March 19, 2020

Donald J. Trump, President of the United States
The White House
1600 Pennsylvania Ave NW
Washington, DC 20500

Re: Prior Authorizations for Cancer Patients to Receive Treatment

Dear Mr. President:

We are writing this urgent letter on behalf of the Board of Directors of the Community Oncology Alliance (COA), an organization representing community oncology practices that treat the majority (more than half) of all Americans with cancer. Unfortunately, cancer does not stop for any crisis, and patient treatment must continue during this national emergency.

We ask that you request all private health insurance companies serving the Medicare Advantage, Managed Medicaid, and the commercial insurance markets to immediately waive all “prior authorization” requirements for cancer treatments during this COVID-19 crisis. “Prior authorization” requirements during this crisis potentially threaten cancer treatment, especially that provided to elderly cancer patients, who are among the most vulnerable Americans at risk to contracting symptomatic and serious COVID-19.

As you can imagine, community oncology practices are dealing with an unprecedented, demanding situation of keeping clinical staff safe and COVID-19 free, so they can continue treating patients, but that is complicated by the necessity of sending administrative staff home to work remotely. This is why we are trying to get ahead of a serious problem that has the potential to become an insurmountable obstacle to Americans with cancer receiving treatment, especially as we are desperately trying to keep patients with cancer out of the hospital environment.

Many, if not most, health insurance companies routinely require that they authorize treatments that oncologists and their patients decide are the optimal therapies prior to treatment administration. In normal times, this is becoming an increasingly bureaucratic nightmare for patients and their cancer care providers. However, during this COVID-19 crisis, “prior authorization” has the potential to become a catastrophe as practices are now dealing with the reality of requiring that all non-clinical essential personnel work remotely from home. As you know, this situation is exacerbated by school closings and necessary “social distancing,” which will continue to diminish the workforce of practices required to handle “prior authorizations” and other administrative burdens placed on oncologists that hinder the delivery of optimal, timely cancer care. With problems inherent with working remotely, and the mere fact that many personnel may not be equipped with adequate communications capabilities at home, they will simply be unable in many cases to perform their tasks of obtaining “prior authorization” requirements.

We are encouraged that several insurance companies intend to or are waiving “prior authorization” requirements during the COVID-19 crisis, but to date, we have only seen these for COVID-19 tests
and related treatments. However, “prior authorization” requirements remain in place for cancer treatments that patients desperately need. **Insurance companies need to waive “prior authorization” requirements immediately for cancer treatment.**

Community oncologists, supported by oncology nurses, pharmacists, and allied clinical personnel, are in the trenches continuing to provide cancer treatment in safe and secure environments. They are using their clinical judgment to provide treatments that are backed by national treatment guidelines. “Prior authorizations” are an unnecessary burden during this COVID-19 crisis to providing timely cancer treatment.

Finally, COA would like to sincerely thank you for expanding the use of telehealth services and codes under Medicare. **We are also requesting that all insurance companies do the same for all patients.** This extraordinary and insightful move, coupled with “relaxing” HIPAA restrictions, is allowing oncologists to remotely check-in and assess their patients with cancer and hematological diseases. This especially pertains to elderly patients with cancer who are afraid to travel to their oncologists for treatment, given that they are at the highest risk for COVID-19. The fear is if they don’t receive treatment or necessary supportive care, they can end up in the emergency room or be hospitalized. We don’t need to further tax the nation’s need for hospital beds or to put elderly patients who are immunocompromised in the hospital environment.

We assure you that COA and community oncology practices are doing everything possible to deal with this COVID-19 crisis. We are networking oncology providers and practice administrators to communicate by asking questions and sharing best practices, and have created a dedicated COVID-19 webpage ([https://communityoncology.org/coronavirus-covid-19-practice-resources-and-protocols/](https://communityoncology.org/coronavirus-covid-19-practice-resources-and-protocols/)) which is updated daily, with information and resources, including COVID-19 protocols and guidance from the Federal government that practices have put in place. Among other support initiatives, we are also working on educational resources for cancer patients during these difficult times.

Thank you again for expanding telehealth use and overcoming HIPAA obstacles. **We implore you to request that all health insurance companies immediately waive “prior authorization” requirements for cancer treatments during this COVID-19 crisis.**

Sincerely,

Michael Diaz, MD
President

Ted Okon
Executive Director

CC: Mike Pence, Vice President of the United States
Alex Azar, Secretary of Health and Human Services
Seema Verma, Administrator, Centers for Medicare and Medicaid Services