair* Event

1. State or Federal?

Your *Sit in My Chair* event can be used to reach state and federal lawmakers. At both levels, advocating for community oncology and the policy priorities of COA can be especially effective.

Plan your event around the legislative schedule of the lawmaker. For state lawmakers, plan your event for when the legislature is out of session; for federal lawmakers, plan your event around Congress' August recess.

2. Invite Your Lawmaker

1. Identify the federal or state lawmaker that represents your practice's district. You can find your lawmakers here: <https://openstates.org>.
2. Invite your lawmaker via email. You can use the template email in Appendix C to help draft your invitation. Follow up a day after your email is sent to confirm that your lawmaker's office received the invitation.
3. Consider inviting those from surrounding areas that represent your patients and staff.

3. Plan Your *Sit in My Chair* Event

A *Sit in My Chair* event should take two hours. The first part simulates the patient experience and the second focuses on the issues that affect your practice and your asks. Remember to treat the lawmaker as you would any other patient throughout the mock treatment—doing so will create an authentic and effective experience. If the member has personal experience with cancer, has already sat in a chemotherapy chair, or has limited time, skip to step V.

- Register the lawmaker as a patient. If they have a staff person with them, treat this person as a caregiver.
- Call the lawmaker back to the treatment area. Have an oncologist explain the type of cancer they have and what the treatment options are. Tell them what they will go through during treatment.
- Have the nurse discuss the realities of their disease. If any blood would be drawn, walk through this process. Then, bring the lawmaker back to the chemotherapy area. *If possible, keep the lawmaker's staff or media separate during this portion of the event. It keeps the experience more focused.*
- Let the lawmaker sit in the chemo chair for at least 10 minutes. Consider going through the process of hooking up an IV to make it more realistic. Explain each step. Let the member observe their treatment and observe other patients.
- Bring the lawmaker to a conference room with all event participants and briefly cover the priority talking points using the messages from the discussion guide. **Be sure to include your asks or call to action.**

4. Invite Local Media

Local media may consider covering the lawmaker's visit. Consult their office to determine if they are comfortable inviting media—if they are, use the sample media advisory in Appendix C to reach out to local news outlets.

5. Take Photos and Share on Social Media

Take photos of the visit to share with the lawmaker and promote on social media. It will raise the profile of your practice and allow the lawmaker to show that they are engaging with constituents.

6. Thank the Lawmaker for Their Time

Don't forget to thank your lawmaker for taking the time to visit your practice and learn about the issues affecting community oncology. Let them know representatives of your practice are available as a resource. Be sure to share your business cards and contact information.

Discussion Guide

Use the following discussion guide when meeting with your lawmaker. The issues that affect your patients and your practice can be very harmful – be passionate but composed when meeting with your lawmaker.

A. Care for Patients:

- **Emphasize the biggest message: [More than 80%](#) of Americans fighting cancer receive care in the community oncology setting. Community oncology practices provide high quality, compassionate, and cutting-edge care.**
- Treating cancer is more complex than treating most medical conditions. It requires a large team of oncologists, highly skilled nurses, pharmacists, and staff.
- Patient care is coordinated, both in the clinic and with other medical providers. Community oncology practices play an important role in care coordination.
- Chemotherapy and other cancer drugs, especially biologicals, require precise handling, preparation, and administration. It is critical that trained professionals closely monitor patients.
- Cancer treatment takes an emotional toll on patients. Their state of mind and quality of life are vital parts of their care.
- When treated by a community oncologist, all the patient’s care is delivered locally—in the communities where your patients and their families live and work.

B. Problems Facing Your Practice in Care Delivery:

- Share data and patient stories as appropriate. If possible, have patients, nurses, administrators, and oncologists briefly share their experience to highlight different perspectives.
- Highlight the challenges patients face in accessing care, challenges with pharmacy benefit managers (PBMs), and the effect they have on patient care.
- Focus on patient care, but don’t shy away from talking about the pressures of running a medical practice as a small business. Consider mentioning the effect of payment cuts on your operations.

C. Make an Ask:

- Explicitly solicit help from the lawmaker on a specific issue or issues—this is called the ask. Use the following cheat sheet to make your asks.
- In 2022, COA is focused on how PBMs negatively affect your patients’ care.

Sit in My Chair – 2022 “Ask”

Support efforts to stop PBM abuses that hurt patients with cancer and raise drug prices.

- **PBM monopolies are taking over the U.S. health care system:** PBMs are middlemen corporations that have quietly become a monopolistic and dangerous part of the health care system. PBMs negotiate with pharmaceutical companies on behalf of insurers. Today, five PBMs control more than 80% of prescription drug benefits for over 260 million Americans. PBMs silently control if, how, when, and where patients access their drugs, regardless of clinical necessity or doctor-patient decision making.
- **PBMs adversely affect the treatment of cancer patients:** Increasingly, patients receive drugs through PBM-owned or corporate-affiliated specialty pharmacies. PBMs and their affiliates routinely delay and deny patients their oral cancer drugs and control administration of some biologic and infused cancer drugs.
- **PBM business practices raise drug costs:** PBMs claim to reduce prescription drug costs, yet drug prices continue to rise. PBMs negotiate rebates from drug manufacturers, claiming rebates make prescription drugs more affordable. PBMs have a vested interest in having drug list prices as high as possible because rebates are based on list, versus net, drug prices. Money from rebates is almost always kept by the PBM, and even in jurisdictions where rebates are meant to be “passed through” to health plan sponsors, some PBMs have created self-owned “rebate aggregators” that health plans use to collect rebates.
- **PBM “DIR fees” increase drug prices and hurt pharmacy providers:** Rebates aren’t the only ways PBMs profit—they also charge pharmacies murky “direct and indirect remuneration” fees (“[DIR fees](#)”). DIR fees have no basis in regulation or law and [artificially inflate the cost of prescription drugs](#).

COA compiled patient stories that reflect the dangerous situations patients are in because of PBMs. Ask your lawmaker to [learn more about how PBMs harm cancer care delivery](#).

Ask your lawmaker to subscribe to CPAN’s monthly News Bulletin to stay up to date on the latest cancer care news at COAAdvocacy.org

Appendix A: Contacting Local Media

When you participate in *Sit in My Chair*, make the most of your time. One way to do this is to notify your local media about the event.

Here is a quick guide on how to coordinate with the media and contact local reporters about your event:

1. Coordinate with the lawmaker's office.

Once the visit is confirmed, work with your contact at the lawmaker's office to see if they would like to invite media. If so, ask if the office's communications director will invite media or if the practice should.

2. Determine which reporter(s) to invite.

Identify the local outlet(s) you want to reach and find reporters' contact information. Your focus will probably be health care reporters, but you might also consider community events or political reporters, as well as the news outlet's photography department. If the outlet is small, it may not have a dedicated health reporter. In that case, the general newsroom contact is where to go with your story idea.

3. Invite reporters.

Draft a short (200 words or less) email to send to reporters. This email should concisely explain the *Sit in My Chair* event and mention your practice and the visiting lawmaker. An example pitch can be found in Appendix C.

Once you have your invite email ready, send it in a *separate email* to each contact on your list (don't use CC or BCC) about a week before the event. Include your contact information for follow-up questions.

4. Follow up with reporters.

An effective follow-up call will stress why preserving community cancer care is important and interesting to readers. Use talking points from the *Sit in My Chair* discussion guide and 2022 Ask sections to provide the reporter with context for the event.

5. Prepare your spokesperson.

Once you get the green light from a reporter, work with them to understand the angle that they wish to pursue. As the media contact, you are responsible for liaising between the reporter and any requested interview subjects—patients or practice staff—and making sure interviewees are prepared. Prepare them with talking points from the discussion guide and 2022 Ask sections.

6. Send a media advisory if you're pressed for time.

You can send a media advisory to a large list of reporters notifying them about your *Sit in My Chair* event. Do this 2-3 business days prior to the event. A template media advisory can be found in Appendix C. It is slightly less personal, but still an excellent way to let media know about your event.



7. Prepare a follow-up press release

Sending a news release immediately after your event provides an opportunity to follow up with media that did not attend. You can offer interviews and/or spokespersons as resources for future cancer stories. Including photos and quotes from the speakers increases the chances your event will be covered.

You can customize the template press in Appendix C. If you change this significantly, please share any changes with Rose Gerber at COA (rosegerber@coacancer.org) prior to distributing.

Establishing and fostering relationships with the media is always a good idea, so utilizing these resources and keeping local media informed is an important habit to start and keep.

Appendix B: Promoting Your Event on Social Media

Twitter

Use Twitter when trying to share information briefly or to find people who support similar policies. Here are some best practices for Twitter:

- **Keep it short.** A best practice is to aim for approximately 100 characters.
- **Attribution matters.** Mention people, lawmakers, or organizations referenced in the tweet with “@” and their handle to increase follows and retweets.
- **Grab attention.** Facts and statistics are appealing on social media and great for sharing.
 - When possible, use a visual to increase the likelihood that users will engage with your tweet.
- **Keep it relevant.** Retweet content that’s pertinent to your cause and your audience.
- **Give context.** Ensure your tweet explains what the content means for COA and cancer survivors writ large.

Facebook

Use Facebook to find other cancer advocates, stay up to date on important issues, start conversations with other advocates, and share visuals that bolster your advocacy. Best practices for Facebook include:

- **Make it personal.** Facebook is a unique platform because it’s ideal for storytelling and sharing your personal connection to community oncology.
- **Share links/articles.** Share articles about an upcoming vote and photos from a meeting, as well as other users’ posts that you find relevant.
- **Tag friends/other advocates.** A great way to spread the word about your advocacy is to tag (using the “@” symbol) individuals on Facebook. This will ensure that they see your post and can react accordingly.

YouTube

YouTube is particularly important for advocacy because it allows you to share impactful videos. Here are some best practices for YouTube:

- **Get permission.** If you wish to record a meeting or visit, make sure to get permission first and specify that you plan to upload the content to YouTube.
- **Keep your audience in mind.** Like most of your social media posts, keep your audience in mind—who do you want to see this video? That will help dictate what to film and what not to film.
- **Capture steady and clear footage.** It may be difficult to film during a meeting or visit, so conduct some tests before you hit ‘record’—make sure the sound is clear and that you’re holding your mobile device steady.



Appendix C: Template Materials

Template Invitation Email

Subject line: **[Practice name] Invites you to Experience the Value of Local Cancer Care**

The Honorable (Name)

United States Senate OR United States House of Representatives OR [State Government House Name]

[SELECT ONE]

(Building and Office Number)

City, State, ZIP

Dear [Lawmaker's title, last name]:

On behalf of the staff and patient constituents at [practice name] in [city], we would like to invite you or a member of your staff to visit our practice to see firsthand the fantastic cancer care we deliver to our community.

Specifically, **we would like to invite you to a one-of-a-kind experience called "Sit in My Chair."** This program—which can be tailored to fit your schedule—allows you to see and better understand community cancer care.

Our goal is to provide a greater appreciation of what cancer patients in your district experience. In addition to providing an opportunity to meet our clinic staff and see our practice operations in action, we hope to shed some light on the challenges community oncologists face in delivering cancer care that is local, affordable, and accessible to patients.

I appreciate your consideration and hope we can count on you to sit in our chair! You may reach me at (email address and phone number). Thanks for your time and reply.

Sincerely,

Patty Prevention

Practice Name and Address



Template Thank You Email

Subject line: Thank You for Visiting [Practice Name]

To: [Lawmaker email]

CC: [Relevant office staff involved in the visit or scheduling]

Email body:

Dear [Lawmaker Title, Last Name OR staff member who participated],

On behalf of [Practice Name] and our [total number of patients] patients, I am writing to extend my sincere thanks for taking the time to “Sit in My Chair” on [Date].

We enjoyed hosting you and hope you found your visit to be informative. As you listened to our clinicians and got acquainted with our work, we hope you know how important it is to keep local cancer clinics operating in our community.

Patients depend on community oncology. In fact, most Americans fighting cancer receive treatment in a community clinic. Since 2008, more than 1,700 community oncology practices have closed, been acquired by hospitals, undergone mergers, or are struggling financially to compete. As local cancer clinics close, patients are forced to travel farther for treatment, resulting in less convenient and more costly cancer care.

Community cancer clinics face threats from pharmacy benefit managers (PBMs) that delay or deny patients access to necessary cancer drugs. PBMs artificially inflate drug prices, enforce outdated care models, and ultimately degrade cancer care delivery.

Thank you again for allowing us to introduce you to our community oncology practice and the many services we offer to patients in our community. We hope we can count on you to stand up for community cancer care in [Congress/State].

Sincerely,

[Email Signature, Practice Head]



Template Pitch Email

Subject line: [LAWMAKER] to visit [PRACTICE NAME] on [DATE]

Hello [Reporter Name],

Please join us at [practice name] on [date and time] as we host [Lawmaker X] for an inside look at the vital cancer care patients receive at community oncology clinics. This personalized educational experience will explain how we care for patients, some of the challenges community oncology faces, and why [Congress/State] must stand up for local cancer care.

Background:

Since 2008, more than 1,700 community oncology practices have closed, been acquired by hospitals, undergone mergers, or are struggling financially to compete. As local cancer clinics close, patients are forced to travel farther for treatment, resulting in less convenient and more costly cancer care.

Community cancer clinics face threats from pharmacy benefit managers (PBMs) that delay or deny patients access to necessary cancer drugs. PBMs artificially inflate drug prices, enforce outdated care models, and ultimately degrade cancer care delivery.

For more information and to RSVP, please contact [Name] at [email] or [phone number]. Thank you for your consideration.

[Email Signature]



Template Media Advisory

[LAWMAKER NAME] ACCEPTS [PRACTICE NAME] INVITE TO "SIT IN MY CHAIR" ON [DATE]

What: [Practice Name] will provide a first-hand account and demonstration of what it's like to be treated for cancer in a community oncology practice setting.

Why: The majority of Americans fighting cancer receive treatment in a community oncology clinic. Since 2008, more than 1,700 community oncology practices have closed, been acquired by hospitals, undergone mergers, or are struggling financially to compete. As local cancer clinics close, patients are forced to travel farther for treatment, resulting in less convenient and more costly cancer care.

Today, community cancer clinics around the country face threats from pharmacy benefit managers (PBMs) that routinely delay or deny patients access to necessary cancer drugs. PBMs artificially inflate drug prices, enforce outdated care models, and ultimately degrade cancer care delivery.

When

[Date], [Time]

Where

[Building]

[Address]

[City], [State] [ZIP]

Who

Speakers include:

[Name], [title], [Practice/Organization], [topic speaking on]

[Name], [title], [Practice/Organization], [topic speaking on]

[Name], [title], [Practice/Organization], [topic speaking on]

RSVP

To RSVP or to learn more, contact [Name] at [email] or [phone number].

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About the Community Oncology Alliance (COA)

The majority of Americans fighting cancer receive treatment in the community oncology setting. Keeping patients close to their homes, families, and support networks lessens the impact of this devastating disease. Community oncology practices do this while delivering high-quality, cutting-edge cancer care at a fraction of the cost of the hospital setting. The Community Oncology Alliance (COA) advocates for community oncology and smart public policy that ensures the community cancer care



system remains healthy and able to provide all Americans with access to local, quality, affordable cancer care. Learn more at www.CommunityOncology.org.

About the COA Patient Advocacy Network (CPAN)

The Community Oncology Alliance Patient Advocacy Network (CPAN) was created in recognition of the vital role patients should play in advocating for access to local, affordable cancer care for all. CPAN is a non-cancer type-specific, national network representing patients, cancer survivors, caregivers, family members, medical and oncology professionals, and other advocates. To learn more about CPAN visit www.COAadvocacy.org.

About [Practice Name]

[Add two to three sentences about your practice and the community you serve. This helps any reporter covering the event write about the practice in more detail. Include your website.]



Template Press Release

[Practice Logo]

Contact:

[Contact Name]

[Contact Phone Number]

[Contact Email Address]

LOCAL ONCOLOGY PRACTICE [NAME] HAS [NAME OF LAWMAKER] “SIT IN MY CHAIR”

Local Cancer Clinic Shows Lawmakers the Benefits of Local Cancer Care as Community Oncology Clinics are Threatened

[City, State] – [Date of Release] – [Practice Name] hosted [Name of Lawmaker/Lawmaker’s Office] today in [City] to share firsthand what it’s like to face a cancer diagnosis and treatment in a community oncology setting. The unique event, called “Sit in My Chair,” brings physicians and office staff together with a local policymaker to learn about the critical issues facing the delivery of cancer care and treatment by community oncology clinics.

For patients with cancer, having care that is close to home is especially important – a task that has become tougher as more than 1,700 community oncology practices have closed, been acquired by hospitals, undergone mergers, or are struggling financially to compete. When local cancer clinics close, patients are forced to travel farther for treatment, resulting in less convenient and more costly cancer care.

Today, community cancer clinics around the country face threats from pharmacy benefit managers (PBMs) that routinely delay or deny patients access to necessary cancer drugs. PBMs artificially inflate drug prices, enforce outdated care models, and ultimately degrade cancer care delivery.

“It was an honor to discuss the value of community oncology with [Lawmaker X’s office]. At [Practice Name], we are committed to giving our patients quality care right here in [City],” said [First Last], [title]. “As a [nurse/physician/administrator], I am excited to help make our voice heard.”

Sit in My Chair educational events are coordinated by the Community Oncology Alliance Patient Advocacy Network (CPAN), a national patient advocacy group that gives patients, survivors, and others a vital voice to share their experiences and advocate for community cancer care. There are active CPAN chapters across the country and advocates regularly engage with members of Congress and state lawmakers about the importance of community oncology, where the majority of patients receive their care.



Rose Gerber, director of patient advocacy and education for the Community Oncology Alliance, cited the need for changes in cancer policy.

“[Practice] helps [City] patients receive state-of-the-art, personalized care close to their homes. All too often, they’re the ones that suffer the most when local, affordable cancer care is threatened by misguided government policies,” Gerber said. “It is important that [Congress/(State) Lawmakers] truly understand what community oncology practices go through, and we are thankful that [Lawmaker Name] took the time to sit in the chair of cancer patients.”

For more information on CPAN, please visit www.COAadvocacy.org.

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About [Practice Name]

[Add two to three sentences about the practice and the community it serves. This helps any reporter covering the event write about the practice in more detail.]