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April 9, 2024

Dear ASCO Advocate:

We can't wait to see you at ASCO's Advocacy Summit in Washington, D.C. Advancing our priorities on Capitol Hill depends on your efforts to educate lawmakers and maintain relationships with them.

This year's Advocacy Summit includes nearly 175 volunteers from 48 states, Washington D.C., and Puerto Rico. As practicing physicians, researchers, and constituents, you are well equipped to share firsthand stories on how timely health policy issues impact you and your patients.

Before you arrive, please review the materials in this ebinder, which are also available on the Advocacy Summit [webpage](#) and in the AdvocacyDay mobile app. If this is your first ASCO Advocacy Summit, be sure to view the [Advocacy 101 training](#) for what to expect.

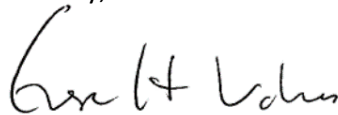
This two-day event will prepare you for your Hill meetings by reviewing our legislative asks for lawmakers, holding an advocacy training with colleagues from your state, hearing from an engaging keynote speaker, and providing ample opportunity to network.

Your congressional meeting schedules will be available on the AdvocacyDay mobile app prior to the Summit. Visit the app frequently for real time updates.

Lastly, the [ASCO Association PAC](#) is hosting a special reception for PAC contributors featuring multiple members of Congress who are cancer care champions. This exclusive event is open to current PAC contributors. For more information regarding the PAC, email Anthony Perez at [ASCOAssociationPAC@asco.org](mailto:ASCOAssociationPAC@asco.org).

Please contact ASCO staff at [AdvocacySummit@asco.org](mailto:AdvocacySummit@asco.org) with any questions. See you soon!

Sincerely,



Everett E. Vokes, MD, FASCO  
Chair of the Board, Association for Clinical Oncology



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**Tuesday, April 16, 2024**

**11:45 am – 4:05 pm: Capitol Hill Legislative Training (Lunch provided beginning at 11:15 am)**

*Location: JW Marriott Washington, D.C.: 1331 Pennsylvania Ave, NW, Washington, D.C. 20004*

*Presentation of ASCO’s Congressional Champion Award  
 Capitol Hill Training: Prepare for Success  
 Building Relationships with Your Lawmakers  
 Keynote Session*

**5:30 – 7:00 pm: ASCO Association PAC Reception with Members of Congress\***

*\*For PAC Contributors Only*

*Location: Renwick Gallery: 1661 Pennsylvania Ave, NW, Washington, D.C. 20006*

*Reception for ASCO Members who are PAC Contributors, Members of Congress*

**7:00 - 8:50 pm: Networking Dinner**

*Location: Renwick Gallery: 1661 Pennsylvania Ave, NW, Washington, D.C. 20006*

*Shaping Our Future  
 Presentation of ASCO’s Advocate of the Year*

**Wednesday, April 17, 2024**

**7:30 - 8:45 am: Breakfast Briefing**

*Location: JW Marriott Washington, DC: 1331 Pennsylvania Ave, NW, Washington, D.C. 20004*

*Hill Day Kick-Off*

**8:45 am: Bus Transportation to Reserve Organization of America**

*Location: Reserve Organization of America (ROA): 1 Constitution Ave NE, Washington, D.C. 20002*

*Once a majority of the group has arrived, we will pause for a brief photo in front of the Capitol*

**10:00 am – 5:00 pm: Congressional Meetings**

*Prescheduled meetings with your Members of Congress and their staff  
 Individual schedules will be provided  
 We will have secure luggage storage at ROA  
 Lunch on your own*

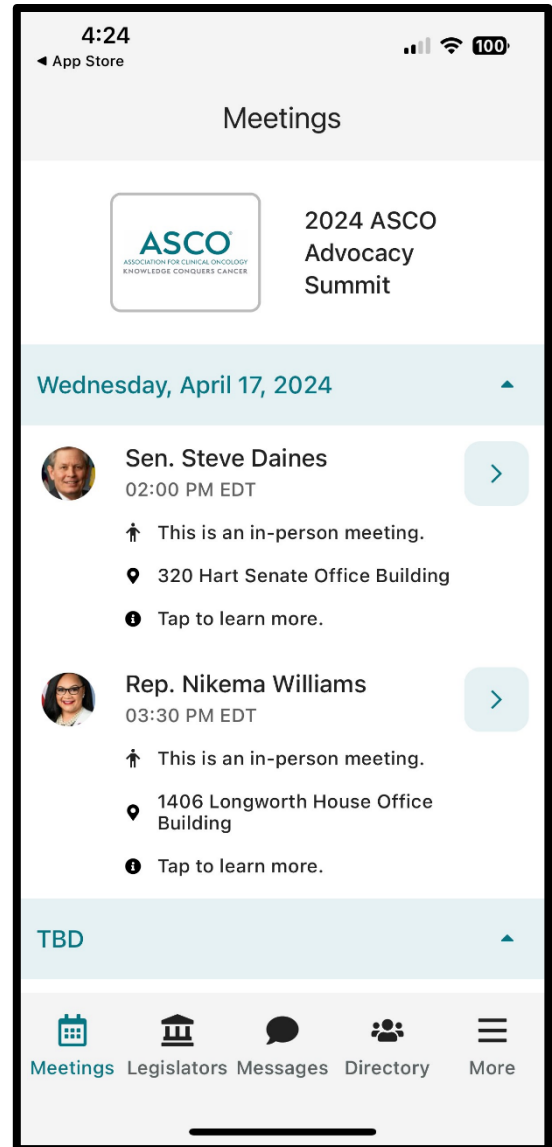


### How to Access Your Congressional Meetings Schedule

Personalized Congressional meeting schedules will be available on the AdvocacyDay app. Schedules frequently update, so please check your schedule often. If urgent changes or cancellations occur the day of the meetings, the app will update, and we will contact you directly via email. Staff will be available on-site to address any scheduling concerns. If you have any issues with the app or accessing your schedule, please contact [AdvocacySummit@asco.org](mailto:AdvocacySummit@asco.org).

#### How to Download the App:

- In your device’s app store, search for “AdvocacyDay” (all one word) and press download.
- Select “Allow” for notifications.
- Select “Allow While Using App” for location setting.
- When you open the app, select “Choose Your Group” and look for ASCO.
- If you have used the AdvocacyDay app with this email address previously, log in with the credentials you created. You may need to reset your password.
- If you are a new user, click the “Sign Up” button and follow the steps to create your account.
- Use the email address you provided when you registered for the Advocacy Summit.
  - If you are unsure which email address you provided, please contact [AdvocacySummit@asco.org](mailto:AdvocacySummit@asco.org).
- After you sign up, you will receive a verification code via email.



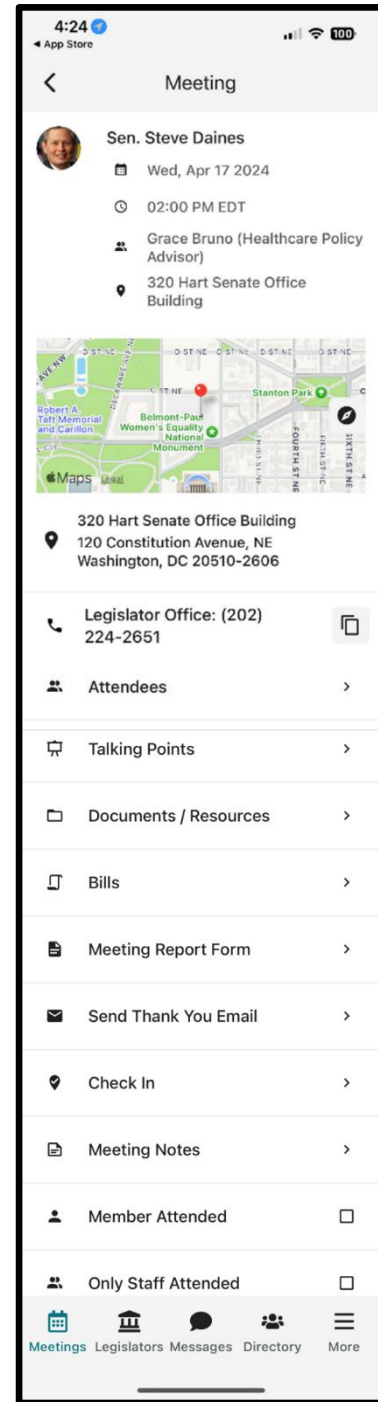
#### What You Will See on the Home Screen (pictured above):

- **Your Schedule** – lists confirmed and pending Congressional meetings (noted as “TBD”). For more information on each meeting, tap on that lawmaker’s name.



**Individual Meeting (pictured on the right):**

- **“Member of Congress”** – at the top of the meeting is a photo and the name of the official. This will be listed for every meeting, even if you are meeting with staff. You can access more information on each member, including biography, sponsored bills, committee assignments and more, by clicking on their name.
- **“Meeting Time”** – the time for each meeting will be noted below the name of the Congressional member.
- **“Meeting With”** – directly below the meeting time is the name of the staffer with whom you may be meeting. The name of the Member of Congress will be listed in this field if they are expected to join.
- **“Attendees”** – attendees in each of your meetings.
- **“Talking Points”** – list of our key talking points. If the lawmaker is a member of a key health care committee or has cosponsored a bill for which we are advocating, that is noted here.
- **“Documents”** – link to the legislative messages for Congress document and additional background information.
- **“Meeting Report Form”** – please provide feedback from each of your meetings in this form to help ASCO staff follow up with offices.
- **“Send Thank You Email”** – a pre-populated, editable email thank you note to send to the staffer from each of your meetings.
- **“Member Attended/Only Staff Attended”** – note if the Member of Congress or staff attended.



**Toolbar:**

- **“Legislators”** – additional information for each lawmaker, including biography, relevant bills, recent news mentions, and committee assignments.
- **“Messages”** – if your meetings have changed, you will see a message with the change here.
- **“Directory”** – list of ASCO advocates participating in Congressional meetings.
- **“More”** – additional resources, such as event feedback and support.
  - **“Support”** – contact support with your questions regarding the app, your schedule, or to provide other feedback. This will be the best way to get questions on these items quickly on April 17.

## Cancer Drug Shortages

### ASK: Work with Your Colleagues on a Comprehensive Solution to End Drug Shortages

- The ongoing shortages of critical oncology drugs are impacting patients and their care teams.
- The lack of predictability in the generic cancer drug supply chain is negatively impacting patients with cancer, including disruptions or delays in treatment, potentially leading to irreversible disease progression.
- ASCO urges Congress to mitigate drug shortages by taking the following actions:
  - **Address** economic factors that drive generic manufacturers out of the market and consider stabilizing the market with long-term contracts and guaranteed prices.
  - **Reward** reliable U.S. manufacturing of critical and supportive medications through price stabilization and investment in continuous manufacturing or other advanced manufacturing.
  - **Recognize** potential shortages earlier by increasing the FDA's visibility into the supply chain so the agency can predict and respond to potential shortages earlier.
  - **Relay** information about potential shortages to health systems and providers to help them prepare for and mitigate possible supply challenges.

## Cancer Research Funding

### ASK: Support robust funding for the NIH, NCI, and ARPA-H in FY2025, specifically \$51.303 billion for the NIH, \$7.934 billion for NCI, and at least \$1.5 billion for ARPA-H

- Much of the nation's oncology research is federally funded – and these trials are the primary drivers in the development of new cancer therapies, including for rare and pediatric cancers.
- 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. Unfortunately, the NCI is only able to fund a small percentage of these applications, leaving a lot of promising science unfunded.
- The requested funding levels would enable the NIH and NCI's budgets to keep pace with biomedical inflation and provide meaningful growth for the agencies.
- ARPA-H will help to realize many patient-centric, real-world opportunities by pairing NCI's basic and translational research expertise with ARPA-H's capability to foster rapid innovation at an unprecedented scale.
- Funding for ARPA-H should *supplement*, not supplant, funding for NIH and NCI.

## Telemedicine

### ASK: Cosponsor the *CONNECT for Health Act* (S. 2016 / H.R. 4189)

#### If already a cosponsor: Thank you

- The telehealth flexibilities granted by HHS during the COVID-19 public health emergency allowed expanded use of telehealth for Medicare beneficiaries and providers. While these flexibilities were extended through the end of 2024, without additional Congressional action, the restrictions will return in 2025.
- Telemedicine in oncology has improved documentation, supported continuity of care, enhanced communication between patient and provider, increased treatment compliance, and contributed to high patient satisfaction.
- The increased use of telehealth, when appropriate, has also helped providers reach historically underserved populations.
- Congress should 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.
- The *CONNECT for Health Act* would permanently extend telehealth flexibilities for Medicare beneficiaries.

## Address Oncology Drug Shortages

### Background:

For more than a decade, the oncology community has experienced cancer drug shortages. These shortages are caused by many factors, including quality issues, manufacturer business decisions, disruptions to raw ingredients and excipient supplies, and natural disasters. Most oncology drugs in shortage are old, generic sterile injectables, many of which do not have alternatives, and impact both the pediatric and adult populations. The lack of predictability in the generic cancer drug supply chain can have negative impacts on patients with cancer, including disruptions or delays in treatment, potentially leading to irreversible disease progression. Both Congress and the Administration need to intervene to secure the pharmaceutical pipeline and address drug shortages. Oncology drug shortages have reached a critical juncture, necessitating immediate action from all stakeholders. ASCO believes a multi-faceted approach is necessary to tackle the oncology drug shortage crisis effectively and remains committed to working with policymakers, regulatory bodies, drug manufacturers and the health care community to identify solutions to ensure long-term stability and preserve patient access to lifesaving and life-prolonging oncology treatments.

Almost all the policy proposals being considered would require Congressional action. Agencies are limited by their existing authority in their response to drug shortages and lack the tools to address what is essentially a failure of the market. The Administration, in its President's FY 2025 Budget, proposed a number of legislative initiatives, and in early April the Department of Health and Human Services (HHS) released a [White Paper](#) outlining a potential public-private partnership but acknowledged additional Congressional funding would be needed.

### Noteworthy Congressional Activities:

- The **Senate Homeland Security and Governmental Affairs Committee** held a hearing in March 2023 on the impact of drug shortages on national security. ASCO provided guidance as the Committee developed legislation around mapping the pharmaceutical supply chain and separately a bill on identifying and mitigating supply chain risk.
- The **House Energy and Commerce Committee** has held several hearings, requested stakeholder input, and released a legislative discussion draft on drug shortages. ASCO has been engaged in each of these activities, including providing a witness at a hearing in June 2023.
- The **Senate Health, Education, Labor and Pensions Committee** included provisions to address drug shortages in its pandemic preparedness reauthorization bill. ASCO is supportive of these provisions.
- The **House Ways & Means Committee** hosted a hearing in February 2024. ASCO provided a witness to testify on the impact of drug shortages on cancer patients. The Committee is also interested in addressing tax and trade implications as it works to address drug shortages.
- The **Senate Finance Committee** is developing more comprehensive legislation to address the underlying economic factors driving shortages. ASCO provided a witness at a December 2023 hearing, provided input on a white paper outlining policy recommendations, offered guidance on draft policy proposals and continues to engage with the committee as they draft legislation.
- **Other legislative vehicles** have included attempts to mitigate current shortages, such as the National Defense Authorization Act and Appropriations bills. Several members of Congress have also introduced stand-alone bills addressing components of the supply chain.

ASCO continues to work with all lawmakers who are interested in legislative solutions to address elements of the oncology drug supply chain. As such, ASCO has endorsed [several bills](#) which would take steps to address issues causing shortages. Components of each of these bills should be included in a legislative package to address drug shortages.

## Message to Congress:

ASCO urges Congress to pass comprehensive legislation to mitigate existing drug shortages and prevent future shortages of lifesaving and life-prolonging cancer drugs. A comprehensive approach would:

- **Address** economic factors that drive generic manufacturers out of the market and consider stabilizing the market with long-term contracts and guaranteed prices.
- **Reward** reliable U.S. manufacturing of critical and supportive medications and raw materials through price stabilization and investment in continuous manufacturing or other advanced manufacturing for critical drugs and active pharmaceutical ingredients (APIs).
- **Recognize** potential shortages earlier by increasing the Food and Drug Administration's (FDA) visibility into the supply chain so the agency can predict and respond to potential shortages earlier.
- **Relay** information about potential shortages to health systems and providers to help them prepare for and mitigate possible supply challenges.

## Impossible Choices Campaign:

As a supplement to the legislative actions detailed above, ASCO is leading a new awareness campaign to end drug shortages. Doctors from across the U.S. are lending their voices to the effort by signing an open letter to policymakers to make clear the impact of drug shortages on cancer care and urge legislative action. Already nearly 500 oncology professionals have signed the letter.

The effort also features a new [video campaign](#) that shares the experiences of several oncologists, starkly reminding policymakers of the real and significant impact shortages have on patient care and the impossible choices facing cancer doctors as a result. The letter and the videos are available at [asco.org/ImpossibleChoices](https://asco.org/ImpossibleChoices).

## Additional Resources:

For more information, please visit [ASCO.org/drug-shortages](https://asco.org/drug-shortages).

- February 6, 2024: [ASCO CMO Dr. Julie Gralow's Testimony Before the House Committee on Ways and Means](#)
- January 4, 2024: [A Call to Action to from Health-Related Organizations to Mitigate and Prevent Drug Shortages](#)
- December 5, 2023: [ASCO Government Relations Committee Past Chair Dr. Jason Westin's Testimony Before the Senate Committee on Finance](#)
- September 14, 2023: [ASCO Statement for the Record for the House Energy and Commerce Committee, Health Subcommittee Drug Shortages Hearing](#)
- August 25, 2023: [ASCO Response to House Energy and Commerce Committee Chair Cathy McMorris Rodgers \(R-WA\) on the Stop Drug Shortages Act Discussion Draft](#)
- July 7, 2023: [ASCO Response to Drug Shortages Request for Information \(RFI\) from House Energy and Commerce Committee Chair Cathy McMorris Rodgers \(R-WA\) and Senate Finance Committee Ranking Member Mike Crapo \(R-ID\)](#)
- June 13, 2023: [ASCO CMO Dr. Julie Gralow's Testimony Before the House Energy And Commerce Committee PAHPA Hearing](#)
- May 11, 2023: [ASCO Statement for the Record for the House Energy and Commerce Committee, Oversight and](#)



[Investigations Subcommittee Drug Shortages Hearing](#)

- [May 11, 2023: ASCO Statement for the Record for the House Energy and Commerce Committee PAHPA Hearing](#)
- [April 10, 2023: ASCO Testimony to the House Appropriations Committee Agriculture, Rural Development, Food and Drug Administration, and Related Agencies Subcommittee](#)
- [March 29, 2023: ASCO Response to Senate Health, Education, Labor and Pensions Committee Pandemics All-Hazard Preparedness Act \(PAHPA\) Request for Information \(RFI\)](#)
- [March 22, 2023: ASCO Statement for the Record for Senate Homeland Security and Government Affairs Committee Hearing](#)

## Address Oncology Drug Shortages

### Background

For more than a decade, the oncology community has experienced cancer drug shortages. These shortages are caused by a multitude of factors, including quality issues, manufacturer business decisions, disruptions to raw ingredients and excipient supplies, and natural disasters. Most oncology drugs in shortage are old, generic sterile injectables, many of which do not have alternatives, and impact both the pediatric and adult populations. The lack of predictability in the generic cancer drug supply chain can have negative impacts on patients with cancer, including disruptions or delays in treatment, potentially leading to irreversible disease progression. Both Congress and the Administration need to intervene to secure the pharmaceutical pipeline and address drug shortages.

### Policy Recommendations

Oncology drug shortages have reached a critical juncture, necessitating immediate action from all stakeholders. ASCO believes a multi-faceted approach is necessary to tackle the oncology drug shortage crisis effectively and remains committed to working with policymakers, regulatory bodies, drug manufacturers and the health care community to identify solutions to ensure long-term stability and preserve patient access to lifesaving and life-prolonging oncology treatments.

To that end, ASCO has endorsed [several bills](#) which would take steps to address different issues causing shortages. Components of each of these bills should be included in a comprehensive legislative package to address drug shortages. For more information, please visit [ASCO.org/drug-shortages](https://www.asco.org/drug-shortages).

We urge policymakers to:

- **Address** economic factors that drive generic manufacturers out of the market and consider stabilizing the market with long-term contracts and guaranteed prices.
- **Reward** reliable U.S. manufacturing of critical and supportive medications and raw materials through price stabilization and investment in continuous manufacturing or other advanced manufacturing for critical drugs and active pharmaceutical ingredients (APIs).
- **Recognize** potential shortages earlier by increasing the Food and Drug Administration's (FDA) visibility into the supply chain so the agency can predict and respond to potential shortages earlier.
- **Relay** information about potential shortages to health systems and providers to help them prepare for and mitigate possible supply challenges.

**ASCO urges Congress to pass comprehensive legislation to mitigate existing drug shortages and prevent future shortages of lifesaving and life-prolonging cancer drugs.**

## Support Cancer Research

### Background:

The House and Senate Appropriations Committees each have 12 subcommittees responsible for writing bills that allocate yearly funding for federal agencies and programs. Each year, ASCO submits funding requests that prioritize the National Institutes of Health (NIH) and, within the NIH, the National Cancer Institute (NCI) and the Advanced Research Projects Agency for Health (ARPA-H).

In the Fiscal Year (FY) 2024 appropriations bill, Congress provided a \$300 million increase to NIH's base budget, and a \$120 million increase to NCI. However, due to the expiration of dedicated Cancer Moonshot funding in FY 2023, this resulted in a net *decrease* of \$378 million for NIH and \$96 million for NCI in terms of total funding levels. These programs ultimately did better than many others given FY24 was an extremely difficult budget year, and Congress did demonstrate that funding for cancer research remains a bipartisan priority. During our congressional meetings we will thank Congress for continuing to make cancer research a priority, and communicate that continued investment is needed.

### FY25 Funding Request:

ASCO worked with the [biomedical research community](#) and [cancer research community](#) to collectively develop the NIH, NCI, and ARPA-H FY25 funding requests. **For the NIH, the request is \$51.3 billion**, which will help the NIH keep pace with biomedical inflation plus provide a meaningful growth rate. **ASCO is requesting \$7.934 billion for the NCI**, a percentage increase that matches our request for the NIH. Finally, **ASCO is requesting \$1.5 billion for ARPA-H**, a sustained amount from the FY24 budget to allow the agency to continue to recruit talent and identify opportunities for revolutionary solutions. Essential to our ARPA-H request is that the agency's funding be additive and not come at the expense of robust, predictable funding for the NIH, NCI, and other existing research agencies.

The NCI is the largest funder of cancer research in the world, but its funding has not kept pace with opportunities for cutting edge research. In recent years, R01 grant applications to NCI have accounted for almost one-fifth of all R01 applications received by NIH, but the NCI can fund only 12% of these grants.<sup>1</sup> Apart from these missed opportunities, we will lose early career investigators who may choose other careers if their grant submissions are not funded, disrupting the research workforce pipeline.

As oncology professionals, telling your personal story is more impactful than any of the talking points provided. During your meetings, please share how funding for biomedical and cancer research has impacted your work.

### Message to Congress:

Provide sustainable, long-term funding for cancer research. ASCO urges Congress to pass a FY25 spending bill that includes at least:

- \$51.3 billion for NIH,
- \$7.934 billion for the NCI, and
- An additional \$1.5 billion dedicated to ARPA-H.

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<sup>1</sup> <https://www.cancer.gov/research/leading-progress/budget-proposal>

## Support Cancer Research

Over the last 50 years, research funded by the National Institutes of Health (NIH) and National Cancer Institute (NCI) has played a role in every major advancement related to cancer prevention, detection, and treatment. The Advanced Research Projects Agency for Health (ARPA-H) joins these agencies with the potential for transformative health breakthroughs for cancer care and other diseases. Funding for research remains critical in FY2025.

- **Cancer incidence is on the rise.** In 2024, for the first time, there will be over 2 million new cancer cases in the U.S. Older Americans are most likely to be diagnosed with cancer, but this trend is shifting. The number of people aged 50 to 64 with cancer is growing, and both colorectal cancer and cervical cancer diagnoses are increasing in even younger populations. Exact reasons are unknown, and funding is needed for researchers to study the causes.
- **Good science is going unfunded.** NCI's research buying power is \$1.1 billion *less* than 20 years ago. In recent years, research grant applications to NCI have accounted for almost one-fifth of all R01 applications received by NIH, but the NCI can fund only 12% of these applications.<sup>i</sup> Continued investment will ensure that clinical research is adequately supported, the workforce pipeline is not disrupted, and scientific knowledge is leveraged to increase treatment options for patients.
- **Ending cancer as we know it.** The National Cancer Plan, released by the NCI in April 2023, provides a whole-of-society framework for reducing cancer deaths by 50% over the next 25 years. The plan encompasses the entire cancer continuum from cancer prevention and early detection through improved treatments, greater access to clinical trials, and better overall care delivery. Achieving the Cancer Moonshot goals relies on support and resources from the federal government.
- **Research funding saves lives.** A 2022 study found that over the last 40 years, clinical trials performed within the NCI's National Clinical Trials Network prolonged the lives of patients with cancer by at least 14.2 million life-years and cost approximately just \$326 in federal investment per each life-year added.<sup>ii</sup>
- **Provide transformative solutions with ARPA-H.** Sustained funding will allow ARPA-H to identify opportunities for the revolutionary solutions that have characterized the agency upon which it is modeled, the Defense Advanced Research Projects Agency. Funding for ARPA-H should supplement, not supplant, funding for NIH and NCI.
- **NIH creates jobs and economic growth.** In FY2023, the NIH provided \$37.81 billion in research funding to scientists in all 50 states and the District of Columbia, supporting more than 412,000 jobs and generating \$92.89 billion in economic activity. Sustainable funding remains critical to maintaining the research workforce pipeline.

### ASCO urges Congress to pass a FY2025 spending bill that includes at least:

- **\$51.3 billion for NIH,**
- **\$7.934 billion for the NCI, and**
- **\$1.5 billion for ARPA-H, supplemental to the NIH base budget.**

<sup>i</sup> Annual Plan & Budget Proposal for Fiscal Year 2025, National Cancer Institute, <https://www.cancer.gov/research/leading-progress/budget-proposal>

<sup>ii</sup> Unger JM, et al. Population, Clinical, and Scientific Impact of National Cancer Institute's National Clinical Trials Network Treatment Studies. J Clin Oncol. 2022 Dec 8;JCO2201826. doi: 10.1200/JCO.22.01826.

## Extend Telehealth Flexibilities

### Background:

Telemedicine, also commonly referred to as telehealth, can increase access to care for patients with cancer while reducing treatment burden and disruption to patients. 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 healthcare.<sup>i</sup> Additionally, virtual visits can provide effective follow-up and enhanced convenience for patients compared with traditional office visits. Telehealth interventions in chronic disease management have been shown to lead to a decline in hospital admissions and re-admissions, length of hospital stays, emergency department visits, and a reduction in mortality.<sup>ii</sup>

During the COVID-19 Public Health Emergency (PHE), the Department of Health and Human Services (HHS) waived 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).

Originally set to expire with the end of the PHE, the *Consolidated Appropriations Act of 2023*, passed in December 2022, extending the flexibilities through the end of 2024. Without further Congressional action these flexibilities will expire in 2025.

The *Creating Opportunities Now for Necessary and Effective Care Technologies (CONNECT) for Health Act of 2023* (H.R. 4189/S. 2016) would make the COVID-era telehealth flexibilities permanent and further strengthen current telehealth education, reporting, and oversight. The *CONNECT for Health Act* would permanently remove the geographic and originating site restrictions, permit remote patient monitoring, allow use of telehealth in community health centers and rural health clinics, and provide reimbursement for those services. The bill is led in the House by Reps. Mike Thompson (D-CA-5), Doris Matsui (D-CA-7), Bill Johnson (R-OH-6), and David Schweikert (R-AZ-1), and in the Senate by Sens. Brian Schatz (D-HI), Roger Wicker (R-MS), Ben Cardin (D-MD), John Thune (R-SD), Mark Warner (D-VA) and Cindy Hyde-Smith (R-MS).

The House Energy & Commerce Committee hosted a hearing on April 10, 2024 on legislative proposals to support patient access to telehealth services. The hearing included ASCO-endorsed bills such as the *CONNECT for Health Act* and *Telehealth Modernization Act among a series of other bills*.

There are several other bills that would address components of telemedicine, but the *CONNECT for Health Act* is the most comprehensive bill and garners the most support on Capitol Hill and the House of Medicine .

### Message to Congress:

- Please cosponsor the *CONNECT for Health Act* (S. 2016/H.R. 4189) to make telehealth flexibilities permanent.
  - *If already cosponsoring (noted in AdvocacyDay App):* Thank you!

### Additional Resources:

- [ASCO Telemedicine in Cancer Care Position Statement](#)
- [ASCO Telemedicine Cross-State Licensure Position Statement](#)

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<sup>i</sup> 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

<sup>ii</sup> 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 **CONNECT for Health Act (H.R. 4189 / S. 2016)**

### Background

Since telehealth flexibilities were put in place at the start of the COVID-19 Public Health Emergency (PHE), there has been a dramatic increase in the use of telehealth. Its use has proven beneficial to providers and patients by increasing access to care for patients with cancer while reducing treatment burden and disruption to patients' 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 time off from 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.
- **Telehealth interventions in chronic disease management demonstrate better patient outcomes** and can lead 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.
- **Geographic and originating site restrictions severely limited telehealth utilization pre-pandemic** and required a Medicare patient to live in a rural area and use telehealth services in limited health care settings for coverage.
- **Telehealth restrictions that prevent access will resume in 2025.** The *Consolidated Appropriations Act of 2023* extended these flexibilities through 2024, but without further congressional action Medicare patients and providers will soon lose the ability to utilize telehealth as easily.

### Policy Recommendations

The *Creating Opportunities Now for Necessary and Effective Care Technologies (CONNECT) for Health Act of 2023* (H.R. 4189/S. 2016) would make the COVID-era telehealth flexibilities permanent and further strengthen current telehealth education, reporting, and oversight.

- H.R. 4189/S. 2016 would permanently remove the geographic and originating site restrictions, permit remote patient monitoring, allow use of telehealth in community health centers and rural health clinics, and provide reimbursement for those services.
- If passed, this bill would give the Secretary of Health and Human Services the authority to waive telehealth restrictions, including during public health emergencies. It would mandate studies of how telehealth has been used during the COVID-19 pandemic and the effectiveness of telehealth waivers and encourage the Center for Medicare and Medicaid Innovation to test payment models that include telehealth.
- This bill is led by Reps. Mike Thompson (D-CA-5), Doris Matsui (D-CA-7), Bill Johnson (R-OH-6), David Schweikert (R-AZ-1), and Sens. Brian Schatz (D-HI), Roger Wicker (R-MS), Ben Cardin (D-MD), John Thune (R-SD), Mark Warner (D-VA) and Cindy Hyde-Smith (R-MS).

**ASCO urges Congress to pass the *CONNECT for Health Act* (H.R. 4189/S. 2016) and make telehealth flexibilities permanent to support patient access to care.**



## Key Logistics

### First Time Attendee?

If this is your first time attending the ASCO Advocacy Summit, please view the [Advocacy 101 training](#) prior to your arrival for what to expect. It is also a good refresher for past attendees.

### Arriving in Washington, D.C.:

- Upon arriving take a taxi/rideshare service or metro to the JW Marriott Washington, D.C., located at 1331 Pennsylvania Ave NW, Washington, DC 20004.
- The closest Metro station is Metro Center on the Red Line, approximately 3 blocks away.
- A hotel room was reserved for you and confirmation numbers were provided via email from [AdvocacySummit@asco.org](mailto:AdvocacySummit@asco.org). For any hotel questions, please contact Ryan Strandlund (571-483-1417) or Zoe Betancourt (571-483-1619).
- Check-in is at 4:00 pm and check-out is at 12:00 pm.
  - For those arriving the morning of April 16, the Bell Stand will hold your luggage until check-in.
- If you are driving and require parking, please use the hotel's self-parking garage entrance located on the F Street side of the building.
- Please keep all receipts to receive reimbursement per ASCO's expense policy.

### Tuesday, April 16: Advocacy Summit Training (11:45 am – 4:05 pm, JW Marriott Washington, D.C.)

- The training will be hosted in Grand Ballroom - Salons I & II, located on the Ballroom level.
- 10:30 am - Registration will take place in the Grand Foyer, outside of Salon II.
- 11:15 am - Lunch will be provided.
- 11:45 am - Summit Training will begin.

### Tuesday, April 16: ASCO Association PAC Reception for PAC Contributors followed by a Networking Dinner for Summit Attendees (5:10 pm – 8:50 pm, Renwick Gallery of the Smithsonian American Art Museum)

- The Renwick Gallery is a 15-minute walk from the JW Marriott and groups will be walking with ASCO staff.
- Shuttles will be provided for those who do not want to walk or in case of rain. Please find ASCO staff if you would like to take the shuttle, located at the Pennsylvania Ave entrance of the hotel.
- Please leave unnecessary bags in your hotel room to ensure fast entry through security.
- At the end of dinner, shuttles will depart the Renwick Gallery for the JW Marriott Washington, D.C.

### Wednesday, April 17: Congressional Meetings (JW Marriott and Capitol Hill)

- 7:30 am - Breakfast will be available beginning in Grand Ballroom - Salons I & II.
- 8:45 am - Shuttles will depart from the Pennsylvania Ave entrance of the JW Marriott for the Reserve Organization of America (ROA) on Capitol Hill where you may store your luggage for the day.
- 9:30 am - A group photo will be taken in front of the Capitol across the street from the ROA.





- Luggage should be dropped at the ROA prior to the group photo. ASCO staff will direct you to the photo location.
- Depart for your congressional meetings after the group photo. Meeting times and locations will be provided through the AdvocacyDay App.

**Departing Washington, D.C.:**

- For those departing directly after meetings on April 17, please plan to store luggage at the ROA. Please note that this location has staff monitoring the room all day.
- **All luggage must be picked up by 6:00 pm when the ROA closes.**



## Capitol Hill: How to Get Around

**Security:** You are required to pass through security to enter Congressional office buildings. Do not carry any [prohibited items](#). Food and drinks are permitted, except in the Capitol Building and the Capitol Visitors Center (CVC).

**Getting Around:** You will visit several House and Senate office buildings during the Advocacy Summit. Most meeting groups will have an ASCO staff member who can guide you to meetings. Maps and signs are located on each floor of the buildings near the entrances and elevators.

- ★ = Luggage Storage
- = Public entrance
- ✕ = Group photo location

# U.S. Capitol Map





**Eateries in the Office Buildings**

<b>Rayburn House Office Building</b>	<b>Cafeteria</b> (Basement) <b>Subway</b> 11:00 AM – 5:00 PM (Room 2063) <b>&amp;Pizza</b> 11:00 AM – 5:00 PM (Room 2073)
<b>Longworth House Office Building</b>	<b>Cafeteria</b> (Basement) <b>Dunkin’</b> 7:30 AM - 2:30 PM (Basement)
<b>Cannon House Office Building</b>	<b>Au Bon Pain</b> (Room 192) <b>Coffee Cart</b> (Cannon Rotunda)
<b>Russell Senate Office Building</b>	<b>Cups &amp; Co.</b> 7:00 AM - 4:00 PM (Basement)
<b>Dirksen Senate Office Building</b>	<b>Cafeteria</b> 7:30 AM - 2:30 PM (Basement) <b>Inside Scoop</b> Open 24 hours (located in the Dirksen/Hart Ground Floor Connecting Corridor) <b>Coffee Shop</b> 8:00 AM - 2:30 PM (located in the Dirksen Basement South)
<b>Hart Senate Office Building</b>	<b>Inside Scoop</b> Open 24 hours (located in the Dirksen/Hart Ground Floor Connecting Corridor)

**Eateries Around the Capitol**

<b>Eatery</b>	<b>Location</b>	<b>Hours</b>
<b>U.S. Capitol Café</b>	<i>U.S. Capitol Visitor Center</i> First St SE, Washington, DC 20515	9:00 AM – 4:30 PM
<b>Madison Café at the Library of Congress (Food Court)</b>	<i>Madison Memorial Building</i> 101 Independence Ave, Washington, DC 20540	7:00 AM – 3:30 PM
<b>Good Stuff Eatery</b>	303 Pennsylvania Ave SE, Washington, DC 20003	11:00 AM – 10:00 PM
<b>Pete’s Diner</b>	212 2 <sup>nd</sup> St SE, Washington, DC 20003	6:00 AM – 3:00 PM
<b>Sweetgreen</b>	221 Pennsylvania Ave SE, Washington, DC 20003	10:30 AM – 8:00 PM
<b>Burrito Brothers of Capitol Hill</b>	205 Pennsylvania Ave SE, Washington, DC 20003	8:00 AM – 8:45 PM
<b>Bullfeathers on the Hill</b>	410 First St SE, Washington, DC 20003	11:00 AM – 10:00 PM
<b>Le Bon Café</b>	210 2 <sup>nd</sup> St SE, Washington, DC 20003	8:00 AM – 3:00 PM
<b>Union Pub</b>	201 Massachusetts Ave NE, Washington, DC 20002	11:00 AM – 12:00 AM
<b>Starbucks</b>	237 Pennsylvania Avenue SE Washington, DC 20003	6:00 AM – 8:00 PM (tip: order ahead via mobile app)



## Advocating Through Social Media

Nearly all Congressional offices use social media to connect with constituents and engage on important issues in the district/state.

- Below are example posts as well as a participant badge. [You can also access the badge here.](#) Feel free to use these as a template or create your own and use your own photos or videos from the day.

ASCO is a non-partisan organization. Consider this when presenting your message.

### Example Tweets

Tag us! @ASCO [twitter.com/asco](https://twitter.com/asco)

#### General Tweet:

I'm with team [insert state name] at the #ASCOAdvocacySummit! We are advocating for:

- Action to mitigate drug shortages
- Continuation of telehealth flexibilities
- Robust cancer research funding

Join us virtually and add your voice!  
[https://asco.quorum.us/action\\_center/](https://asco.quorum.us/action_center/)

#### Issue Specific Tweet:

The #DrugShortage crisis forces impossible choices on cancer care providers about which patients will receive the best possible treatment. I'm on Capitol Hill with #ASCOAdvocacySummit to ask [insert lawmaker] to end drug shortages. Join me:  
<https://asco.quorum.us/campaign/48178/>

### Example Instagram Posts

Tag us! @ASCOCancer [instagram.com/ascocancer](https://www.instagram.com/ascocancer)

On Capitol Hill today with @ASCOCancer to talk to @Rep'sName about legislation that impacts the quality of oncology care and research. Join us virtually! [asco.org/ACTNetwork](https://asco.org/ACTNetwork) #ASCOAdvocacySummit

In Washington, DC with @ASCOCancer to meet with my representatives about policies impacting cancer care and research. Add your voice virtually! [asco.org/ACTNetwork](https://asco.org/ACTNetwork) #ASCOAdvocacySummit

### Example LinkedIn Post

Tag us! @American Society of Clinical Oncology (ASCO) [linkedin.com/company/american-society-of-clinical-oncology/](https://www.linkedin.com/company/american-society-of-clinical-oncology/)

Thank you, Representative/Senator Last Name, for meeting with me and team State Name during the #ASCOAdvocacySummit!

I came to Capitol Hill to speak for the oncology community. We discussed the continuing impact of drug shortages, and the need for continued telehealth flexibilities, and robust cancer research funding.

Add your voice! [asco.org/ACTNetwork](https://asco.org/ACTNetwork)



### Participant Badge:

[Link](#)



### Example Impossible Choices Campaign Posts

#### Reshare Copy:

\*If resharing an ASCO post about drug shortages, feel free to use the below

I signed the Open Letter to end drug shortages because... **[Share why you are joining the campaign with ASCO.]**

Because of cancer drug shortages... **[Share how drug shortages have negatively affected you/your practice/patients.]**

#### Example Post:

Recent cancer drug shortages have affected generic, essential medicines that should be widely available to all. Our patients deserve more. That's why I urge you to join me and @ASCO in asking our lawmakers to find solutions to this crisis: [asco.org/impossiblechoices](https://asco.org/impossiblechoices) #ASCOAdvocacy

Shortages of critical cancer drugs leave **[oncologists/nurses/doctors]** like me facing impossible choices about patient care. That's why I signed @ASCO's Open Letter to end cancer drug shortages and hope you will too: [asco.org/impossiblechoices](https://asco.org/impossiblechoices) #ASCOAdvocacy

### Tips and Tricks

- **Follow your lawmakers** so you can tag them in tweets.
  - Visit: [asco.quorum.us/officials](https://asco.quorum.us/officials) to find your lawmakers' Twitter handles.
- **Tag @ASCO** and your **lawmaker**.
- **Use #ASCOAdvocacySummit** in your social media posts.
- **Be specific, clear, and concise** about the issue you're referencing and your ask.
- **Make it personal** by sharing why the issue is important to you and your patients. Emotional resonance is extremely powerful in storytelling.
- **Retweet, reply, and tag** others to elevate and build on a conversation.
- **Give credit** by linking/tagging your sources.



## Keynote Speaker

### Dr. Glaucomflecken

[pronounced: Glau-come-fleck-in]



Dr. Glaucomflecken, the comedic alter ego of Dr. Will Flanary, was born from the intersection of a medical career and stand-up ambitions. Starting in the humble open mics of Houston, TX, eventually weaving his way through the halls of the Geisel School of Medicine at Dartmouth, the stage remained a constant companion for Dr. Flanary, providing a respite from the stress of medical school. Turning adversity into humor, Dr. Flanary utilized the power of jokes to navigate the complexities of being a cancer patient in his 20s, as well as a survivor of a sudden cardiac arrest.

As his medical career progressed, the creative outlet of “Dr. Glaucomflecken” continued to grow in popularity, expanding from ophthalmology jokes to satire of the U.S. healthcare system. Dr. Flanary’s unique approach to comedy brings awareness to the barriers of the U.S. healthcare system from both the patient and provider perspective. From its roots as a personal outlet to entertain, Dr. Glaucomflecken has grown into a global online sensation, delivering laughter and insights to millions while navigating the unexpected twists of life and health.



**Co-Recipients of ASCO's 2024 Congressional Champion for Cancer Care Award:  
Senator Tammy Baldwin (D-WI) & Senator Shelley Moore Capito (R-WV)**



**Senator Tammy Baldwin (D-WI)**



**Senator Shelley Moore Capito (R-WV)**

Every year, ASCO presents its Congressional Champion Award to Members of Congress who advance policies that support healthcare practices and equitable access to quality cancer care for patients. Senators Tammy Baldwin (D-WI) and Shelley Moore Capito (R-WV) have been instrumental in strengthening our healthcare system and have proven that they are committed to improving quality of care. In addition to their significant efforts on cancer care legislation during the current 118<sup>th</sup> Congress, Senators Baldwin and Capito have led the charge to support cancer research funding for the National Institutes of Health (NIH) and National Cancer Institute (NCI) through their leadership on the Senate Appropriations Subcommittee on Labor, Health and Human Services, Education, and Related Agencies. Additionally, they introduced the *Palliative Care and Hospice Education and Training Act (PCHETA)* (S. 2243), which will increase the palliative care and hospice workforce and strengthen investments in training, education, and research.

Senator Tammy Baldwin is currently serving her second term in the Senate representing Wisconsin. Growing up, Senator Baldwin and her family navigated healthcare disparities, which has fueled her drive to improve the healthcare system for all Americans. She serves on the Senate Committee on Health, Education, Labor and Pensions (HELP) and is the Chair of the Appropriations Subcommittee on Labor, Health and Human Services, Education, and Related Agencies. In addition to her committee duties, Senator Baldwin also serves on the Congressional Biomedical Research Caucus, Children's Health Care Caucus, Community Health Center Caucus, Senate NIH Caucus, and the Medical Technology Caucus. This Congress, Senator Baldwin is a co-sponsor for two ASCO advocacy priorities – cancer drug parity and patient access to care.


Senator Shelley Moore Capito is serving her second term as Senator for West Virginia. As a passionate advocate for rural healthcare and a supporter of strengthening medical resources, Senator Capito has made progress towards creating sustainable change in the U.S. health care system. This Congress, she serves as Ranking Member on the Appropriations Subcommittee on Labor, Health and Human Services, Education, and Related Agencies. Senator Capito has been very active in supporting several ASCO advocacy priorities, including pediatric cancer research, Pharmacy Benefit Manager (PBM) transparency, patient access to care, telemedicine, cancer drug parity, copay accumulators, and step therapy.



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**Matthew Obinna Nwaneri, MD, MBA**

ASCO Advocate  
Iowa City, IA

**Lauren Nye, MD**

Health Equity and Outcomes Committee  
Leawood, KS  
2023 Advocacy Champion  
ASCO Association PAC Contributor

 @DrLaurenNye

**Kurt Oettel, MD, MBA, FACP**

Political Action Committee Advisory Council  
LaCrosse, WI  
2023 Advocacy Champion  
ASCO Association PAC Contributor


**Coral Olazagasti, MD**

ASCO Advocate  
Coral Gables, FL

 @COLazagasti

**Ahmad Ozair, MD**

Trainee Council Volunteer Corp  
Baltimore, MD

 @NeuroAhmad


**Sukhmani Padda, MD**

Government Relations Committee  
Philadelphia, PA  
ASCO Association PAC Contributor



**Ray Page, DO, PhD, FASCO**

ASCO AMA Delegate  
Aledo, TX  
2023 Advocacy Champion  
ASCO Association PAC Contributor


 @raypagedophd

**Martin Palmeri, MD, MBA**

Government Relations Committee  
Arden, NC  
2023 Advocacy Champion  
ASCO Association PAC Contributor

**Laeton Pang, MD, MPH, FACR, FACRO, FACCC, FASTRO**

ASCO Advocate  
Honolulu, HI

 @LaetonP

**Su Park, MD**


State Affiliate Council  
Philadelphia, PA

**Julia Parrish, MD**

ASCO Advocate  
Fargo, ND  
2023 Advocacy Champion  
ASCO Association PAC Contributor

**Manali Patel, MD, MPH, MS, FASCO**

Government Relations Committee  
Palo Alto, CA  
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ASCO Association PAC Contributor

 @manalipatelmd

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State Affiliate Council  
Sidney, MT

**Alejandra Perez, MD**

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Plantation, FL  
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State Affiliate Council  
Ocean Springs, MS  
2023 Advocacy Champion  
ASCO Association PAC Contributor

 @DrBrianPersing

**Todd Pickard, MMSc, PA-C, FASCO**

Clinical Practice Committee  
Houston, TX  
2023 Advocacy Champion  
ASCO Association PAC Contributor

**Jennifer Pierce, MD, MPH**

Health Equity and Outcomes Committee  
Mobile, AL  
2023 Advocacy Champion

**Andrew Pierson, MD**

State Affiliate Council  
Boise, ID  
2023 Advocacy Champion  
ASCO Association PAC Contributor

**Sonam Puri, MD**


Evidence Based Medicine Committee  
Salt Lake city, UT

**Camille Puronen, MD, MPH**

ASCO Advocate  
Seattle, WA

**Meera Ragavan, MD, MPH**

ASCO Editorial Fellow - JCO OP  
Millbrae, CA

 @meera\_ragavan




**Ivy Riano, MD**

State Affiliate Council  
Lebanon, NH

 @IvyLorena\_Md

**Trevor Royce, MD, MS, MPH**

Leadership Development Program Alumni  
Chapel Hill, NC

 @tjroycemd

**Jimmy Ruiz, MD**

ASCO Advocate  
Winston Salem, NC

**John Salsman, PhD**

Scientific Program Committee  
Winston Salem, NC


 @JohnMSalsmanPhD

**Joel Saltzman, MD, FASCO**

Clinical Practice Committee  
Beachwood, OH  
2023 Advocacy Champion  
ASCO Association PAC Contributor


**Joan Schiller, MD**

Leadership Development Program Alumni  
Oregon, WI  
2023 Advocacy Champion  
ASCO Association PAC Contributor

 @joan\_schiller


**Ilana Schlam, MD**

Trainee Council Volunteer Corp  
Brookline, MA

 @IlanaSchlam

**Lynn Schuchter, MD, FASCO**

ASCO President  
Haverford, PA  
2023 Advocacy Champion  
ASCO Association PAC Contributor

 @lynn\_schuchter

**Jerome Seid, MD, FACP**

ASCO Advocate  
Warren, MI  
2023 Advocacy Champion

**Carole Seigel, MBA**

ASCO Advocate  
Brookline, MA  
ASCO Association PAC Contributor

**Jocelyn Serrano, BAC**

State Affiliate Council  
Arecibo, PR

**Dhaval Shah, MBBS, MD, MBA**

Clinical Practice Committee  
Newark, DE

**Melanie Sheen, MD**

ASCO Advocate  
New Orleans, LA  
2023 Advocacy Champion  
ASCO Association PAC Contributor

**Eugene Shenderov, MD, PhD, FACP**

Government Relations Committee Alumni  
Baltimore, MD

 @DocEShenderov

**Katherine Smith, MD**

ASCO Advocate  
Rochester, MN

**Blair Smith, MD**

ASCO Advocate  
Kansas City, MO

**Heloisa Soares, MD**

ASCO Advocate  
Salt Lake City, UT  
2023 Advocacy Champion  
ASCO Association PAC Contributor

 @helops79






**Piyush Srivastava, MD**

Government Relations Committee  
Moraga, CA  
2023 Advocacy Champion  
ASCO Association PAC Contributor

**Ishwaria Subbiah, MD, MS, FASCO**

ASCO Advocate  
Nashville, TN  
2023 Advocacy Champion  
ASCO Association PAC Contributor

 @ishwariaMD

**Latha Subramanian, MD, FACP**

Evidence Based Medicine  
Anchorage, AK  
2023 Advocacy Champion

**Ashley Sumrall, MD, FACP, FASCO**

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Charlotte, NC  
2023 Advocacy Champion  
ASCO Association PAC Contributor

 @Ashleysumrallmd


**Wade Swenson, MD, MPH, MBA**

ASCO Advocate  
Fergus Falls, MN  
2023 Advocacy Champion  
ASCO Association PAC Contributor

 @wadeswenson

**Masood Pasha Syed, MBBS, MD**

Oncology Training Programs  
Beachwood, OH

 @MasoodPashaSyed

**Banu Symington, MD, MACP**

State Affiliate Council  
Rock Springs, WY  
2023 Advocacy Champion  
ASCO Association PAC Contributor

**Tammy Thiel**


State Affiliate Council  
Wasilla, AK

**Alexandra Thomas, MD, FACP**

Government Relations Committee Alumni  
Hillsborough, NC  
2023 Advocacy Champion  
ASCO Association PAC Contributor

**Mylin Torres, MD**

Leadership Development Program  
Atlanta, GA

 @MylinTorres


**Patricia Troy, IOM, CAE**

State Affiliate Council  
Severna Park, MD

 @PatTroy


**Ana Velazquez Manana, MD, MSc**

Research Committee  
Brisbane, CA  
2023 Advocacy Champion  
ASCO Association PAC Contributor

 @AnaVManana

**Vamsi Velcheti, MD, MBA, FACP, FCCP**

Leadership Development Program  
Scarsdale, NY

 @vamsivelcheti

**Rashmi Verma, MD, FACP**

ASCO Advocate  
Rancho Cordova, CA

**Gregory Vidal, MD, PhD**

Research Committee  
Germantown, TN

**Praveen Vikas, MD, FACP, FASCO**

Evidence Based Medicine  
Iowa City, IA

 @Killthecancer



**Gina Villani, MD, MPH**

Education Council  
Bayside, NY


**Everett Vokes, MD**

Association Chair of the Board  
Chicago, IL  
2023 Advocacy Champion  
ASCO Association PAC Contributor

**Harold James Wallace, MD**

ASCO Advocate  
Saint George, VT  
2023 Advocacy Champion  
ASCO Association PAC Contributor


**Mark Walshauer, MD, FACP**

Government Relations Committee  
Ladue, MO  
2023 Advocacy Champion  
ASCO Association PAC Contributor  
 @walshauerMD

**Jeremy Warner, MD, MS, FAMIA, FASCO**

Evidence Based Medicine  
Providence, RI  
2023 Advocacy Champion  
ASCO Association PAC Contributor


**Jason Westin, MD**

Government Relations Committee  
Houston, TX  
2023 Advocate of the Year  
ASCO Association PAC Contributor  
 @Lymphoma\_Doc

**Jerome Winegarden, MD**

State Affiliate Council  
Ann Arbor, MI

**Karen Winkfield, MD, PhD**

Board of Directors  
Winston-Salem, NC  
2023 Advocacy Champion  
ASCO Association PAC Contributor  
 @DrWinkfield

**John Winters, MD**

ASCO Advocate  
Cape Elizabeth, ME


**Xiaocao Xu, MD**

Oncology Training Programs  
Burlington, VT

**Joanna Yang, MD, MPH**

Government Relations Committee  
St. Louis, MO  
2023 Advocacy Champion  
ASCO Association PAC Contributor

**Peter Yu, MD**

Political Action Committee Advisory Council  
West Hartford, CT  
2023 Advocacy Champion  
ASCO Association PAC Contributor  
 @yuonc

**Ruiling Yuan, MD**

ASCO Advocate  
Ninety Six, SC  
2023 Advocacy Champion  
ASCO Association PAC Contributor

**Lauren Zion, PharmD**

ASCO Advocate  
South Lake Tahoe, CA

**Robin Zon, MD, FACP, FASCO**

ASCO President-Elect  
Niles, MI  
2023 Advocacy Champion  
ASCO Association PAC Contributor

## ASCO's Advocacy Activities

ASCO members have numerous opportunities to advocate at the federal and state level on behalf of patients with cancer. These activities include grassroots advocacy; direct advocacy; engaging in grassroots advocacy; speaking on behalf of ASCO at Congressional briefings or hearings; and contributing to the ASCO Association Political Action Committee (PAC). We are pleased to recognize the following ASCO volunteer who exemplified cancer care advocacy in 2023.



- **Grassroots Advocacy:** Actions taken by a group to contact elected officials online, on the phone, or by mail.
- **Direct Advocacy:** Actions include face-to-face meetings with elected officials or their staff.
- **Grasstops Advocacy:** Utilizing pre-existing relationships with lawmakers to advance ASCO's priorities.

## Advocate of the Year: Jason Westin, MD, MS, FACP



Dr. Westin has served ASCO as an invaluable advocate for cancer care professionals and their patients. His run for Congress in 2017, his service on and leadership of the ASCO Government Relations Committee during the past 5 years, and his role as an inaugural member of the ASCO Association PAC Advisory Council demonstrate his dedication to advocacy. In 2023, Dr. Westin represented oncology professionals from around the country in his testimony before the Senate Finance Committee on the ongoing drug shortages crisis. He has become a trusted resource for lawmakers and their staff in communicating how policies will impact cancer patients in their districts and states. In addition to Congressional testimony, Dr. Westin contacted his lawmakers via the ACT Network, participated in the Advocacy Summit and federal agency meetings, actively engaged on social media, and contributed to the ASCO Association PAC — all underscoring his commitment to advancing cancer policies through advocacy. He currently serves as Past Chair of ASCO's Government Relations Committee.

Dr. Westin is the Director of the Lymphoma Clinical Research Program, Section Chief for Aggressive Lymphoma, and Professor of Medicine at the University of Texas MD Anderson Cancer Center in the Department of Lymphoma and Myeloma. He earned his medical degree from the University of Florida, completed his residency at the University of North Carolina, and his fellowship at MD Anderson Cancer Center in Houston, Texas.

# ASCO Association PAC

The Association for Clinical Oncology (ASCO) is a nonpartisan, nationally 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

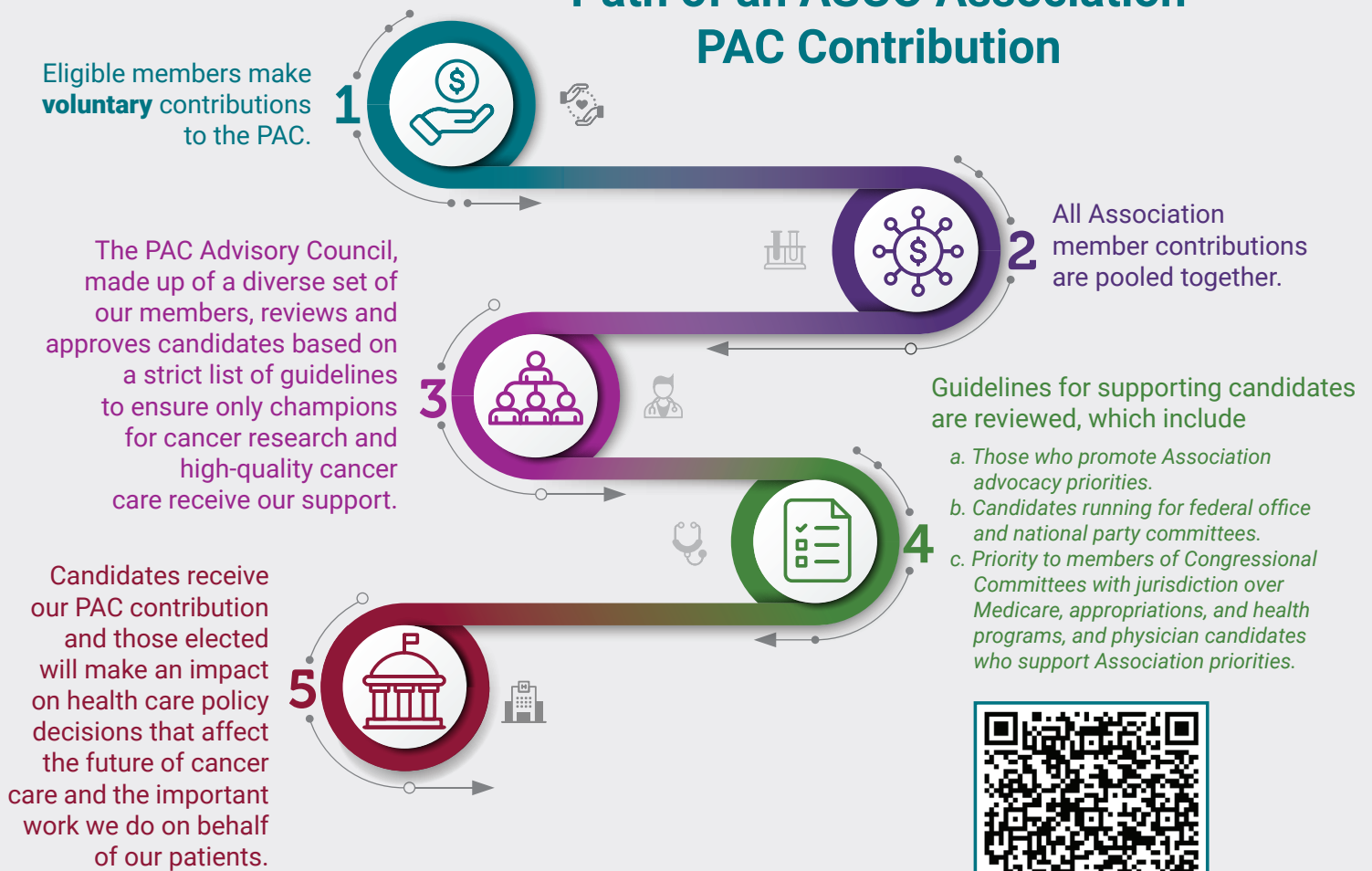
We educate legislators on the current realities of the cancer care delivery system and the need to provide high-quality, affordable cancer care to our patients.



## SUPPORT

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

## Path of an ASCO Association PAC Contribution



**Now is the time to make your voice heard.**  
Help us create positive change for cancer care.

**Scan here to join!**  
[pac.ascoassociation.org](https://pac.ascoassociation.org)

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.

2023

# ASCO Association Political Action Committee: YEAR IN REVIEW



A RECORD  
BRAKING  
YEAR!

Fundraised



\$73k+

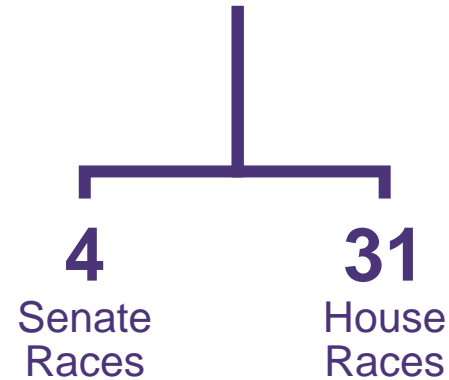
From



144

Contributors

35  
Members of Congress  
Supported for reelection



49

Meetings with Members  
of Congress and First  
Time Candidates

2

Events hosted with  
members of Congress  
on key committees

## PAC Firsts

- Supported an **ASCO Member** running for Congress
- Hosted **in-person** event at the Advocacy Summit
- Created a PAC informational video garnering **14,000 impressions**

# ASCO Association PAC

Influence positive change on Capitol Hill for the cancer care community through a collective voice in the political arena.



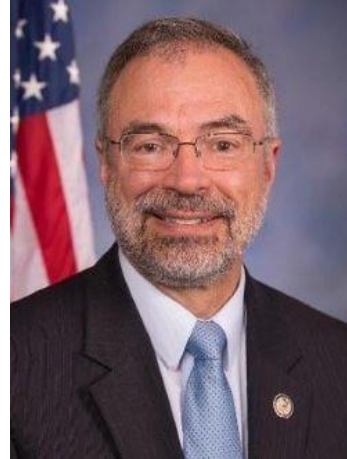
Visit [pac.ascoassociation.org](https://pac.ascoassociation.org)

# ASCO Association PAC

## ASCO Association PAC Reception Invited Guests



**Rep. Lisa Blunt Rochester (D-DE-At Large)**  
*Energy and Commerce Committee*  
[Official Bio](#)



**Rep. Andy Harris, MD (R-MD-1)**  
*Appropriations Committee*  
[Official Bio](#)



**Rep. Brian Fitzpatrick (R-PA-1)**  
*Ways and Means Committee*  
[Official Bio](#)



**Rep. John Joyce, MD (R-PA-13)**  
*Energy and Commerce Committee*  
[Official Bio](#)

# ASCO Association PAC



**Rep. Raul Ruiz, MD (D-CA-25)**  
*Energy and Commerce Committee*  
[Official Bio](#)



**Rep. Debbie Wasserman Schultz (D-FL-25)**  
*Appropriations Committee*  
[Official Bio](#)



**Rep. Kim Schrier, MD (D-WA-8)**  
*Energy and Commerce Committee*  
[Official Bio](#)



**Candidate Prasanth Reddy, MD (R-KS-3)**  
*ASCO Member*  
[Official Bio](#)



Name: \_\_\_\_\_

Home address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Meeting: \_\_\_\_\_

Location of Meeting: \_\_\_\_\_ Date of Meeting: \_\_\_\_\_

**\*\*\*Estimate of hours spent preparing for and attending this meeting: \_\_\_\_\_**

Expense Items (attach Original receipts):	Paid by YOU	Prepaid/Charged to ASCO	TOTAL
(7610) Volunteer Hotel	_____	_____	_____
(7611) Volunteer Travel Fares	_____	_____	_____
(7612) Volunteer Meals	_____	_____	_____
(7614) Volunteer Ground Transportation	_____	_____	_____
(7614) Volunteer Personal Auto Mileage (67 cents/mile)	_____	_____	_____
<b>TOTAL:</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>

**(Note: Tips should be included with the total of hotel, meals, taxis, etc. Please note amount of each on receipt.)**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

ASCO Expense Policy

ASCO will be responsible for the following expenses incurred for attendance at the above-mentioned meeting: travel to and from meeting location, hotel room, meals, and transportation to and from your home.

-----  
**Email completed form and receipts to:**

volunteer@asco.org

-----  
OFFICE USE ONLY

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_ Cost Center: \_\_\_\_\_

Section 1. Limitation and Restrictions on Covered Expenses

Section 1.1 Airfare. In order for ASCO to best support volunteer travelers and manage its travel program, we recommend the use of our corporate travel agent, Direct Travel. Volunteers lowest available economy airfare for

- Domestic flights; and
- International flights of less than 6 hours of scheduled flight time.

International flights over 6 hours of flight time will be covered for business class travel. ASCO will cover airline checked bag fees for one regular-sized (non-oversized) bag. ASCO will not cover fees associated with voluntary schedule changes, new ticket purchases, or standby travel. Where possible, flights should be booked at least 21 days in advance of the travel in order to take advantage of available discounts. Higher expenses due to stopovers before or after the ASCO meeting are not covered. Airfare for spouses or guests is not covered.

Section 1.2 Ground Transfers. ASCO will cover costs related to public transportation (cabs, rideshares such as Uber and Lyft, subways, buses) to and from the airport in departure city and destination city. Please note that ASCO will not cover the cost of luxury transportation, including limousine or black car services, Uber Comfort or UberBlack, Lyft Comfort, Lyft Black, or their equivalents.

Section 1.3 Parking and Tolls. ASCO will cover parking fees for travel days and day(s) of meeting (examples include parking at rail stations, airports, and meeting site); and road and bridge toll charges. ASCO will not cover the cost of valet parking at airports.

Section 1.4 Personal Auto. ASCO will cover use of personal auto at the then-current IRS standard mileage rate. Personal auto expenses cannot exceed the amount of economy train or airfare.

Section 1.5 Meals. ASCO will cover meals limited to the following amounts per person, including beverages, tax, and tip, per meal:

- Dinner \$100.00 and 1 alcoholic beverage
- Lunch \$45.00
- Breakfast \$30.00