

COA Advocacy 101: Why We Advocate for Policy Issues Impacting Patient Care



Rose Gerber
Community Oncology Alliance



Emily Touloukian, DO, FASCO
Coastal Cancer Center



Harsha Vyas, MD, FACP
Cancer Center of Middle Georgia





Why We Advocate! We Advocate for Patients!



Rose Gerber, MS

Director of Patient Advocacy & Education
 Community Oncology Alliance
 Cancer Survivor, Clinical Trial Participant

A Few High Interest Patient Hot Topics	What Patients Are Saying
PBMs, Prior Authorization, Step Therapy, Stark Law	Who are you? (YOU'RE NOT MY DOCTOR) Stop creating obstacles and delaying my cancer treatment.
Fighting Physician Reimbursement and Workforce Shortages.	Oh no! I need MY oncologist. Treat my oncologist equally to ensure that I can continue getting the best care possible
Addressing Hospital Consolidation (Site Neutral Payment Reform) Cancer Clinic Consolidation	I have asked cancer patients and survivors in community oncology practices across the U.S. this question <ul style="list-style-type: none"> How would you feel if you found out your cancer center (community oncology practice) was closing? The consistent most common replies: <ul style="list-style-type: none"> Terrified, sad, sick to my stomach, angry, mortified and HOPELESS!



Emily Touloukian, DO, FASCO
Medical Oncologist, President, Chief Executive Officer
COA Patient Advocacy Network Medical Co-Chair
Coastal Cancer Center



Harsha Vyas, MD, FACP
Medical Oncologist, President, Chief Executive Officer
COA Patient Advocacy Network Medical Co-Chair
Cancer Center of Middle Georgia



Independent Community Oncology

- Physician-owned and led independent oncology practices
- Where most Americans receive their cancer care
- High-quality, affordable, personable, cutting-edge care
- Close to where they live and work





COA Prescription for Health Care Reform

- Addressing Hospital Consolidation
- Addressing Insurer and PBM Consolidation and Market Dominance
- Fixing Physician Reimbursement and Workforce Shortages
- Ensuring Access to Oncology Therapies
- Modernizing Structural CMS Medicare Policies





Topics for Discussion

1. **Vertical Integration**
2. Hospital Consolidation
3. Pharmacy Benefit Managers (PBMs)
4. 340B Abuses
5. Access to Cancer Medications





Vertical Integration

Process by where organizations at different stages of the health care delivery chain come together under a single ownership or management structure

- Risks:
 - Reduces competition can lead to higher costs
 - Limits patient choice
 - Potential for overutilization



Mapping the Vertical Integration of Insurers, PBMs, GPOs, Specialty Pharmacies, and Healthcare Services: DCI's 2026 Update

2026 Update Drug Channels Institute (DCI)

	BlueCross BlueShield	THE CIGNA GROUP	CENTENE Corporation	CVSHealth.	Elevance Health	Humana.	UNITEDHEALTH GROUP
Insurer	BlueCross BlueShield	cigna healthcare.	Medicaid wellcare™	aetna™	Anthem. Wellpoint.	Humana.	United Healthcare
ASO/TPA platform¹	luminare health ²	Allegiance™ by Cigna Healthcare	ambetter.	Meritain Health™ an aetna company	AmeriBen		UMR
PBM	Prime THERAPEUTICS™ ³	Express Scripts By EVERNORTH	CENTENE PHARMACY SERVICES ⁸	CVS caremark™	carelon ⁹ Rx	Humana Pharmacy Solutions.	Optum Rx®
GPO	synergie medication collective ⁴	Ascent Health Services Econdisc™ Combining Solutions	—	zinc HEALTH SERVICES RED OAK SOURCING VALUE. HEALTH. INNOVATION.	synergie medication collective ⁴	—	EMISAR
Manufacturer	—	Quallent Pharmaceuticals™	—	cordavis™	—	—	nuvaila™
Wholesale distribution	—	CuraScript SD By EVERNORTH	—	—	—	—	Optum Frontier Therapies
Specialty / Mail pharmacy	Prime Therapeutics Pharmacy ⁵	Accredo By EVERNORTH Express Scripts Pharmacy Freedom Fertility By EVERNORTH CAREPATHrx ⁶	AcariaHealth™ Specialty Pharmacy	CVS specialty™ Mail order pharmacy services	carelon Rx BioPlus™ Specialty Pharmacy A Carelon Company	CenterWell Specialty Pharmacy CenterWell Pharmacy	Optum Specialty Pharmacy Optum Frontier Therapies cps ¹⁰
Retail/LTC pharmacy	—	—	—	CVS pharmacy™ Omnicare™ a CVS Health company	—	—	genOa healthcare™ PHARMSCRIPT
Provider	—	Evernorth Behavioral Care Group MD Live By EVERNORTH VillageMD ⁷	Community Medical Group Magellan HEALTH.	CVS minute clinic signifyhealth Oak St. Health	carelon Health carelon Behavioral Health	CenterWell Senior Primary Care CenterWell Home Health CONVIVA Senior Primary Care	Optum

PBM = pharmacy benefit manager; GPO = group purchasing organization; LTC = long-term care; TPA = third-party administrator; ASO = administrative services only

1. Many large employers self-fund their health benefits and contract with ASO/TPA platforms for claims administration and network access.

2. Luminare Health (formerly known as Trustmark Health Benefits) was acquired by Health Care Service Corporation (HCSC) in October 2022 and now operates as an HCSC-owned third-party administrator. HCSC also holds an ownership stake in Prime Therapeutics.

3. Prime Therapeutics sources formulary rebates from—and has a 10% ownership interest in—Ascent Health Services, which is part of Cigna's Evernorth segment.

4. Synergie is a buying group focused on medical benefit drugs. Its primary owners are: Prime Therapeutics (40%); Elevance Health's CarelonRx (26.7%); and Evio Pharmacy Solutions (17.2%), which is itself owned by six Blue Cross Blue Shield health plans.

5. Prime Therapeutics Pharmacy was previously known as Magellan Rx Pharmacy. Some Prime clients can use Express Scripts for mail/specialty pharmacy services.

6. In 2023, Cigna's Evernorth Health Services acquired a 49% ownership interest in CarepathRx Health System Solutions, which assists hospitals and health systems with specialty pharmacy operations. In 2025, it acquired the remaining 51%, giving it full ownership of CarepathRx. In 2025, Evernorth also invested \$3.5 billion for an undisclosed stake in Shields Health Solutions, the former Walgreens Boots Alliance subsidiary with a similar hospital-focused specialty pharmacy model.

7. In 2022, Cigna invested \$2.7 billion for an estimated 14% ownership stake in VillageMD. Following Sycamore Partners' 2025 acquisition of Walgreens Boots Alliance, VillageMD is now a standalone private company. In 2024, Cigna determined that its investment in VillageMD was fully impaired and recorded a \$2.7 billion loss.

8. Centene began outsourcing its PBM operations to Express Scripts in 2024. In 2023, Centene rebranded its Envolve Pharmacy Solutions pharmacy benefit subsidiary as Centene Pharmacy Services.

9. CarelonRx sources formulary rebates from—and has an undisclosed minority interest in—Zinc Health Services, which is a subsidiary of CVS Health.

10. In 2024, UnitedHealth Group acquired CPS Solutions, which provides specialty pharmacy services to hospital and health systems.

Source: *The 2026 Economic Report on U.S. Pharmacies and Pharmacy Benefit Managers*, Exhibit 267. Exhibit does not illustrate every subsidiary business operated by each company.



Topics for Discussion

1. Vertical Integration
2. **Hospital Consolidation**
3. Pharmacy Benefit Managers (PBMs)
4. 340B Abuses
5. Access to Cancer Medications





Hospital Consolidation

- Hospitals acquire independent physician practices or employ physicians who compete with independent physician practices
- Cut off referrals to independent practices
- Pressure independent physicians to be employed by hospital
- Increased from 20% to 54% from 2007-2017



Cost goes up



Cost Differences Associated With Oncology Care Delivered in a Community Setting Versus a Hospital Setting: A Matched-Claims Analysis of Patients With Breast, Colorectal, and Lung Cancers

Lucio Gordan, Marlo Blazer, Vishal Saundankar, Denise Kazzaz, Susan Weidner, and Michael Eaddy

- Cost per patient per month was significantly lower in the community setting
- \$4,983 versus \$10,391
- Driven by higher cost of chemotherapy and provider visits in hospital-based clinics



Talking Point: Site Neutral Payments

- Pay **hospital outpatient departments** (hospital owned/based clinics) the same as independent physician practices
- Savings to Patients
 - More affordable care, less out of pocket cost
 - Increased access to care, decreased travel burden
- Savings to the Health Care System of \$156.9 BILLION over 10 years





Topics for Discussion

1. Vertical Integration
2. Hospital Consolidation
3. **Pharmacy Benefit Managers (PBMs)**
4. 340B Abuses
5. Access to Cancer Medications





Pharmacy Benefit Managers (PBMs)

Third-party administrator that manages prescription drug benefits on behalf of health insurers, employers and government programs.

Serve as intermediaries between insurance providers, drug manufactures, pharmacies and patients negotiating drug process and determining which medications are covered under a health plan's formularies.





If Your Coffee Shop Was Set Up Like a PBM





Impact on Cancer Patients

- Can limit access to care/treatments
- Increase cost to patients
- Cause delays in treatment
- Closure of independent pharmacies





Talking Point: Prioritize PBM Reform

- Require PBM Transparency
- Prohibit Insurers/PBMs from Owning Pharmacies
- Create Patient-Oriented Solutions
- Ensure Patients can choose Pharmacy of their choice (are not forced to use PBM pharmacy)
- Address Prior-Authorization Challenges





Topics for Discussion

1. Vertical Integration
2. Hospital Consolidation
3. Pharmacy Benefit Managers (PBMs)
4. **340B Abuses**
5. Access to Cancer Medications





What is 340B?

- Federal drug pricing program created in 1992 that requires drug manufacturers to sell outpatient drugs at significantly discounted prices to eligible health care organizations
- Intended Goal: help safety-net providers/hospitals stretch their resources to better serve vulnerable or underserved populations
- There is little evidence that 340B hospitals increase care for underserved populations or use the revenue generated from the program for charitable care





Negative Impact

- Acquisition of Independent Doctors by Hospitals/Health Systems
- Lack of Transparency
- Contract Pharmacies

The New York Times

PROFITS OVER PATIENTS

How a Hospital Chain Used a Poor Neighborhood to Turn Huge Profits

Bon Secours Mercy Health, a major nonprofit health system, used the poverty of Richmond Community Hospital's patients to tap into a lucrative federal drug program.

THE WALL STREET JOURNAL.

Many Hospitals Get Big Drug Discounts. That Doesn't Mean Markdowns for Patients.

Through a government program aimed at helping low-income patients, some hospitals buy medications at reduced prices. They can sell them to patients and their insurers for much more.



Talking Point: Discount Follow the Patient

- “340B Patient”
- Define standards for “nonprofit” hospital charity care participation
- Exclude for-profit PBMs from serving as 340B mail contract pharmacies





Topics for Discussion

1. Vertical Integration
2. Hospital Consolidation
3. Pharmacy Benefit Managers (PBMs)
4. 340B Abuses
5. **Access to Cancer Medications**





Key Issues

- **Stark Drug Delivery Restrictions** - Limits the ability of independent physician owned pharmacies to deliver medications to patients
 - Unable to mail
 - Unable to have anyone except the patient pick up
- Focus of the COA Hill Day May 2024
 - Seniors' Timely Access to Critical Medication Act





Key Issues

- **Drug Shortages - Generic and Sterile Injectables**
 - Low profit margin for manufacturers who are mandated to sell at 340B rates, decreasing margin to pennies (not sustainable)
 - Few manufacturing sites
 - Supply chain disruptions cannot be quickly overcome



Questions?

