



April 23, 2025

Senator Donna Bailey, Chair
Representative Kristi Mathieson, Chair
Joint Committee on Health Coverage, Insurance and Financial Services
Burton Cross Building, Room 220
111 Sewall Street
Augusta, ME 04330

Dear Chair Bailey, Chair Mathieson, and Members of the Joint Committee on Health Coverage, Insurance and Financial Services,

The Northern New England Clinical Oncology Society (NNECOS) and the Association for Clinical Oncology (ASCO) are pleased to **support LD 1496**, which would streamline prior authorization processes for patients with cancer.

NNECOS is a professional organization whose mission is to promote the highest quality care for patients with cancer and blood disorders in northern New England. NNECOS members are a community of hematologists, oncologists, and other physicians and allied health professionals who specialize in cancer care. ASCO is an organization representing physicians who care for people with cancer. With over 50,000 members, our core mission is to ensure that cancer patients have meaningful access to high quality 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 progression, 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.

NNECOS 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.

NNECOS and ASCO support language in this bill that requires prior authorization for treatment of a chronic condition to remain valid for the duration of the condition. We also support language that prevents a plan from restricting coverage for a service that was approved under a previous health plan within 90 days of enrollment in a new plan for a patient on a stable medication. These provisions would

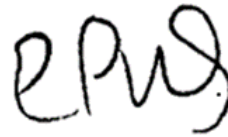
ensure ongoing access to medications and treatment, improving continuity of care for patients with cancer.

NNECOS and ASCO are encouraged by the steps LD 1496 takes toward improving prior authorization in Maine and we urge the Committee to pass this bill. For a more detailed understanding of our policy recommendations on this issue, we invite you to read the [ASCO Position Statement on Prior Authorization](#). If you have any questions about prior authorization, please do not hesitate to contact Sarah Lanford at Sarah.Lanford@asco.org.

Sincerely,

A handwritten signature in black ink, appearing to read 'Sheila'.

Sheila Pascual, MD
President
Northern New England Clinical Oncology Society

A handwritten signature in black ink, appearing to read 'EPW'.

Eric P. Winer, MD, FASCO
Chair of the Board
Association for Clinical Oncology

Sarah Lanford
Alexandria
LD 1496

On behalf of the Northern New England Clinical Oncology Society (NNECOS) and the Association for Clinical Oncology (ASCO), I'm pleased to submit a letter in support of LD 1496. Please let me know if you have any questions about cancer care - we're happy to be a resource.