



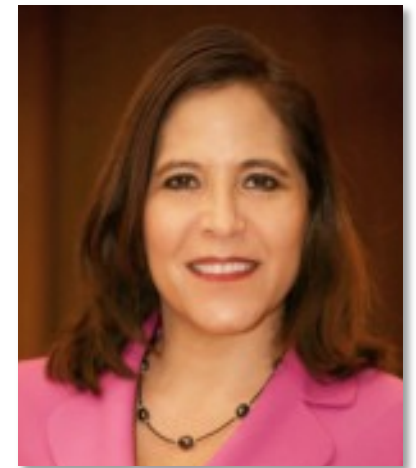
Cancer Policy Updates from Washington, D.C.

Today's Chat Agenda

- Updates: Community Oncology Alliance (COA) and COA's Patient Advocacy Network (CPAN)
- Nick Ferreyros, Managing Director, Policy, Advocacy & Communications
 - Major Cancer Policy Developments
 - Review COA policy focus for 2024
 - COA May 8th Capitol Hill Day – Advocacy Focus



Nick Ferreyros
Managing Director, Policy,
Advocacy & Communications
Community Oncology Alliance



Rose Gerber, MS
Director of Patient Advocacy & Education
Community Oncology Alliance

CPAN Advocacy Chat Cancer Policy Updates

*Nicolas Ferreyros
Managing Director
Community Oncology Alliance*

April 17, 2024



Political Reality: It's A Mess in Washington

- Democrats control the White House and the Senate (barely)
 - Have to work with (some) Republicans to get legislation passed
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 - Have to work with (some) Democrats to get legislation passed
- A wild year so far – and a wild year ahead
 - Congress finally passed budget six months late
 - It's an Election Season!
 - Presidential election as well as 468 seats in the Congress (33 Senate seats and all 435 House seats) are up for regular election
 - Retirement of many provider champions – Reps. Burgess, Wenstrup, Bucshon, Eschoo; Sens. Braun and Romney
- Will anything get done before the election?

Politics • Analysis

Half of senior staffers in Congress are so fed up that they may quit

Capitol Hill aides worry that lawmakers have increased their bombast so much that it makes it harder to do their jobs

[▶ Listen to article](#)



In a recent report, only about one in five senior aides on Capitol Hill say they believe that Congress is “functioning as a democratic legislature should.” (Jabin Botsford/The Washington Post)

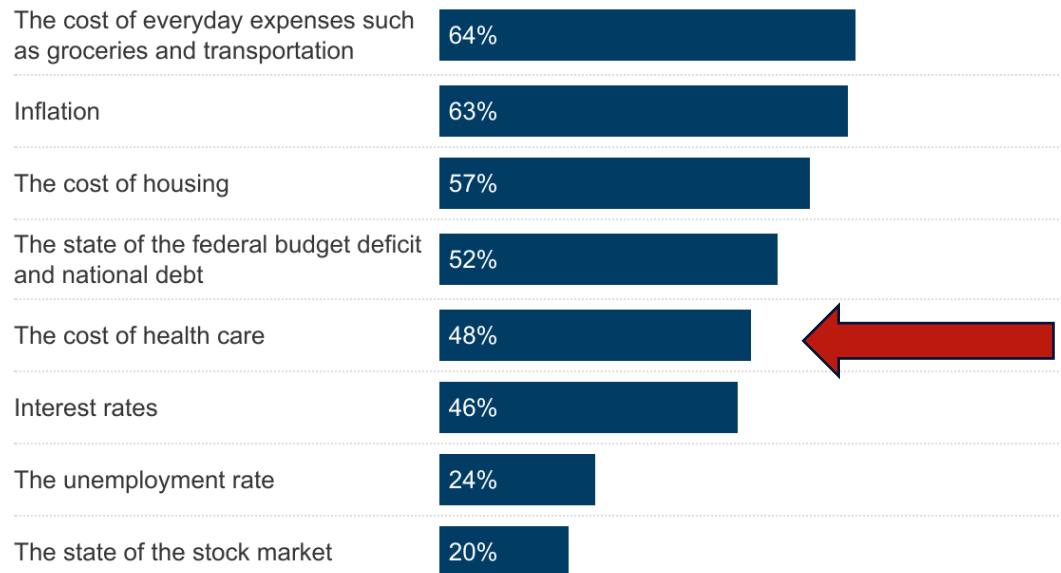
Voters Are Concerned About Health Care "Costs" and Affordability



Figure 1

At Least Half Of Voters Say Inflation, Cost Of Everyday Expenses, Housing And Health Care Are Major Reasons They Describe Economy Negatively

Percent of voters who say each of the following is a **major reason** why they describe the condition of the national economy these days as "not so good" or "poor":



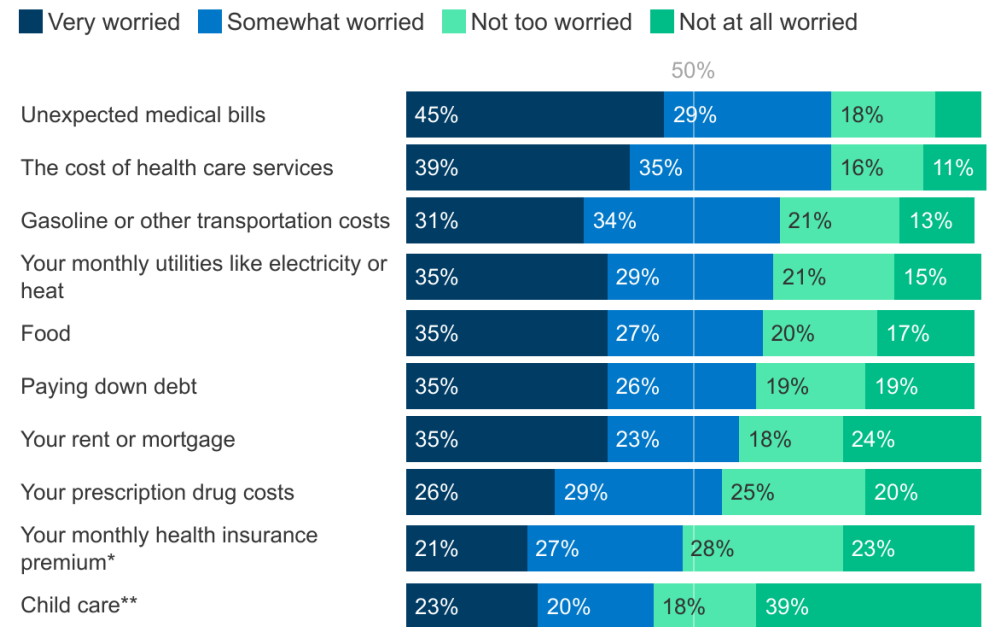
NOTE: Asked of those who describe the condition of the national economy as "not so good" or "poor." Percentages reported among total registered voters. See topline for full question wording.
SOURCE: KFF Health Tracking Poll (Jan. 30-Feb. 7, 2024)



Figure 2

About Three In Four Adults Say They Are Worried About Being Able To Afford Unexpected Medical Bills, The Cost Of Health Care

How worried, if at all, are you about being able to afford each of the following for you and your family?




NOTE: *Asked of insured adults. **Among parents or guardians of a child under age 18 living in their household. See topline for full question wording.
SOURCE: KFF Health Tracking Poll (Jan. 30-Feb. 7, 2024)



Politicians Love to Focus on Health Care and Drug Costs, Particularly in Election Years





- Drug “prices” and health care “costs” are the big issues in Washington
 - Every elected official in the U.S. has promised to address prices reduce the cost of drugs
- “Big Pharma” is punching bag for politicians – particularly with passage of Inflation Reduction Act (IRA) – aka Medicare drug price negotiations
- IRA passage has allowed politicians to claim a big win – and turn focus attention on pharmacy benefit managers (PBMs), hospitals, and insurers

THE WHITE HOUSE 

APRIL 03, 2024

Remarks by President Biden on Lowering Healthcare Costs for Americans

 BRIEFING ROOM  SPEECHES AND REMARKS

Indian Treaty Room

12:00 P.M. EDT

THE PRESIDENT: Kris, thank you, thank you, thank you. First of all, thank you for the courage you’ve shown over the years dealing with your health issues but also for standing up here before the whole nation and explaining to us what you’ve gone through. It’s not easy to do.

You know, trying to afford your expensive medications, from blood disorders to asthma – millions of Americans – millions – have similar stories: lying in bed at night literally staring at the ceiling wondering what in God’s name will happen if their spouse gets cancer or if their child gets sick or something happens to them. Are they going to have enough insurance? Can they afford the medical bills they’re going to have? Will they have to sell the house to keep things moving?

COA's Overall 2024 Policy & Advocacy Priorities



1. Ensuring Sustainable Payments and Reimbursement
2. Pharmacy Benefit Manager (PBM) Reform
3. Addressing Anti-Competitive Hospital Policies and Regulation
4. Provider Wellness and Workforce Issues
5. Prior Authorization and Utilization Management Reform to Protect Patients
6. Finding Permanent Solution to Cancer Drug Shortages
7. Supporting System Transformation and New Payment Models
8. Improving Cancer Health Equity

Active Policy and Legislative Issues in DC on COA's Radar



Pharmacy Benefit Manager (PBM) reform and abuses



CMS prohibiting practices from delivering cancer drugs to patients



"Non-profit" hospitals and 340B program



Community oncology provider payment/reimbursement



Inflation Reduction Act (IRA) drug negotiation technical fix

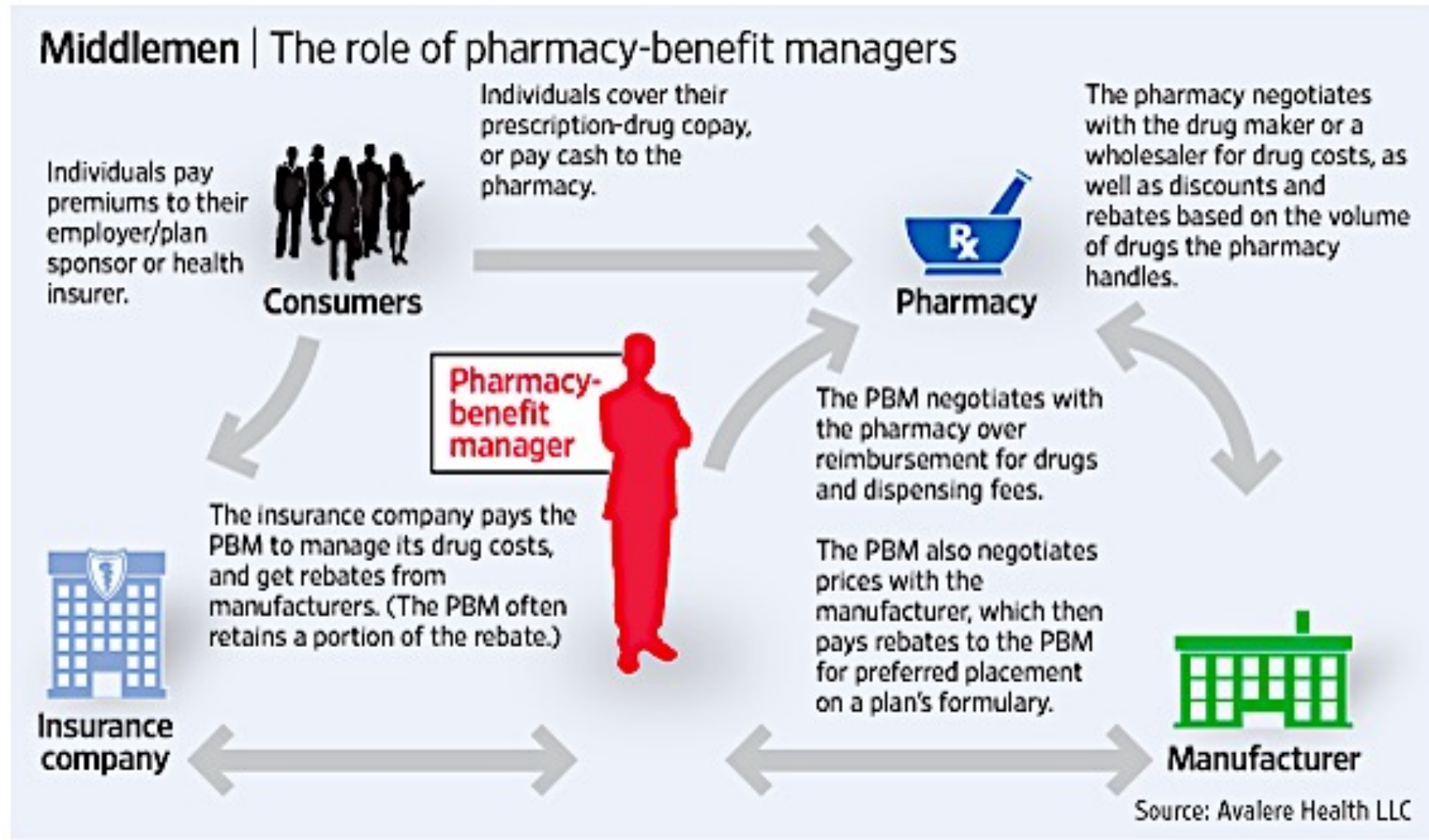


Cancer drug shortages

PBMs, PBMs, PBMs: What Are Pharmacy Benefit Managers (PBMs)?



PBMs are **large, often for-profit corporations** hired to as middlemen **manage prescription drug benefits** on behalf of health insurers, Medicare Part D drug plans, large employers, and other payers.



PBMs, PBMs, PBMs: Major PBM Problems COA Focused On



- Most people don't know about PBMs because they are middlemen, not always visible to patients.
 - Silently control what, when, and where patients access prescription drugs.
- PBMs impact on patients
 - Delaying and denying cancer patients from getting their drugs
 - Forced use of mail order pharmacy
 - Using “fail first” step therapy, prior auth, and other utilization management to ensure most profitable (to the PBM) drugs used
- PBMs impact on practices
 - Underwater reimbursement
 - Excluding pharmacies from PBM networks
 - Moving medical benefit drugs to pharmacy benefit



COA Horror Story Series: Impact of PBM Abuses



Playing Games with Patient Lives:

Pharmacy Benefit Manager Horror Stories – Part VIII



Once hailed as a problem-solving initiative that would hasten the process of patients receiving their prescription authorizations and even help to lower patient cost, PBMs have in many cases become the problem themselves.

Today, PBMs often take on every role of a vertically integrated system, controlling every step between patient and insurance company, insurance company and pharmaceutical manufacturer, and even the insurance company and the pharmacy where patients can access their medication.

COA has published 8 volume of PBM patient horror stories detailing specific, true cases where patient care delayed, denied, or worse.

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With PBMs having manipulated their way into a position where they can mandate that patients purchase their medication from a particular distributor – one that they own – it is no wonder that the three largest PBMs in the US are more profitable than some pharmaceutical companies.

monitor her condition, changing the line of treatment whenever the disease showed signs of progression. In June, a checkup revealed that the cancer had metastasized to Belinda's neck, upper abdomen, and liver. Time was critical, and her doctor immediately prescribed a common oral chemotherapy with instructions that the PBM-mandated specialty pharmacy deliver the medication directly to Belinda's home. It was a standard request, yet the medicine had not arrived three and a half weeks later.

Calling the specialty pharmacy, the oncology clinic's office manager learned that the prescription was still pending approval by Belinda's insurance company. Five days later, the pharmacy requested clarification of the pill dosage and quantity. The clinic complied and still

PBM Horror Stories Series | 1



Will We Ever See PBM Reform in Washington?



- Pre-COVID and pre-IRA, PBMs were happy in the shadows
 - Democrats – Barely acknowledged PBMs, focused on “big pharma”
 - Republicans - Acknowledged PBM issues but were not a major focus
- Post-COVID and IRA: PBMs in the spotlight
 - At least 25 PBM-focused bills being pushed
 - FTC working on a major PBM report
 - GAO report on PBM rebates
- Bipartisan action on PBMs underway
 - Multiple (with more to come) hearings putting PBMs in hot seat
 - Seven congressional committees have worked on and combined various PBM bills
 - House: Energy & Commerce, Ways and Means, Education & Workforce Committees
 - Senate: Finance, Health Education, Labor and Pensions (HELP), Commerce Committees
- Stage *was* set for PBM reform from Congress in 2024
 - Failed to make into budget packages
 - Need legislative package/vehicle for reforms to proceed
 - Hope not to stop the momentum

U.S. SENATE COMMITTEE ON COMMERCE, SCIENCE, & TRANSPORTATION

HEARINGS

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Bringing Transparency and Accountability to Pharmacy Benefit Managers

February 16, 2023
10:00 AM

U.S. Senator Maria Cantwell (D-Wash), Chair of the committee will convene a full committee hearing titled "Bringing Transparency and Accountability to Pharmacy Benefit Managers" on Thursday, February 16, 2023, at 10:00 AM. Prescription medications and there is little transparency into how they are priced and how they are distributed. Pharmacy Benefit Managers (PBMs) have a large role in how Americans pay for their prescriptions and how they are distributed. The hearing will bring transparency into PBM practices that drives up costs for consumers. The bipartisan hearing is introduced by Chair Cantwell and Sen. Chuck Grassley (R-Iowa).

Witness Panel 1:

- U.S. Senator Chuck Grassley (R-Iowa)

Witness Panel 2:

- Ryan Oltbro, PharmD, FACA, CEO of Seattle Children's Hospital
- Debra Platt, M.D., Ph.D., MBA, Oncologist, TGen
- Erin Trish, PhD, Co-Director and Associate Professor, Center for Health Economics and Policy, University of Southern California
- Casey B. Mulligan, PhD, Professor in Economics, University of California, Berkeley

Related Links

Hearings

Markups

Press Release Published: May 16, 2023

Comer Announces First Hearing on Pharmacy Benefit Managers' Role in Rising Health Care Costs

WASHINGTON—House Committee on Oversight and Accountability Chairman James Comer (R-Ky.) today announced an upcoming hearing titled, "The Role of Pharmacy Benefit Managers in Prescription Drug Markets Part I: Self-Interest or Health Care?" At the hearing, members will examine Pharmacy Benefit Managers' (PBMs) tactics at multiple levels of the payment and supply chains that are increasing costs for consumers and harming patient care.

"Pharmacy Benefit Managers' anticompetitive tactics are driving up health care costs for Americans and harming patient care. Greater transparency in the PBM industry is vital to determine the impact that their tactics are having on patients, the pharmaceutical market, and health care programs administered by the federal government. The House Oversight and Accountability Committee is shining a light on this issue in the healthcare system and will continue to work to ensure that patients and taxpayers are protected from these practices."

UNITED STATES SENATE COMMITTEE ON FINANCE

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Full Committee Hearing

Pharmacy Benefit Managers and the Prescription Drug Supply Chain: Impact on Patients and Taxpayers

Date: Thursday, March 30, 2023
Time: 10:00 AM
Location: 215 Dirksen Senate Office Building

Jonathan E Levitt
Founding Partner
Frier Levitt Attorneys at Law
Pine Brook, NJ

Download Testimony

Types of PBM Reforms Before Congress

1. Transparency

- Reporting requirements on drug prices, rebates, formulary, benefit design.

2. Banning Spread Pricing

- When PBMs reimburse pharmacies less than what they make from drug plans and keep the “spread” as profit.

3. Rebate Passthrough

- Requiring PBMs to pass on 100% of rebates, fees, discounts to plan sponsors.

4. Reduce Patient Out-of-Pocket Costs

- Tie cost-sharing to the negotiated net price, instead of the list price.

5. Delinking drug prices from PBM profits

- Prohibiting PBMs from earning a profit based on drug list price. Instead, must be flat dollar service amount.

CMS Reinterpretation of Drug Delivery: A Stark Law Violation?



- CMS “FAQ” saying practices not allowed to deliver oral drugs to patients. Must be picked up in-person
 - Friends, family, caregivers also not allowed to pick up
 - Allowed during COVID, stopped with end of PHE
 - A Stark law violation against self-dealing (how???)
- CMS’ says beneficiaries can get drugs through mail order from Part D plan sponsor (aka PBMs)
 - PBM mail order endless source of problems and delays
- A nightmare for patients and practices
 - PBMs trolling for patients
 - Prescriptions being abandoned
- COA lawsuit against CMS (ongoing)
- Working on legislative fix with Congress
 - Seniors’ Access to Critical Medications Act (H.R. 5526 & S. 3458)



Thank You, Stay in Touch, Get Involved!

Nicolas Ferreyros
Managing Director
Policy, Advocacy, Communications
Community Oncology Alliance



Thank You Nick Ferreyros!

Don't miss our next Advocacy Chat on
Wednesday, May 15, at 12:00 pm ET

Pharmacy Benefit Managers: What Patients Need to Know



Debra Patt, MD, PhD, MBA
Vice President
Texas Oncology