



MARYLAND/DISTRICT OF COLUMBIA
SOCIETY OF CLINICAL ONCOLOGY



ASSOCIATION FOR CLINICAL ONCOLOGY

February 22, 2023

Senator Melony Griffith, Chair
Senate Committee on Finance
Room 3, East Wing, Miller Senate Office Building
11 Bladen St.
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 515, which establishes guardrails around step therapy 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.

MDCSCO and ASCO are committed to supporting policies that reduce cost while preserving quality of cancer care; it is critical that such policies be developed and implemented in a way that does not undermine patient access. Payer utilization management approaches like step therapy protocols are of particular concern because they represent greater likelihood of raising barriers to appropriate care for individuals with cancer. While many treatments preferred by payers cost less, they may not be the best treatment available for the patient.

Step therapy or fail first policies can be particularly problematic for patients with cancer because they can significantly delay a patient's access to the best treatment available for their condition. While waiting to complete a "step," a patient with cancer may experience disease progression and irreversible damage to their overall health.

MDCSCO and ASCO are pleased that SB 515 would place guardrails around step therapy by requiring carriers to grant an exception to a step therapy protocol if:

- The drug required to be used is contraindicated or will cause an adverse reaction;
- The drug required to be used is expected to be ineffective based on the known clinical characteristics of the patient and the known characteristics of the prescription drug regimen;
- The patient is stable on a prescription drug selected by their clinician; or
- The patient has already tried a prescription drug in the same pharmacologic class or has the same mechanism of action as the step therapy drug and was discontinued by the prescriber due to lack of efficacy or an adverse event.

MDCSCO and ASCO are encouraged by the steps SB 515 takes toward improving step therapy 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](#):

[Utilization Management](#). Please contact Sarah Lanford at ASCO at Sarah.Lanford@asco.org if you have any questions or if we can be of assistance.

Sincerely,

A handwritten signature in black ink that reads "Paul Celano". The script is fluid and cursive.

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

A handwritten signature in black ink that reads "Lori J. Pierce MD". The script is elegant and cursive.

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