



February 15, 2023

Senator Melony Griffith, Chair  
Senate Committee on Finance  
Room 3, East Wing  
Miller Senate Office Building  
Annapolis, MD 21401

Dear Chair Griffith, Vice Chair Klausmeier, and Members of the Senate Finance Committee,

The Maryland/District of Columbia Society of Clinical Oncology (MDCSCO) and the Association for Clinical Oncology (ASCO) are pleased to support SB 308, which establishes guardrails around prior authorization in the state.

MDCSCO is committed to improving the quality and delivery of care in medical oncology in the State of Maryland and the District of Columbia. ASCO is a national organization representing physicians who care for people with cancer. With nearly 45,000 members, our core mission is to ensure that cancer patients have meaningful access to high quality, equitable cancer care.

Prior authorization requires patients or their providers to secure pre-approval as a condition of payment or insurance coverage of services. In a recent ASCO survey, 80% of respondents said that a patient has experienced significant impacts on their health, such as disease progress, because of prior authorization processes. The most common harms to patients include delays in treatment (95%) and diagnostic imaging (94%), patients being forced onto second-choice therapy (93%) or denied therapy (87%) and increased out-of-pocket costs (88%). These survey results confirm that prior authorization results in unnecessary delays or denials of cancer care.

MDCSCO and ASCO are committed to supporting policies that reduce cost while preserving quality of cancer care; however, it is critical that such policies be developed and implemented in a way that does not undermine patient access. Payer utilization management approaches like prior authorization are of particular concern because they represent greater likelihood of raising barriers to appropriate care for individuals with cancer.

MDCSCO and ASCO are pleased that SB 308:

- **Promotes continuity of care** by allowing a patient to stay on a prescription drug without another prior authorization if the insurer previously approved the drug;
- **Enhances clinical validity** by requiring clinical review criteria to be evidence-based and developed by an organization that works directly with health care providers or a professional medical specialty society
- **Accommodates the needs of specialized patient populations** by requiring that the physician that serves on the health care service review panel be knowledgeable of and experienced in the diagnosis and treatment under review;

- **Improves the review process** by requiring a physician who makes an adverse decision to notify the patient's physician before making an adverse decision and be available to discuss the basis for denial rather than deny care prior to a peer-to-peer conversation;
- **Alleviates administrative burden on physicians** by exempting certain drugs from prior authorization, including generic drugs, drugs that have changed dosage consistent with federal FDA labeled dosages, and drugs bundled under two prescriptions due to differing formulations; and
- By requiring studies on the feasibility of standardizing electronic systems across all carriers and implementing a "gold card" prior authorization exemption standard.

MDCSCO and ASCO are encouraged by the steps SB 308 takes toward improving prior authorization in Maryland, and we welcome the opportunity to be a resource for you. For a more detailed understanding of our policy recommendations on this issue, we invite you to read the [ASCO Position Statement: Prior Authorization](#). Please contact Sarah Lanford at ASCO at [Sarah.Lanford@asco.org](mailto:Sarah.Lanford@asco.org) if you have any questions or if we can be of assistance.

Sincerely,



Paul Celano, MD, FACP  
President  
Maryland/DC Society of Clinical Oncology



Lori J. Pierce, MD, FASTRO, FASCO  
Chair of the Board  
Association for Clinical Oncology