



April 1, 2021

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Dear ASCO Advocates:

Thank you for your unwavering advocacy during the challenges of the ongoing pandemic. We are proud of the accomplishments that we made by working together in 2020, including passage of the CLINICAL TREATMENT Act at the end of the year! Your participation remains critical to advancing ASCO's top priorities on Capitol Hill with the new Congress that was sworn in earlier this year. We are excited about moving the Advocacy Summit to the spring to allow us even more influence over the shaping of legislation early in the process.

Holding our Summit as a virtual event has not dampened our participation or resolve. Our second virtual Advocacy Summit will include 160 volunteers, from 20 ASCO Committees, representing 45 states, and the District of Columbia. As practicing physicians, researchers, and constituents, your collective voice will be critical to influence the outcome of several key issues this year.

Direct constituent contact continues to be the most effective way to ensure Congress makes the best-informed decisions possible. Members of Congress and their staff are eager to hear from you, their constituents. Our hope is that this Summit allows you the opportunity to develop new, or build on existing, relationships with your lawmakers and their staff. This year's virtual meetings will be more seamless and impactful than last year's as we have updated our scheduling platform and added video meetings whenever possible. We also have an exciting line up of virtual events scheduled over the next few days, including training on our legislative messaging, advocacy training with state breakout groups, an exciting keynote speaker, and more.

To prepare for your meetings, we encourage you to utilize these materials, also accessible through the Advocacy Summit [webpage](#). They include tip sheets for mastering the virtual meeting and the accompanying technology, background materials about our key asks, a suggested meeting script to guide your meeting group with messages, and information on our exciting line up of speakers.

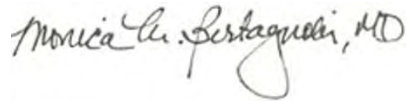
Meeting schedules will not be finalized until closer to the Summit since Congressional schedules are constantly shifting. Your individual schedule will be available online beginning Thursday, April 8th; instructions on how to access it are included in the Summit materials. Look for an email from Advocacy Day with the web link to your schedule. Your schedule includes information on who is in your meeting group, as well as the ability to contact them directly. For some of you who may be the only participant from your state, an ASCO staff person will join for your virtual meetings and we will let you know that as well. Please remember that

these meetings are scheduled for you as the constituent. If you are unable to attend it is imperative you notify ASCO staff so they can let the other participants know or cancel the meeting if you are the only constituent attendee.

Lastly, after a successful launch of the ASCO Association PAC in 2020, I am pleased to share that we are hitting the ground running in 2021 with a special PAC event featuring Congresswoman Kim Schrier, M.D. (WA-08). This is the first time our Advocacy Summit will include a special event open to Summit attendees who are ASCO Association PAC contributors, and we think you will enjoy this direct connection with a fellow physician serving in Congress. For more information regarding the PAC, we have included a one-page PAC infographic in these materials, or you can email Anthony Perez at ASCOAssociationPAC@asco.org.

If you have questions about the Advocacy Summit, please contact ASCO staff at AdvocacySummit@asco.org or (571) 483-1601. I look forward to another successful virtual Advocacy Summit!

Sincerely,

A handwritten signature in black ink that reads "Monica M. Bertagnolli, MD". The signature is fluid and cursive, with the letters "M" and "B" being particularly prominent.

Monica M. Bertagnolli, MD, FACS, FASCO
Chair of the Board, Association for Clinical Oncology

ASCO® Advocacy Summit

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Thursday, April 8, 2021

7:00 - 8:30 PM (EST): Virtual Hill Meeting Prep What to Know & What to Say
(Live webinar, will be recorded)

ASCO Government Relations Committee Leadership

Virtual Advocacy Summit Welcome

New Congress: New Opportunities

Technology Platform Live Log-in and Overview

Legislative Messaging

Q&A

Monday, April 12, 2021

7:00 – 8:30 PM (EST): Prepare for Success with Your State: Advocacy Tools and Tips
(Live webinar, will be recorded)

Albert Sanders, Former Associate White House Counsel & Senate Judiciary Committee Counsel

Meeting Best Practices

State Group Breakout Sessions

Q&A

Tuesday, April 13, 2021

6:00 – 6:30 PM (EST): Special Event for ASCO Association PAC Contributors: A Conversation with Representative Kim Schrier, MD (WA-8)
(Live webinar, link will be provided to PAC donors)

Summit attendees who are ASCO Association PAC contributors are invited to join a conversation with Representative Kim Schrier, MD, a pediatrician who serves on the influential Energy and Commerce Committee

Wednesday, April 14, 2021

Drop In: 7:30 – 10:00 AM (EST): ASCO Help Line (Live webinar)

Have outstanding questions about ASCO's advocacy work, what to expect, or the legislative messaging?

ASCO advocacy staff will be available during this informal session to answer your questions

8:00 AM – 5:00 PM (EST): Virtual Congressional Meetings

*Pre-scheduled virtual meetings with your Members of Congress & their staff
Individual schedules will be provided*

6:15 – 7:45 PM (EST): Keynote Speaker & Congressional Award Presentation (Live webinar)

Keynote Speaker: Kelly O'Donnell, NBC News White House Correspondent

Presentation of ASCO's Advocate of the Year Award

Presentation of ASCO's Congressional Champion Award to Sen. Ben Cardin

ASCO Association PAC

The Association for Clinical Oncology (ASCO) is the nation’s leading organization supporting high-quality cancer care, cancer-focused research, and the cancer care delivery team. The ASCO Association political action committee (PAC) helps us influence positive change on Capitol Hill for the cancer care community. The PAC provides us with a collective voice in the political arena by allowing us to support the campaigns of candidates who understand the importance of our work in oncology and how it impacts the patients we treat.



ENGAGE

Our PAC helps us engage with lawmakers from both sides of the aisle to ensure our members’ voices are heard in D.C.



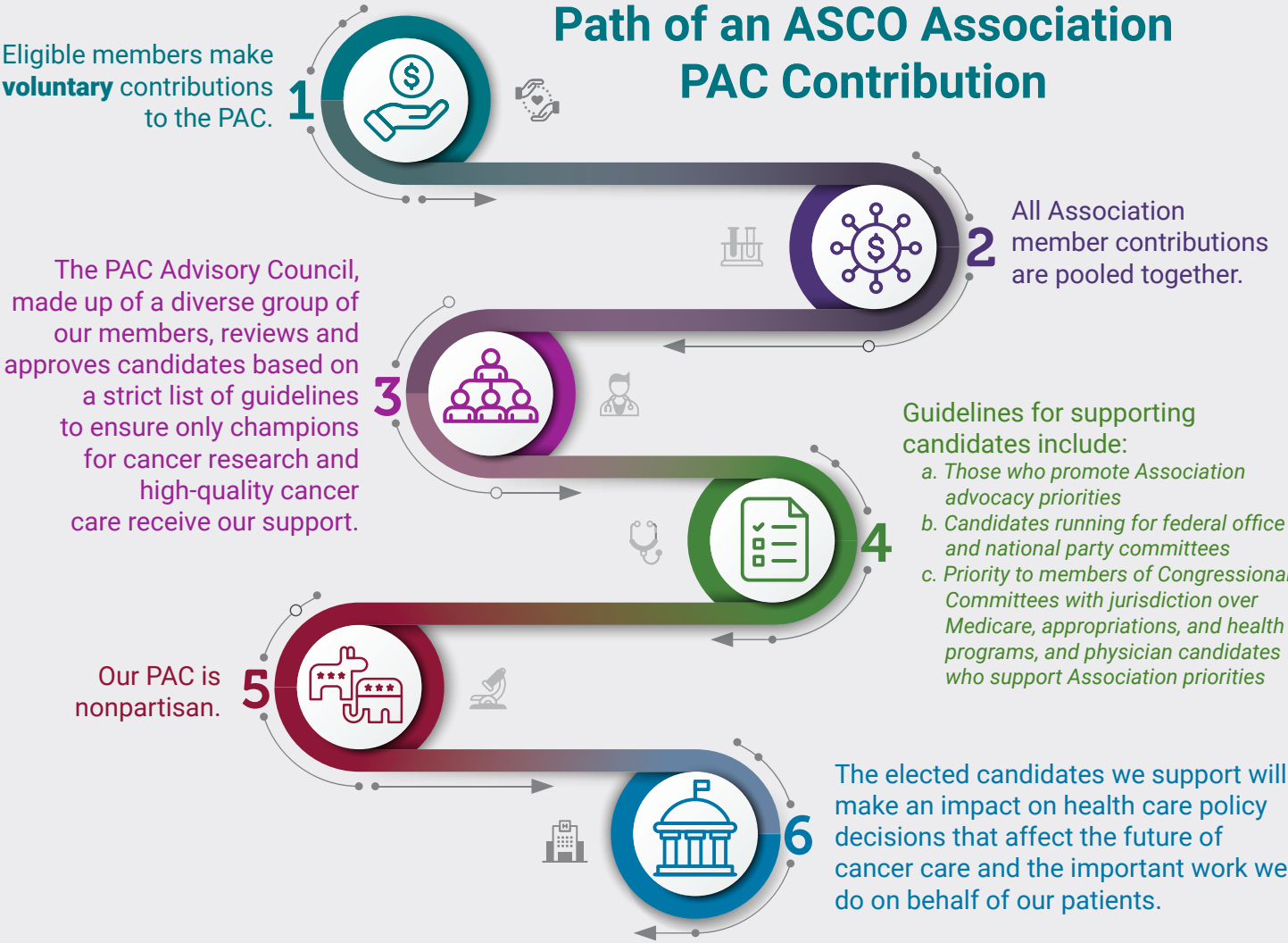
EDUCATE

We educate legislators on the current realities of the cancer care delivery system and the need to provide high-quality, affordable cancer care to our patients.



SUPPORT

The PAC supports lawmakers who prioritize policies important to the future of cancer care and our advocacy priorities.



Now is the time to make your voice heard.

Help us create positive change for cancer care. [Click here to join ASCO Association PAC today!](#)

Contributions to ASCO Association PAC are not tax deductible for federal income tax purposes. Contributions are used for political purposes and are strictly voluntary. You may refuse to contribute without reprisal. The guidelines are merely suggestions. You are free to contribute more or less than the guidelines suggest and the association will not favor or disadvantage you by reason of the amount contributed or the decision not to contribute. Federal law requires ASCO Association PAC to use our best efforts to collect and report the name, mailing address, occupation and the name of the employer of individuals whose contributions exceed \$200 in a calendar year. You must be a U.S. citizen or permanent resident (green card holder) in order to contribute.

ASCO® Advocacy Summit

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Social Media Tips

Help Spread the Word



- › Use **#ASCOAdvocacySummit** in tweets during the Summit!
- › Search for the **#ASCOAdvocacySummit** to see what others are saying. Retweet or share other users' posts to help amplify the message.
- › Reply publicly to other users' tweets with your thoughts.
- › Tag **@ASCO** and Members of Congress in your tweet.
- › Tweet directly at your lawmaker for greater impact.

Tips & Tricks



- › ASCO is a non-profit, non-partisan organization. Please consider this when presenting your message.
- › When writing your post or tweet, be clear and concise, and state your motivations for joining the discussion. Keep these goals top-of-mind to make sure your messaging is consistent.
- › Make it personal by sharing your connection to the legislation.
- › Give credit when credit is due through retweets and shares, whether from a Member of Congress, colleague, or organization, and always link to your sources.

Tweet During #ASCOAdvocacySummit

Feel free to use these examples of a well-constructed tweet.



- › Meeting virtually with **@ASCO** volunteers to urge Congress to prioritize federal funding for the **@NIH** & **@theNCI** so research can keep up with the promising cancer advances and treatments on the horizon **#ASCOAdvocacySummit**
- › I met with **@TagYourMemberHere** to discuss the need to make telehealth flexibilities permanent to ensure patient access to these services continues **#ASCOAdvocacySummit**
- › Thank you **@TagYourMemberHere** for taking time to discuss how the RISE Act will help mitigate the disruptions **#COVID19** has had on cancer research & clinical trials by providing emergency funding to the **@NIH** **#ASCOAdvocacySummit**
- › Great meeting with **@TagYourMemberHere** staff about how step therapy is creating barriers to timely access to cancer care for patients. **#ASCOAdvocacySummit**
- › Wrapping up my last virtual **#ASCOAdvocacySummit** meeting advocating to protect cancer care. {Consider including photo from your location}
- › Join us by asking your member of **#Congress** to support cancer priorities at asco.org/actnetwork. **#ASCOAdvocacySummit**

Improve Telehealth Availability

House & Senate: Cosponsor H.R. 1332/S. 368, *the Telehealth Modernization Act* to make telehealth flexibilities permanent and support patient access to care.

If already a cosponsor: Thank you!

- As providers adjusted to practicing during the COVID-19 pandemic, telehealth proved instrumental in reducing care delays, ensuring patients had uninterrupted access to high-quality cancer care, and minimizing patient exposure to the virus.
- The use of telemedicine in oncology can improve documentation, support continuity of care, enhance communication between patient and provider, increase treatment compliance, and contribute to high patient satisfaction.
- Access to telehealth services can help reduce inequities in care for underserved communities by providing access to services for patients regardless of where they live.
- The Telehealth Modernization Act would ensure that patients are able to access telehealth services regardless of their location by permanently removing geographic and originating site restrictions which require a patient live in a rural area and use telehealth at a doctor's office or clinic.

Support Cancer Research

House & Senate Ask #1: Please support robust funding for the NIH and NCI in FY2022, specifically \$46.11 billion for the NIH and \$7.61 billion for NCI

House & Senate Ask #2: Cosponsor the Research Investment to Spark the Economy (RISE) Act (H.R. 869/S. 289)

If already a cosponsor: Thank you!

- The record-breaking development of COVID vaccines demonstrates the critical role biomedical research plays in sustaining our nation's health and well-being. We are grateful for the funding increases the NIH has received recently. Now more than ever we must ensure continued and robust support for research.
- While the NIH has enjoyed bipartisan funding support, the NCI's funding has not kept up with scientific opportunity. The NCI has seen a staggering increase in research grant applications (R01) over the last few years. Currently, the NCI is only able to fund 10% of these applications, leaving a lot of promising science unfunded.
- 2021 is the 50th Anniversary of the National Cancer Act, which provides a unique opportunity to renew the country's commitment and bring a new urgency to the fight against cancer.
- The requested funding levels would enable the NIH and NCI's budgets to keep pace with biomedical inflation, plus provide meaningful growth for the agencies, allowing NCI to fund more research grants.
- During the pandemic, researchers have had to halt or adjust research and have lost progress. Many, especially young investigators and support staff, lost their employment.
- Clinical trials have struggled to continue as enrollment plummeted during the pandemic.
- To mitigate the disruptions and economic toll the last year has had on our research and trials, we support the RISE Act, which would provide \$25 billion in emergency supplemental funding for various research agencies, including \$10 billion for the NIH.

Protect Appropriate Patient Care

House & Senate: Cosponsor *the Safe Step Act* (H.R. 2163/S. 464) to protect patients from harmful step therapy protocols.

If already a cosponsor: Thank you!

- Step therapy is generally not appropriate in cancer care because it can severely delay access to the best treatment available, which may result in disease progression and preventable complications.
- Step therapy can cause other problems in cancer care, including a reduction in health care quality, a burden on patients and their providers and an increase in health care costs.
- The Safe Step Act would protect patients from harmful step therapy protocols with a clear exceptions process for specific instances where exemption from step therapy protocol is medically necessary.
- Many patients are changing insurance now because of changes in employment status. This bill would protect them from having to repeat step therapy protocols because of a change in insurance.
- Utilization management tools like step therapy aggravate barriers already faced by patients in underserved communities, who struggle to access the same level of high-quality care as their counterparts.

Agenda Item under Discussion:

Improving Telehealth Availability

Background:

Telemedicine, also commonly referred to as telehealth, can increase access to care for patients with cancer while reducing treatment burden and disruption to patient lives. Providers who use telemedicine have reported that its benefits include decreased travel time for patients, immediate access to care, early detection of health issues and complications, increased patient autonomy, reduced caregiver burden, and increased patient satisfaction with health care.ⁱ Additionally, virtual visits can provide effective follow-up and enhanced convenience compared with traditional office visits. Telehealth interventions in chronic disease management have been shown to lead to a decline in hospital admissions/re-admissions, length of hospital stays, emergency department visits, and a reduction in mortality.ⁱⁱ

COVID-19 and Telehealth in Cancer Care

Over the last year, expanded telehealth utilization has helped ensure patients with cancer had uninterrupted access to high-quality cancer care while minimizing potential exposure to the virus. Where appropriate, immunocompromised patients have been able to continue important cancer care with telehealth services without leaving the comforts of their home. For this reason, telemedicine continues to play a growing role in flattening the curve of infection and mortality from COVID-19 for both patients and providers.

The positive impacts of telemedicine were made possible, in large part, by the flexibilities and relief of telehealth restrictions granted by the Secretary of the Department of Health and Human Services (HHS) in its declaration of a public health emergency (PHE) under the Public Health Service Act. Under the PHE declaration, the Secretary of HHS was granted the ability to take appropriate actions in response to the emergency, which included the ability to waive certain restrictions in Medicare and Medicaid programs and allowed for the modification of telemedicine practice regulations that were previously in place. An important flexibility granted in the telehealth space was the temporary lifting of geographic and originating site restrictions in Medicare. These restrictions had previously meant telehealth services were only covered for patients in rural areas at eligible sites (doctor's office/clinic).

Unfortunately, when the PHE ends, these restrictions and others, will snap back into place abruptly if Congress does not intervene. The success of telehealth use during the COVID-19 pandemic has made clear that these outdated restrictions do not reflect the landscape of today's health care delivery system. Both physicians and patients have seen the value of telehealth services and they should not be forced to stop using these helpful tools when the public health emergency ends.

Health Equity

In addition to greatly benefitting immunocompromised patients, the expanded use of telehealth has also helped providers reach historically underserved populations, including rural populations and those that might find the need to take off work, find childcare, and arrange transportation to an in-person visit prohibitive. However, there is more work to be done to address the digital divide that can lead to inequities in the effective use of telemedicine.

An issue being widely discussed in Congress separate from the legislation we're asking for is increased access to rural broadband. ASCO believes federal and state governments should promote universal access to high-speed broadband through expanding digital infrastructure. Reliable broadband connections are still needed in many areas of the U.S. in order to successfully make telemedicine fully accessible. Efforts should be made to expand broadband access across the U.S.

The Telehealth Modernization Act

The Telehealth Modernization Act aims to ensure patients can continue to access telehealth services regardless of their location by permanently removing geographic and originating site restrictions, which require a patient to live in a rural area and use telehealth at a doctor's office or clinic. If passed, this bill would ensure these restrictions are no longer in place when the PHE ends. The House bill, H.R. 1332, is led by Reps. Buddy Carter (R-GA) and Lisa Blunt Rochester (D-DE) and the Senate bill, S. 368, is led by Senators Tim Scott (R-SC) and Jeanne Shaheen (D-NH).

Message to Congress:

House ask: Please cosponsor H.R. 1332, *the Telehealth Modernization Act* to make telehealth flexibilities permanent and support patient access to care.

If already a cosponsor: Thank you!

Senate ask: Please cosponsor S. 368, *the Telehealth Modernization Act* to make telehealth flexibilities permanent and support patient access to care.

If already a cosponsor: Thank you!

ⁱ Cox A, Lucas G, Marcu A, et al. Cancer survivors' experience with telehealth: a systematic review and thematic synthesis. *J Med Internet Res.* 2017;19:e11

ⁱⁱ Bashshur RL, Shannon GW, Smith BR, et al. The empirical foundations of telemedicine interventions for chronic disease management. *Telemed J E Health.* 2014;20(9):769-800.

Cosponsor the Telehealth Modernization Act (H.R. 1332/S. 368)

Since the start of the Public Health Emergency (PHE) there has been a dramatic increase in the use of telehealth. Its use has proven beneficial to providers and patients as it increases access to care for patients with cancer while reducing treatment burden and disruption to patient lives.

- **Providers and patients have reported many benefits from the use of telemedicine**, which include decreasing travel time for patients, potentially eliminating the need to take off of work or find childcare, providing immediate access to care, which can lead to early detection of health issues and complications, supporting continuity of care, increasing patient autonomy, reducing caregiver burden, and increasing patient satisfaction with health care.
- **Telehealth interventions in chronic disease management demonstrate better patient outcomes** and have led to a decline in hospital admissions/re-admissions, length of hospital stays, emergency department visits, and a reduction in mortality. Virtual visits can also provide effective follow-up and enhanced convenience and communication compared with traditional office visits.
- **Telemedicine continues to play an important role in flattening the curve of infection and mortality from COVID-19.** Over the last year, expanded telehealth utilization has helped ensure immunocompromised patients, like those with cancer, have had uninterrupted access to high-quality cancer care while minimizing potential exposure to the virus.
- **Unfortunately, when the PHE ends, restrictions on telehealth that prevent access to this type of care will snap back into place.** The declaration of the PHE allowed flexibilities on the use of telehealth in Medicare which improved access to care for patients and allowed them to utilize these services regardless of their geographic location and without having to be in a doctor's office or clinic.
- **Geographic location and site origination restrictions severely limited telehealth utilization pre-pandemic** and required a patient to live in a rural area and use telehealth services in limited health care settings for the services to be covered.

The Telehealth Modernization Act (H.R. 1332/S. 368) aims to ensure patients and providers can continue utilizing telehealth services in Medicare regardless of their geographic location and site origination.

- H.R. 1332/S. 368 would permanently remove geographic and originating site restrictions which require a patient to live in a rural area and use telehealth at a doctor's office or clinic.
- If passed, this bill would ensure these restrictions are lifted beyond any PHE declaration.

The bill is led by Reps. Buddy Carter (R-GA) and Lisa Blunt Rochester (D-DE) in the House and by Senators Tim Scott (R-SC) and Jeanne Shaheen (D-NH) in the Senate.

ASCO urges Congress to pass the Telehealth Modernization Act and make telehealth flexibilities permanent and support patient access to care.

Agenda Item under Discussion:

Funding for Medical & Cancer Research

Background:

The House and Senate Appropriations Committees each have twelve Subcommittees, which are responsible for allocating yearly funding for federal agencies and programs, as well as allocating money to fund other bills passed by Congress.

Many interest groups vie for the dollars within the twelve appropriations bills, making continued advocacy critical. Each year, ASCO joins the larger biomedical research and cancer communities asking for funding to be prioritized for the National Institutes of Health (NIH) and the National Cancer Institute (NCI). The spending bill that funds NIH and NCI is the Labor, Health, and Human Services, & Education (LHHS) Appropriations bill.

To keep federal agencies funded, Congress must pass these bills before the start of the fiscal year on October 1st. There are often contentious issues in these bills, making them difficult to get across the finish line in time. If Congress fails to meet the October 1st deadline there are two options, the first is to pass a continuing resolution (CR) to continue funding the government at the previous year's levels; this happens quite often and can last anywhere from a few hours to an entire legislative year. The other is that funding lapses without action and the government shuts down; typically, both parties are eager to avoid a shut down.

The President also proposes a yearly budget, which sets priorities for his party, but Congress is under no obligation to follow it. President Biden has not yet released his FY 2022 budget, and while Appropriators appreciate the framework, the absence of it should not delay the process too much.

Recently, the NIH has enjoyed bipartisan support and robust funding increases. In fact, over the past six years, the NIH has received \$12.9 billion in increases. While ASCO is incredibly grateful for this support, and it is important to convey this gratitude in the congressional meetings, continued investment is needed. As mentioned above, lawmakers hear from constituents on funding priorities on a variety of issues every day, and it is imperative they continue to hear about the exciting advancements being made as a result of NIH and NCI funding, and what could be achieved with continued investment.

FY 2022 Funding Requests:

ASCO's Advocacy Summit is well timed to have a maximum impact on the appropriations process for FY 2022, as the Appropriations Committees are just turning their attention to funding for next year. While the Appropriations process has gotten off to a slower start this year – with a new Congress, Administration, and focus being on COVID-19 relief – Congress is expected to begin picking up pace.

ASCO has worked with the larger biomedical research community and cancer research community to develop our NIH and NCI FY 2022 funding requests. **For the NIH, the request is \$46.11 billion, a \$3.18 billion increase over FY 2021 levels.** This amount will help the NIH keep pace with biomedical inflation plus provide a meaningful growth rate of 5%. A bipartisan group of House Members recently sent a 'Dear Colleague' letter to the House Appropriations Committee leadership urging them to provide \$46.1 billion for the NIH. This bipartisan congressional support shows committee leadership that there is a strong appetite for increased NIH funding and assists in our advocacy efforts as researchers and providers. **Along with the cancer research community, ASCO is requesting \$7.61 billion for the NCI.** The NCI has not fared quite as well as the NIH in recent years. While it has received funding increases, those increases have not kept pace with the overwhelming increase in R01 grant applications. In fact, from 2013 to 2019, the NCI received a 50% increase in R01 grant applications, but for those same years only received a 20% funding increase. Currently, the NCI is only able to fund 10% of viable R01 grant applications, leaving good science unfunded. The FY 2022 request of \$7.61 billion would allow the NCI to fund 12% of those

applications, inching closer to NCI's personal goal of funding 15% by 2025, as laid out in the [NCI's annual plan and budget proposal](#).

Finally, this year, unlike the previous ten years, Appropriators will not have to contend with mandatory "budget caps," meaning they have a bit more flexibility to decide how much funding each Subcommittee will have to divide amongst its agencies and programs. Additionally, House Appropriations leadership has decided that they will again allow earmarks, or "community project funding," which have been banned from the Appropriations process for the last decade. Earmarks enable all House Members to propose specific funding projects within their districts, and often lead to a more bipartisan funding agreement. ASCO has been monitoring the revival of earmarks, and while neither "budget caps" or "earmarks" have an impact on our FY2022 funding requests, it is helpful to understand the terminology in case it comes up in meetings.

Emergency Supplemental Funding:

As with every sector of society, biomedical and cancer research has been disrupted by COVID-19. ASCO has continuously heard from members who have had their laboratories shut down, or their work adjusted due to COVID-19. Additionally, researchers have noted the toll social distancing guidelines have had on their ability to continue work, or that personal protective equipment was redirected to ERs and ICUs, especially towards the beginning of the public health emergency. Many young investigators and support staff have lost their employment or chosen to go into other fields as research and some trials stood stagnant. Researchers have also struggled to maintain enrollment in clinical trials as patients are understandably fearful to put themselves at increased risk of exposure to the virus. As a result, significant progress has been lost during the public health emergency, and there will be substantial costs to rebuilding research activities and clinical trials once the pandemic has ended.

To remedy this, **Representatives Diana DeGette (D-CO-1) and Fred Upton (R-MI-6), and Senators Ed Markey (D-MA) and Thom Tillis (R-NC), have introduced the Research Investment to Spark the Economy (RISE) Act, H.R. 869/S. 289. This bipartisan legislation would provide \$25 billion in emergency supplemental funding for federal science agencies across the board, including \$10 billion for the NIH.** Researchers and graduate students would be able to use the funding to complete work that has been disrupted due to COVID-19, replace certain lab equipment, reconfigure laboratories to safely resume research, and cover increased construction costs resulting from the disruption from COVID-19.

As researchers, oncologists, and cancer care providers you know firsthand how the pandemic has affected your work and telling your personal story will be more impactful than any of the talking points provided. During your meetings, please feel free to share how COVID-19 has impacted your work, especially as it relates to your research, clinical trials work, or patients you have or had on clinical trials throughout the pandemic.

Message to Congress:

House ask #1: Please support robust funding for the NIH and NCI in FY2022, specifically \$46.11 billion for the NIH and \$7.61 billion for NCI.

If Member signed on to the funding 'Dear Colleague' letter: Thank you!

House ask #2: Please cosponsor H.R. 869, *the Research Investment to Spark the Economy (RISE) Act*

If already a cosponsor: Thank you!

Senate ask #1: Please support robust funding for the NIH and NCI in FY2022, specifically \$46.11 billion for the NIH and \$7.61 billion for NCI.

Senate: Please cosponsor S.289, *the Research Investment to Spark the Economy (RISE) Act*

If already a cosponsor: Thank you!

Support Funding for the NIH/NCI & Cosponsor the RISE Act (H.R. 869/S. 289)

Over the last fifty years, research funded by the National Institutes of Health (NIH) and National Cancer Institute (NCI) has played a role in every major advance related to cancer prevention, detection and treatment, and has contributed to breakthroughs for many other diseases. ASCO thanks Congress for continuing to make the NIH a priority in the face of difficult budget decisions, by providing a \$1.25 billion increase in FY2021. Unfortunately, the ongoing Public Health Emergency (PHE) has threatened this recent progress.

- **THANK YOU.** ASCO applauds Congress for the funding increases for the NIH, totaling \$12.9 billion over the last few years. However, it is imperative that Congress continue to provide sustained and robust increases to keep up with the promising advances and treatments on the horizon.
- **Funding for the NCI must catch up and keep up with opportunity.** We are in a time of unprecedented opportunity because of our growing understanding of cancer biology. The NCI has seen an unparalleled increase in research grant applications; in fact, between 2013 to 2019 research grant applications at the NCI rose by more than 50%, however during that same time period, funding for the NCI rose by 20%.
- **Good science is going unfunded.** Currently, the NCI is currently only able to fund 10% of R01 research grant applications. Continued investment for the NCI will ensure that clinical research is adequately supported and scientific knowledge is leveraged to increase treatment opportunities for patients.
- **2021 is the 50th Anniversary of the National Cancer Act.** We have a unique opportunity to renew the country's commitment and bring a new urgency to the fight against cancer.

ASCO urges Congress to pass a FY2022 spending deal that includes \$46.11 billion for NIH (a \$3.18 billion increase), and \$7.61 billion for NCI.

- **Unfortunately, as with all aspects of life, COVID-19 has taken a toll on biomedical and cancer research.** Normally, biomedical research is an economic stimulus. Many researchers, lab technicians, assistants, and other medical professionals enjoy careers in the biomedical field thanks to funds from the NIH, and funding ensures that the best minds are working on clinical research. Research institutions also stimulate local communities' economies.
- **During the pandemic, researchers have dealt with lab closures as space has been redirected to COVID-19 research or because research cannot continue safely.** This has led to job insecurity, especially for young investigators and support staff, as well as a costly loss in research progress.
- **Clinical trials have also struggled to maintain enrollment.** Patients are understandably fearful to put themselves at increased risk of exposure.
- **Patients are missing out on treatment options.** As a result of stagnant trials through the PHE, patients have missed out on potentially life-saving treatments.
- **Ramping up research and clinical trials will be costly.** Research programs have incurred substantial losses, and there will be significant costs for rebuilding of research activities and clinical trials.

With strong investments, Congress can continue recent progress and mitigate disruptions caused by COVID-19. Representatives Diana DeGette (D-CO-1) and Fred Upton (R-MI-6), and Senators Ed Markey (D-MA) and Thom Tillis (R-NC), have introduced the Research Investment to Spark the Economy (RISE) Act, H.R. 869/S. 289, which would provide \$10 billion in emergency supplemental funding for the NIH.

ASCO urges Congress to pass the RISE Act and provide emergency supplemental funding to the NIH.

Agenda Item under Discussion:

The Safe Step Act (H.R. 2163/S. 464)

Background:

Step therapy is a utilization management tool that requires patients to try and fail medications chosen by a payer before the payer will cover a medication originally prescribed by the patient's health care provider. These policies are also referred to as "fail first" procedures.

Step therapy policies are inappropriate for use in oncology due to the individualized nature of modern cancer treatments and the general lack of interchangeable clinical options. For patients with cancer, step therapy can severely delay access to the best treatments available for their condition. While patients go through the step therapy process, they can experience disease progression and irreversible damage to their overall health. Other issues step therapy can cause in cancer care include:

- Potentially irreversible disease progression and other significant patient health risks due receiving an inferior treatment
- Deterioration of the provider-patient relationship
- An increase in health care costs caused by delays and disease progression
- Administrative burden on patients and their providers

H.R. 2163 was introduced by Representatives Raul Ruiz (D-CA-36), Brad Wenstrup (R-OH-02), Lucy McBath (D-GA-6) and Mariannette Miller-Meeks (R-IA-02). S. 464 was introduced by Senators Lisa Murkowski (R-AK), Maggie Hassan (D-NH), Bill Cassidy, MD (R-LA), Cindy Hyde-Smith (R-MS), and Jacky Rosen (D-NV). The bill aims to mitigate the barriers caused by step therapy protocols in ERISA-governed health plans by requiring exceptions when:

1. Treatment is contraindicated
2. Treatment is expected to be ineffective
3. Treatment likely to cause adverse reaction
4. Treatment expected to decrease the patient's ability to perform daily activities
5. Patient is stable based on the prescription drugs already selected

Step therapy and other utilization tools add yet another unnecessary barrier for patients from underserved communities who already struggle to access high-quality care. Additionally, due to the current state of the economy, patients who have a change in insurance coverage because of a loss or change in employment may be subject to endure new or additional step therapy protocols, making the passage of these protections even more important. Last year, ASCO joined [community letters](#) urging inclusion of this bill in future COVID-19 relief legislation, however it was not included despite having over 150 bipartisan cosponsors in the House and 18 in the Senate. Congressional awareness of the harm step therapy can have on patients has increased in recent years. Now, in the 117th Congress, we are again working to rebuild co-sponsorship.

Message to Congress:

House ask: Please cosponsor H.R. 2163, the *Safe Step Act*

If already a cosponsor: Thank you!

Senate ask: Please cosponsor S. 436, the *Safe Step Act*

If already a cosponsor: Thank you!

Cosponsor the Safe Step Act (H.R. 2163/S. 464)

Step therapy is a utilization management tool that requires patients to try and fail medications chosen by a payer, before the payer will cover the medication originally prescribed by their health care provider. This policy approach is also often referred to as “fail first.” Step therapy policies are generally inappropriate for use in oncology due to the individualized nature of modern cancer treatment and the general lack of interchangeable clinical options.

- **Step therapy can lead to disease progression and can create irreversible damage to a patient’s health.** One study found that patients with breast cancer who experienced a delay of three months or more had a 12 percent lower 5-year survival rate than patients with shorter or no delays.
- **Step therapy undermines the doctor-patient relationship.** Oncologists are educated on the complexities of cancer care and are trained to assess, diagnose, and treat patients with cancer. Step therapy policies threaten the doctor-patient relationship by requiring medication that is not what the doctor concludes is in the best interest of the patient.
- **Step therapy further exacerbates health inequities.** As patients from underserved communities struggle to access the same level of care as their more privileged counterparts, step therapy protocols add yet another unnecessary burden for our most vulnerable patients to overcome.

“Stephen’s” Experience with Step Therapy

Stephen was being treated for chronic myelogenous leukemia (CML), a cancer that affects a person’s blood cells and bone marrow. When he began to have severe side effects from the treatment, his physician switched him to an alternative medication, and he was doing very well. When Stephen switched insurance plans, his new insurer refused to pay for the medication he was already on, stating that it was not on the plan’s “first tier” for that category of medication. The insurer wanted him, according to their policy, to “fail” on another medication before approving the medication he was taking—and which had been effective in treating his cancer. Stephen reluctantly agreed because he was unable to pay for his current medication without insurance, but severe side effects forced him to stop the required “fail first” treatment. During the time that he was not taking medication, Stephen’s disease progressed severely and he eventually died.

“Ellen’s” Experience with Step Therapy

A 52-year old mother of 3, Ellen was about to undergo chemotherapy for colon cancer. She hoped for a cure, but was very anxious about the side effects, especially nausea, since she experienced severe nausea with her pregnancies. Because of Ellen’s history, her physician prescribed a potent nausea medication (Emend) to avoid this complication. Ellen’s insurance company refused to cover the recommended medication—even when she progressed to terrible nausea and vomiting on the plan’s approved, but less effective, medication. Because Ellen could not afford the medication without insurance coverage, she endured an avoidable complication for her first cycle of chemotherapy. The health plan eventually permitted Emend in subsequent treatments, but their “fail first” policy came at the expense of Ellen realizing her fears, demoralizing her efforts to stay healthy, and creating unnecessary anxiety that medications for nausea would not work for her.

The *Safe Step Act* (H.R. 2163/S. 464), led by Representatives Raul Ruiz (D-CA-36), Brad Wenstrup (R-OH-02), Lucy McBath (D-GA-6), and Mariannette Miller-Meeks (R-IA-02) in the House and Senators Lisa Murkowski (R-AK), Maggie Hassan (D-NH), Bill Cassidy, MD (R-LA), Cindy Hyde-Smith (R-MS), and Jacky Rosen (D-NV) in the Senate, puts important patient safeguards from step therapy protocols in place for ERISA-governed health plans by requiring exceptions when the treatment is contraindicated, expected to be ineffective, likely to cause adverse reaction, or the patient is stable on treatment already selected.

ASCO urges Congress to pass the Safe Step Act and protect patient access to care.



Advocacy Summit Suggested Meeting Script

Virtual meetings present unique challenges because the ability to read body language cues or make eye contact is typically not available. This is intended as a guide to help your meeting group prepare and mitigate some of these challenges. We encourage you to make these meetings your own and use your words and personal stories whenever possible.

Reminders:

Accessing your schedule & connecting with your group:

- *You will receive an email from advocacyday@advocacyassociates.com with the link to your schedule the morning of April 8th. You will be automatically logged in when you click on the link provided.*
- *You will have an opportunity at the training on April 12 to connect with your meeting group.*
- *You can connect with your meeting group via the online schedule platform: select an individual meeting, and the other attendees and their email addresses will be listed in the 'attendees' section on the right side of your schedule –here you can also directly chat with members of your meeting group directly on the platform.*

Preparing for your meetings:

- *Your group is encouraged to identify a group leader (a constituent) for each meeting. If you are the only attendee from your state, you will likely be partnered with an ASCO staff person or someone from a nearby state.*
- *Reference this script and agree in advance the order in which you will speak.*
- *Depending on the size of your group, you may wish to break this up or condense this to reflect the number of participants.*
- *Check your online schedule to see if the lawmaker already supports our issues.*

During your meetings:

- *You and your group members will be able to join nearly every meeting by video to see each other. Some staff and Members will also join by video, while others will not.*
- *Those you are meeting with have received documents outlining each of the asks prior to the meeting. If the lawmaker/staffer would like them re-sent, please note that in your meeting feedback and let them know someone will follow up shortly.*
- *After the call, please provide feedback on your lawmaker's stance on our issues in the meeting report form tab on your Congressional Meeting Schedule.*

Introductions:

Group Leader:

Hi [Lawmaker/staffer name], I am [name] from [practice/institution] and I live in [town/state]. Thank you for taking the time to speak with us today. Before we discuss why we asked for this meeting, I'll give my colleagues a moment to introduce themselves.

[Each group member introduces themselves: Name, practice/institution, town/state.]

Purpose of Meeting:

Group Leader:

We are here on behalf of the Association for Clinical Oncology, or ASCO. ASCO represents nearly 45,000 cancer care providers and researchers. We really appreciate your time today. The materials for our discussion were sent to you via a web link along with the conference line.

I'm now going to turn to my colleagues, who will each tell you a little bit more about why we are here.

[This would also be a good time to ask staff about their background including whether they're from the state/district and how long they've worked on healthcare issues.]

ASK #1: Improve Telehealth Availability

Speaker 2:

The first issue we'd like to discuss is one of the few silver linings to come from the COVID-19 pandemic, and a topic I'm sure you have heard a lot about – telehealth. Specifically, we're asking for support of the Telehealth Modernization Act (H.R. 1332/S. 368).

- There has been a dramatic increase in the use of telehealth services during the pandemic – and both patients and providers have benefitted from this.

[Good time to share your personal experience with telehealth]

- Its use has proven instrumental in reducing care delays, ensuring patients have uninterrupted access to high-quality cancer care, and minimizing patient exposure to the virus.
- A report conducted by HHS found that in Medicare, telehealth services made up of less than 1% of visits in February, and by April were making up 43.5% of visits in 2020.
- By eliminating travel, telehealth can save patients time and money, and more immediately, it allows immunocompromised patients to avoid exposing themselves to potential health risks.
- Specifically, for oncology, the use of telemedicine has improved documentation, supported continuity of care, enhanced communication between patient and provider, increased treatment compliance, and contributed to high patient satisfaction.
- In addition to simply being a helpful tool for both patient and provider, the ability to use telehealth can help providers reach patients that are historically underserved by providing access to care for patients regardless of where they live, thus reducing healthcare disparities.

[May be a good break point to move to another speaker if your group is large]

- The drastic increase in telehealth is directly related to the temporary flexibilities the Department of Health and Human Services have allowed providers during this public health emergency – and for that, we are very grateful.
- Telemedicine services provide health professionals with another valuable way to continue to treat their patients. Continuation of current payments and flexibilities beyond the public health emergency would allow for patients across the country to receive the care they need with little interruption.

- Congressional action is needed to permanently lift the geographic and site restrictions on telehealth technology in Medicare.
- The Telehealth Modernization Act (H.R. 1332/S. 368) would do just that, ensure that patients are able to access telehealth services regardless of their location by permanently removing geographic and originating site restrictions which require a patient live in a rural area and use telehealth at a doctor's office or clinic.
- We ask that you cosponsor this important bill and work towards its passage prior to the end of the public health emergency.

IMPORTANT: [If Member is already a cosponsor of this bill thank them for that. This is noted on your online schedule]

- We've gone over a lot, but before we pause for questions, I want to ask my colleagues if they have any more to share on this important bill.

[Pause to allow other ASCO participants to add comments or tell a personal story as to why this bill is important to them]

Group Leader: Before we move to the next issue, do you have any questions? I'm now going to ask my colleague to talk about our next issue.

ASK #2: Support Cancer Research

Speaker 3:

Next, we would like to discuss the importance of robust, sustainable funding increases for the National Institutes of Health and the National Cancer Institute, as well as necessary funding to mitigate disruptions to our biomedical research and our nation's clinical trials network caused by the COVID-19 pandemic.

- First, thank you to you and your colleagues for the funding increases over the last few years for the NIH.
- In cancer care, we have seen that investment translate into real and innovative treatments for patients – from immunotherapies to targeted genomic therapies.

[Good time to share a story of how research has impacted your patients]

- The COVID-19 pandemic itself has demonstrated just how important and impactful robust federal investment in biomedical research is.
- Sustained, predictable funding is just as important – to keep up with the promising advances and treatments on the horizon.
- While we are incredibly grateful for the increases for the NIH, unfortunately the NCI's budget has not kept up with opportunity or need.
- Our growing understanding of cancer biology has led to an unparalleled increase in research, or R01 grant applications. Between 2013 and 2019 grant applications to the NCI rose by over 50%, while during that same time period funding for the NCI only rose by 20%.
- Due to that disparity, the NCI is currently only able to fund 10% of viable R01 grant applications it receives – meaning good science is going unfunded.

- As you may know, 2021 is the 50th anniversary of the National Cancer Act, which established the NCI in its current form. This provides a unique opportunity to renew this country's commitment and bring a new urgency to the fight against cancer.
- For these reasons, we are joining the broader biomedical and cancer research communities in asking for a \$3.18 billion increase for the NIH for fiscal year 2022, bringing its total to \$46.11 billion.
- For the NCI, we are supporting their professional bypass budget, which outlines their funding needs every year, and for FY2022 we are asking for \$7.61 billion for the NCI.

IMPORTANT: [If House Member signed on to the NIH 'Dear Colleague' Letter thank them for that. This is noted on your online schedule]

[May be a good break point to move to another speaker if your group is large]

- This year, our funding requests unfortunately do not stop at asking for annual increases for the NIH and NCI.
- As with every community and every sector of society across the country, the COVID-19 pandemic has had a severe impact on our biomedical research and clinical trials network funded by the NIH and NCI.
- Many labs across the country have had to suspend or adjust their research as a result of the COVID-19 pandemic.
- With these disruptions, many individuals, especially young investigators and support staff, have lost their employment as well as their current research progress.
- The loss of this young talent could have an impact on our research progress for years to come.
- Clinical trials have struggled to maintain enrollment as patients are apprehensive about participating and putting themselves at an increased risk of exposure to COVID-19 during treatment.
- In fact, a year into the pandemic, NCI designated trial sites are reporting trial accrual is still only 50% where it was prior to the pandemic, meaning patients are missing out on potential treatments.
- The severe impact on research and trials, and the work necessary to get everything up and running again once safe has been and will be costly.
- Strong investments from Congress are necessary to mitigate these disruptions caused by COVID-19.
- Representatives Diana DeGette (D-CO-1) and Fred Upton (R-MI-6), and Senators Ed Markey (D-MA) and Thom Tillis (R-NC), have introduced the Research Investment to Spark the Economy (RISE) Act, H.R. 869/S. 289, which would provide \$10 billion in emergency supplemental funding for the NIH.
- We're asking you to cosponsor the RISE Act, and support \$10 billion in emergency funding for the NIH to allow our critical research to fully resume.

IMPORTANT: [If Member is already a cosponsor of this bill thank them for that. This is noted on your online schedule]

[Pause to allow other ASCO participants to add comments or tell a personal story as to why this issue is important to them]

Group Leader: Before we move to the next issue, do you have any questions? I'm now going to ask my colleague to talk about our next issue.

ASK #3: Protect Appropriate Patient Care

Speaker 4:

The final issue we would like to discuss is the use of step therapy or fail first in healthcare. Specifically, we're hoping you will support the Safe Step Act, (H.R. 2163/ S. 464).

- Step therapy, which is also often also called “step protocol” or “fail first,” is a utilization management tool used by many healthcare payers in hopes of controlling costs.
- When an insurer uses step therapy, they are requiring a patient to fail a payer-preferred treatment or medication before they will agree to cover the physician prescribed treatment.
- These payer-preferred treatments and medications are often less costly at first blush, but the consequences of step therapy to the patient and healthcare system can be great overall.

[Good time to share patient experience story]

- If a patient's access to the correct treatment is delayed because they must fail another treatment first, their condition could deteriorate – which can end up costing the healthcare system more and cause avoidable harm to the patient.
- In addition to disease progression and harm to the patient, delaying the appropriate care can also reduce the overall quality of healthcare provided. It is also detrimental to the patient/provider relationship.
- Overall, we believe that step therapy is inappropriate for cancer care.
- However, we recognize that it is a popular tool for payers, so we are advocating for passage of the Safe Step Act, which would at least establish exceptions to step therapy protocols in five specific instances:
 - If the treatment is contraindicated or if a specific drug or treatment should not be used because it may be harmful to the patient,
 - If the payer-preferred treatment is expected to be ineffective,
 - If the treatment is likely to cause an adverse reaction, and
 - If the treatment is expected to decrease a patient's ability to perform daily activities.
- The Safe Step Act would implement a clear, easy to follow process for providers to access a step therapy exception whenever necessary.
- It is important to note that this bill would only apply to ERISA, or private, federally regulated insurance plans.
- While just reintroduced this Congress, last Congress it enjoyed bipartisan support in the House and Senate and it has a lot of support in the medical community as well.

[May be a good break point to move to another speaker if your group is large]

- COVID-19 has exacerbated the need for this bill.
- Immunocompromised patients, like cancer patients, should not be traveling to hospitals or medical institutions more than necessary right now – and a patient that is required to use step therapy or “fail first,” will likely require increased visits to their providers, and the delay in care could result in disease progression and further increase the number of doctor or hospital visits – each time risking exposure to COVID-19.

- Additionally, due to the current state of the economy, patients who have a change in insurance coverage because of a loss or change in employment may be subject to endure new or additional step therapy protocols, making the passage of these protections even more important.
- This bill was introduced in a bipartisan way in the House by Representatives Raul Ruiz (D-CA-36), Brad Wenstrup (R-OH-02), Lucy McBath (D-GA-6) and Mariannette Miller-Meeks (R-IA-02) and in the Senate by Senators Lisa Murkowski (R-AK), Bill Cassidy (R-LA), Maggie Hassan (D-NH), Cindy Hyde-Smith (R-MS), and Jacky Rosen (D-NV).
- We hope you'll consider cosponsoring the Safe Step Act.

IMPORTANT: [If Member/Senator is already a cosponsor of this bill thank them for that. This is noted on your online schedule]

- I'd like to ask my colleagues if they have anything to add.

[Pause to allow other ASCO participants to add comments or tell a personal story as to why this bill is important to them]

Group Leader: Before we close, I'd like to see if my colleagues have anything to add or if you have any questions?

Closing the Meeting:

Group Leader: Thank you so much for taking the time to speak with us today. On behalf of all of us I want to offer ourselves and ASCO as a resource for your office on cancer care or healthcare issues. Is there any information we can provide you as follow-up to what we've discussed today? Thanks again.

Advocacy Tools and Tips Grassroots Expert: Albert Sanders, Former White House Counsel & Senate Judiciary Committee Counsel

Hear from Albert:

Monday, April 12 at 7:00p.m. EST – Live, partially recorded



As a former congressional staffer and past presidential advisor, Albert Sanders has been recognized by the National Bar Association, the Congressional Black Caucus, and The Root for his professional achievements and community contributions. Currently, as the Global Head of Infrastructure Policy & Senior Counsel at Google, Albert leads a team of attorneys and subject matter experts who help Google navigate regulatory and political challenges worldwide.

Prior to joining Google, Albert was Associate White House Counsel to President Barack Obama and Counselor to the General Counsel at the U.S. Department of Homeland Security. He also previously served as Counsel to Senator Dick Durbin of Illinois, the Assistant Senate Majority Leader and now Chairman of the Senate Judiciary Committee. Brokering bipartisan deals, facilitating hearings, conducting oversight investigations, and consulting with advocacy groups, Albert advanced legislation on a variety of topics, including civil rights, voting rights, food safety, cybersecurity, and privacy.

Albert negotiated the bipartisan FDA Food Safety Modernization Act of 2011, the most significant FDA reform in 70 years. He negotiated a deal between U.S. automakers and terminated auto dealers in the Consolidated Appropriations Act of 2010 that gave 2,300 auto dealerships a chance to remain in business. In the run up to the 2012 election, Albert worked with Senator Dick Durbin and the late Representative John Lewis on a series of U.S. Senate hearings exposing new state voting laws that would make it harder for people of color and others to vote.

As a public speaker, Albert often uses his robust political and congressional background to engage with advocacy and special interest groups and provide best practices for influencing policy and lawmakers. During ASCO's "Prepare for Success with Your State: Advocacy Tools and Tips" Albert will leverage his experiences to ensure our congressional meetings are impactful and that as advocates we have the best tools to create, foster, and maintain meaningful, lasting relationships with our lawmakers and their staff.

Special Event for Summit Attendees Who Are ASCO Association PAC Contributors: Representative Kim Schrier, MD (D-WA-8)

Hear from Representative Schrier:

Tuesday, April 13 at 6:00p.m. EST – Live



Congresswoman Kim Schrier represents Washington's 8th Congressional District, which includes much of King, Pierce, Kittitas, and Chelan Counties, and portions of Douglas County. In the newly sworn in 117th Congress, she was appointed to the influential House Energy and Commerce Committee and sits on the Health Subcommittee.

Prior to being elected to Congress on November 6, 2018, Representative Schrier spent her career as a pediatrician in Issaquah, working with children across the Puget Sound region and helping families navigate the health care system. In Congress, she uses this expertise to inform her work on issues that improve the lives, health, and wellbeing of children.

As the first pediatrician in Congress, the Congresswoman brings a critical voice to issues related to health care. Through her own experience as a patient living with Type 1 diabetes, she understands the very real fear of health care costs and access for people living with pre-existing conditions. And as a physician who has worked in a broken health care system, Representative Schrier understands what changes need to be made to make it work better for patients and providers.

As a testament to her real-world experience, Representative Schrier has already proven herself a consistent supporter of ASCO advocacy priorities, including cosponsoring legislation that would streamline prior authorization and reduce administrative burden for providers, implement guardrails for patients when payers utilize step therapy protocols, and require health plans to cover oral anti-cancer drugs at no less favorable patient cost sharing rate than for IV drugs.

Congresswoman Schrier grew up the daughter of a public-school teacher and an engineer. Her father, an engineer, instilled in her a love for science, a passion that led the Congresswoman to a degree in Astrophysics at U.C. Berkeley and then to medical school. Her mother taught her the value of education and teachers, and the importance of unions and collective bargaining. As a child, she watched her mother's union successfully negotiate for increased school funding, smaller class size, and improved benefits.

The product of public education from elementary through medical school, Representative Schrier is passionate about helping every child thrive in school. After graduating from U.C. Berkeley Phi Beta Kappa, she spent a year working at the EPA before attending medical school at U.C. Davis School of Medicine. She completed her residency at the Lucile Packard Children's Hospital at Stanford University. In 2013, Representative Schrier was named Best Pediatrician in the Greater Seattle Area by Parents Map Magazine.

Kim's experience as a pediatrician gives her a unique understanding of the needs and struggles facing 8th District families. She lives in Sammamish with her husband, David, and son, Sam.

Keynote Speaker: Kelly O'Donnell, NBC News White House Correspondent

Hear from Kelly O'Donnell:

Wednesday, April 14 at 6:15p.m. EST – Live



Kelly O'Donnell is a White House Correspondent for NBC News. She contributes to *NBC Nightly News*, *TODAY*, and MSNBC, and appears as a panelist on programs including *Meet the Press* and PBS' *Washington Week*.

O'Donnell's award-winning reporting has taken her to all 50 states and to 58 countries. From the Rose Garden to Baghdad, four Olympic Games, campaigns and

Capitol Hill, the scope of her assignments is uncommon.

A veteran of presidential politics, O'Donnell has covered three administrations: Donald Trump, Barack Obama and George W. Bush. She has been on the campaign trail for seven presidential cycles covering both parties.

Her Capitol Hill reporting tracked the extended battles over health care, the rise of the Tea Party movement, government shutdowns, and Supreme Court nominations.

Among her varied assignments: O'Donnell was embedded with the Third Infantry Division in Iraq. She covered Britain's Royal family and followed Pope John Paul II on international tours. She followed major domestic events including the September 11th attacks, Oklahoma City bombing, and the OJ Simpson saga.

In 2019, O'Donnell was honored with the Radio Television Correspondents Association Career Achievement Award.

On the lighter side, O'Donnell appeared in *House of Cards*, competed on *Jeopardy!*, and was spoofed in a skit on *Saturday Night Live*.

Co-Recipient of ASCO's 2021 Congressional Champion for Cancer Care Award: Senator Richard Burr (R-NC)

Invited



Senator Richard Burr is currently serving North Carolina in his third term in the U.S. Senate. He was first elected to the U.S. House of Representatives in 1994 and served five terms in the House. During his time in the House, he led legislation modernizing the U.S. Food and Drug Administration (FDA), and began his work to improve our nation's biodefense and pandemic preparedness capabilities.

Each year, ASCO presents its Congressional Champion Award to one or two Members of Congress who have continuously supported legislation that promotes the improvement of the environment for oncology practice and the quality of care for patients. In the Senate, Senator Burr serves as Ranking

Member of the Health, Education, Labor, and Pensions (HELP) Committee and sits on the Senate Finance Committee, where he has had an instrumental role in advancing such policies. Most notably, in 2020, Senator Burr introduced and ultimately helped facilitate the passage of the CLINICAL TREATMENT Act. This legislation, a priority for ASCO, will provide Medicaid patients access to clinical trials and potentially life-saving treatments. In addition to his work on the CLINICAL TREATMENT Act, Senator Burr also advocated for increased funding for the National Institutes of Health (NIH), especially in light of disruptions to biomedical research as a result of the ongoing pandemic.

Promoting innovation in America's healthcare system has always been a priority for him throughout his time in Congress. He has led on a number of significant legislative priorities, including the creation of today's pandemic response framework through the passage and reauthorization of the Pandemic and All-Hazards Preparedness Act (PAHPA), improving FDA's ability to regulate cutting-edge treatments for patients, and consistently championing funding for medical innovation and research.

In addition to leading Republicans on the HELP Committee and service on the Finance Committee, Senator Burr also serves as a senior member of the Select Committee on Intelligence and the Special Committee on Aging.

Co-Recipient of ASCO's 2021 Congressional Champion for Cancer Care Award: Senator Ben Cardin (D-MD)

Hear from Senator Cardin:

Wednesday, April 14 at 7:30p.m. EST – Live



Senator Ben Cardin of Maryland was first elected to the Senate in 2006 and currently serves as Chair of the Small Business & Entrepreneurship Committee, which is on the forefront of rebuilding our economy. He is a senior member of the Senate Finance Committee, which oversees health programs under the Social Security Act, including Medicare, Medicaid, the Children's Health Insurance Program (CHIP), Temporary Assistance to Needy Families (TANF) and other health and human services programs, as well as serving on the Environment and Public Works Committee.

Senator Cardin believes access to quality, affordable health care should be a right and not a privilege, especially during a public health crisis like the COVID-19 pandemic, one of the many reasons he is the co-recipient of ASCO's Congressional Champion for Cancer Care award. In 2020, Senator Cardin joined Senator Richard Burr in introducing and shepherding to passage the CLINICAL TREATMENT Act. In addition, Senator Cardin led the charge to ensure that individuals in private health insurance plans have the right to choose their primary care provider, women have direct access to an ob/gyn, and patients with medical emergencies are guaranteed coverage for necessary ER visits. He was responsible for the elevation of the National Institute for Minority Health Disparities at the National Institutes of Health and has been a strong supporter of increases in funding for the National Institutes of Health (NIH).

From 1987-2006, Ben Cardin represented Maryland's Third Congressional District in the U.S. House of Representatives and served for 17 years on the Ways & Means Committee. He was a member of the Maryland House of Delegates from 1967-1986.

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Neeraj Agarwal, MD

Cancer Communications Committee
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 @neerajaiims

Charu Aggarwal, MD, MPH

Leadership Development Program Alumni
Penn Valley, PA

 @CharuAggarwalMD

Manmeet Ahluwalia, MD, MBA

Clinical Practice Guidelines Committee
Pinecrest, FL


 @BrainTumorDoc

Anas Al-Janadi, MD

State Affiliate Council
Okemos, MI

Avan Armaghani, MD

ASCO Advocate
Tampa, FL

 @AArmaghaniMD

Ed Balaban, DO, FACP, FASCO

Government Relations Committee
Penllyn, PA

Jordan Berlin, MD, FASCO

Nominating Committee
Nashville, TN

 @jordanberlin5

Monica Bertagnolli, MD, FACS, FASCO

Chair of the ASCO Association Board
Boston, MA

Tithi Biswas, MD

Cancer Research Committee
Solon, OH

Charles Blanke, FASCO, MD

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John Burke, MD

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Howard "Skip" Burris III, MD, FACP, FASCO

ASCO & ASCO Association Board of Directors
Nashville, TN

 @BurrisSkip

Leslie Byatt

Cancer Research Committee
Albuquerque, NM

Daniel Carrizosa, MD, MS

Health Equity Committee
Matthews, NC


 @DcarrizosaMD

Mercedes Castiel, MD

Cancer Prevention Committee
Pelham, NY

Andrew Chapman, DO

Special Awards Committee
Philadelphia, PA

 @andrewchap361

Ronald Chen, MD, MPH, FASCO

Cancer Survivorship Committee
Overland Park, KS

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W William Andrew Cox, MD

ASCO Advocate
Fairbanks, AK


John V. Cox, DO, FASCO, MBA, MACP

Clinical Practice Committee
Dallas, TX

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Sandra D'Angelo, MD

Leadership Development Program Alumni
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Zoneddy Dayao, MD

Clinical Practice Guidelines Committee
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Angela DeMichele, MD, MSCE

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William DeRosa, DO, FACP

ASCO Advocate
Chatham, NJ

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How to Access Your Congressional Meetings Schedule

Personalized virtual congressional meeting schedules will be available through an online portal beginning on April 8th. As meetings may shift, please be sure to refer to your schedule periodically leading up to April 14th and that morning. If urgent changes or cancellations occur the day of the meetings, the portal will update and we will contact you directly via the email you used to register for the Summit. Staff will be available to troubleshoot unforeseen technical issues. If you have any issues with the platform or accessing your schedule, please contact AdvocacySummit@asco.org.

How to Log In:

- You will receive an email from advocacyday@advocacyassociates.com with the link to your schedule the morning of April 8th. You will be automatically logged in when you click on the link provided.
- If you are unable to login, or become logged out at any point, you will be returned to a login page.
- Select “Send me a sign-in link” and input the email you used to register for the Summit to receive a new link to your schedule.
- If the problem persists, please click on the “Support” tab in the upper left-hand corner, fill out the questionnaire, and Advocacy Associates will contact you as soon as possible.

What You Will See on the Home Screen (pictured below):


- **Your Schedule** – list of your confirmed and potential Congressional meetings (noted as “TBD”). For more information on each meeting, simply click on that lawmaker’s name.

The screenshot shows the ASCO Advocacy Summit Home Screen. At the top, the ASCO logo and "Association for Clinical Oncology" are displayed. Below the navigation bar, the main heading is "Your Meetings - 2021 ASCO Advocacy Summit". The date "Wednesday, April 14, 2021" is shown on the left, and "ALL TIMES EASTERN" is on the right. The list of meetings includes:

Lawmaker	Meeting Time
Rep. Terri Sewell (D) [AL-07] Virtual Meeting: Click for details on how to join. You'll be able to join online or by conference phone number. Danielle King, Health Policy Fellow; Earl Flood, Health Policy Advisor; Counsel	11:30 AM
Sen. Richard Shelby (R) [AL] Virtual Meeting: Click for details on how to join. You'll be able to join online or by conference phone number. Andrew Burnett, Legislative Assistant	12:00 PM
Rep. Jerry Carl (R) [AL-01] Virtual Meeting: Click for details on how to join. You'll be able to join online or by conference phone number. Laura Stagno, Legislative Assistant; Rep. Jerry Carl	01:00 PM
Sen. Tommy Tuberville (R) [AL] Virtual Meeting: Click for details on how to join. You'll be able to join online or by conference phone number. Emily McBride, Legislative Assistant	02:30 PM

[Home](#)
[Meetings](#)
[Legislators](#)
[Messages](#)
[Directory](#)
[Support](#)
[More](#)

Wednesday April 14, 2021 at 11:30 AM Eastern



Rep. Terri Sewell (D) [AL-07]
Meeting With: Earl Flood and Danielle King

[Join Online Meeting](#)

Dial-In: 1-253-215-8782
Access Code / PIN: 358-420-2277#

Important Information:
Meeting is in Eastern Time.

Please DO NOT click the "Join Online Meeting" button until 5 min prior to your specific meeting time, or use that link for anything other than this specific meeting.

[Check In](#)
[Send Thank You Note](#)
[Meeting Report Form](#)
[Take Notes](#)

☐ Member Attended
 ☐ Only Staff Attended

[Tweet](#)
[Facebook](#)
[LinkedIn](#)

Talking Points

Cosponsor H.R. 1332/S. 368, the *Telehealth Modernization Act* to make telehealth flexibilities permanent and support patient access to care.

Please support robust funding for the NIH and NCI in FY2022, specifically \$46.11 billion for the NIH and \$7.61 billion for NCI

Cosponsor the Research Investment to Spark the Economy (RISE) Act (H.R. 869/S. 289)

Cosponsor the *Safe Step Act* (H.R. 2163/S. 464), to protect patients from harmful step therapy protocols.

Documents

Key Messages Chart





Suggested Meeting Script

Telehealth Modernization Act Leave Behind (sent to congressional offices)

NIH/NCI Funding & RISE Act Leave Behind (sent to congressional offices)

Safe Step Act Leave Behind (sent to congressional offices)

Attendees

	Brian Persing Mississippi Oncology Society	bpersingus@yahoo.com	
	Gabrielle Rocque 1980	grocque@uabmc.edu	

Individual Meeting (pictured above):

- **“Meeting time”** – the time for each meeting will be noted above the name of the Congressional member in the upper left-hand corner. **All meeting times are noted in Eastern Time.** Please join each meeting via the green “Join Online Meeting” button 5 minutes prior to the start time.
- **“Congressional Member”** – also in the upper left-hand corner is a photo and the name of the Member of Congress. This will be listed for every meeting, but you may be meeting with staff rather than the Member. You can access more information on each Member by clicking on his or her name. Additional information includes his or her biography, sponsored bills, committee assignments.
- **“Meeting with”** – directly below the lawmaker’s name is the name of the staffer with whom you will be meeting. The name of the Member of Congress will also be listed in this field if he or she is expected to join.
- **“Join Online Meeting” button** – to join your meetings you will use the green “Join Online Meeting” button. For some meetings, you and your Summit group may join via video, but the congressional staffer may elect to just join by phone – this is not uncommon and not a reflection of the staffers interest in the meeting. If there is no green button, the meeting will take place via conference call and the conference call phone number and access code will be listed in this field. All video conferences will take place via Zoom, although in select cases, some lawmaker’s offices will opt to use their own conferencing service. Please download the Zoom application prior to April 14th by clicking [here](#) and ensure your camera is on.

- **“Talking Points”** – list of our key talking points. If the lawmaker is a member of a key healthcare Committee or has already cosponsored one of the bills for which we are advocating, that will be noted here as well.
- **“Documents”** – link to external documents, including the key talking points document, the suggested script, and leave behinds.
- **“Attendees”** – attendees in each of your meetings. Peer to peer chat is available by clicking on the chat bubble to the right of an attendee’s name, and email addresses will be available for you to connect ahead of time with your full meeting group.
- **“Send Thank You Note”** – on the lower left-hand side of this screen you will be able to send a pre-populated, editable email thank you note to the staffer from each of your meetings.
- **“Meeting Report Form”** – please be sure to click here and provide feedback from each of your meetings to help ASCO staff follow-up with each office after Summit.
- **“Take Notes”** – a blank document to take notes during your meeting. (Please be sure to provide your feedback to ASCO using the “Meeting Report Form”)

Toolbar:

- **“Legislators”** – additional information for each of the lawmakers you will be meeting with, including their biography and committee assignments.
- **“Messages”** – peer to peer messaging, allowing you to speak with other attendees. If your meetings have changed, you will also see a message with the change here.
- **“Directory”** – a list of all Advocacy Summit attendees, along with institution and email.
- **“Support”** – contact support with your questions regarding the web portal, your schedule, or to provide other feedback. This will be the best way to get questions on these items quickly on April 14th.
- **“More”** – additional resources, such as the recordings from our training sessions.

Zoom How-to: Dialing in to Virtual Events & Meetings

The virtual Advocacy Summit training webinars and keynote speaker will be hosted through ASCO's Zoom Event Center. For each event, you will join as an attendee. Click "agree" when prompted with the ASCO Zoom disclaimer. Please note that you will be muted upon logging in to each event.

Summit Events: Some Summit events will be "listen only," where you can ask questions through the "chat" function, while in others you will be able to speak directly with the presenter to ask questions; during these events, you are encouraged to use the "raise your hand" function and you will be called on by staff to unmute yourself and ask your question. We will note at the beginning of each event which is the best way to ask questions.

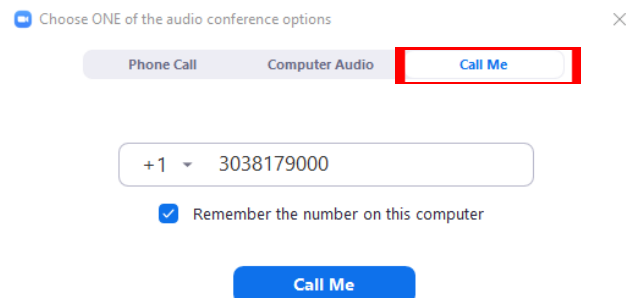
Congressional Meetings: Congressional meetings will also take place using Zoom. The dial-in number or Zoom link for each meeting will be in your Congressional meetings schedule online. Please note that for most meetings you will be able to join via video along with your meeting group, and we expect some Members and their staff will join via video as well and some will elect to dial-in through audio only. In a few cases, a congressional office may have provided their own secure dial in or video conference link, this will also be accessible through the online meeting portal.

Log-in Instructions for Summit Events:

Please join the Zoom meeting using the link provided in the event email or in your calendar invite sent by ASCO staff. You will be prompted to enter your name and email address. You will be required to enter a password for all events. For all events, please enter the password **2021**. Clicking the provided link will allow you to see the slides or panelists for each virtual event.

You will then be asked to select your audio connection, please choose the "Call Me" function seen below:

Enter your phone number in the correct field, and Zoom will call you. If you run into issues with the "call me" function, please choose the "use computer audio" function.



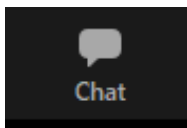
Choose ONE of the audio conference options

Phone Call Computer Audio **Call Me**

+1 3038179000

☒ Remember the number on this computer

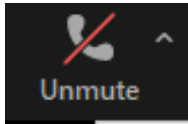
Call Me



In listen only events you will be muted upon entry. You can submit your questions via the chat function located in the toolbar at the bottom of your screen (please see the screenshot to the left for an example). Please be sure to send your chat to "Panelists" or the host designated as "Ask Me". A moderator will read your question to the panelists.

In events where all attendees are muted, you may have the opportunity to ask a question verbally, rather than in the chat, please click on the raise your hand button, as seen on the left, and you will be unmuted to ask your question.





In events where you can speak directly to the presenters, if you wish to speak, please unmute yourself by clicking on the telephone on the left-hand side of the toolbar, as seen to the right, or the mute button on your phone. As a reminder, please keep your microphone muted if you are

Please [click here](#) to test your ability to connect to Zoom prior to the first webinar. For further information on how to log-in to a Zoom meeting, please watch [this instructional video](#).

ASCO Association Zoom Background

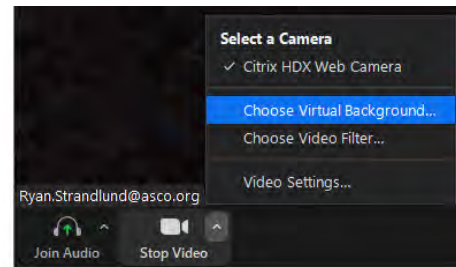
ASCO has created a Zoom background for use during your Summit meetings if you prefer to use a virtual background.

Download Instructions:

[Click here](#) to find the background on ASCO.org. Then right click on the image and choose “save image as” and save the file to your computer.

Uploading to Zoom:

1. Once you join a zoom meeting, expand the video option in the lower left-hand corner and select “Choose Virtual Background”



2. Using the addition symbol on the right, please select “Add Image”



3. Locate and select the virtual background you saved, and click “Open”
 4. You will now be able to use that image as a virtual background
- *Note: If the image appears backwards, click the “Mirror my video” button

☐ I have a green screen ☒ Mirror my video