

## Year in Review: 2025 Policy Wrap-Up

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Throughout 2025, ACCC was active in a variety of policy areas, including drug price negotiations, changes to Medicaid eligibility, and patient navigation reimbursement. This article highlights ACCC's top policy priorities, areas where action is still needed, and key issues the association is focusing on in 2026.

### Prior Authorization

Prior authorization remained a top policy priority for ACCC members throughout 2025. ACCC supported federal legislation and regulations to address the delays and administrative burdens that often flow from prior authorization processes. Fortunately, a growing bipartisan consensus is emerging at both the state and federal levels, recognizing the need for changes to address access challenges. There was state legislative activity addressing prior authorization processes in 40 states in 2025,

and in this year alone, at least 6 states enacted legislation. State legislation can govern health plans that cover approximately 20% to 40% of their populations through regulation of fully insured plans, Medicaid, and state employee benefit plans.<sup>1</sup> However, federal action is needed to address prior authorization processes used by many other types of health plans.

At the federal level, proposed legislation would address prior authorization by Medicare Advantage plans, and a new regulation governing several types of federal plans is expected to take effect in 2026. As of early January 2026, Congress had not passed the Improving Seniors' Timely Access to Care Act (HR 3514 /S 1816),<sup>2</sup> which has broad bipartisan support and includes requirements for electronic prior authorization processes, transparency, and clear authority for the US Department of Health

and Human Services to impose mandatory timelines for prior authorization decisions by Mediate Advantage plans. On January 1, 2026, certain provisions of a regulation governing prior authorization processes went into effect, and in addition to Medicare Advantage plans, it applies to Medicaid, Children's Health Insurance Program (CHIP), and certain Affordable Care Act (ACA) plans. It also includes mandatory timeliness requirements for all public coverage plans (Medicare Advantage, Medicaid, CHIP).<sup>3</sup> To date, these federal proposals or requirements would not apply to most employer-sponsored plans. Additionally, the health insurance industry has pledged to improve its prior authorization processes, and it will be essential to continue monitoring this activity.<sup>4</sup>





### The Inflation Reduction Act and Its Potential Impact on Reimbursement

The Inflation Reduction Act (IRA) includes several requirements for negotiating drug prices under Medicare Parts B and D. Ten drugs selected for negotiation under Part D will have their negotiated prices take effect in 2026, including 1 drug for certain blood cancers.<sup>5</sup> Four cancer drugs are included in the 15 Part D drugs for which negotiated prices were announced in November 2025, and these prices will go into effect in 2027.<sup>6</sup> Importantly, it is anticipated that the Centers for Medicare & Medicaid Services (CMS) will announce its selected 15 drugs for negotiation from Parts B and D by February 2026, the first time Part B drugs could be included in negotiations.<sup>7</sup> ACCC is concerned that negotiated prices under Part B will result in lower reimbursement for providers administering these infused medications, and it has written to CMS, urging consideration of these potential negative ramifications as it proceeds with the negotiation process.

### Financial Toxicity and the Importance of Health Coverage

The financial burden of cancer treatment—including out-of-pocket costs such as copayments, deductibles, and related transportation and travel costs—and the importance of having and maintaining access to health coverage remains a major concern in 2026 for ACCC members and the patients they serve. Policymakers debated and implemented changes related to access to health coverage, including adjustments to Medicaid eligibility, an extension of cost-sharing reductions for ACA plans, and consideration of extending premium subsidies for ACA plans.

Changes to the Medicaid program, as included in the One Big Beautiful Bill Act (OBBBA), and the expiration of subsidies for plans sold on the ACA exchanges at the end of 2025 are expected to significantly increase the number of Americans without health insurance. These changes could seriously and negatively impact patients with cancer. At the end of 2025, the US House of Representatives voted to extend ACA cost-sharing reductions, which lower deductibles, copays, and other out-of-pocket costs for low-income individuals covered by certain ACA plans, but the future of this legislation is unclear.<sup>8</sup>

Prior to the passage of the OBBBA, ACCC issued a statement expressing its strong

concern about the proposed significant cuts to Medicaid, highlighting the risk of reversing gains in insurance coverage and the threat that would pose to access to care for patients with cancer.<sup>9</sup> Medicaid is an essential source of health care coverage for patients with cancer. In 2023, 10% of adults with a history of cancer relied on Medicaid for their coverage.<sup>10</sup> Additionally, more than one-third of the children newly diagnosed with cancer are on Medicaid or CHIP.<sup>11</sup> Increasing barriers to Medicaid coverage, or removing eligibility, will make it more difficult for patients with cancer who rely on Medicaid to afford screenings, diagnostics, and treatment. The uninsured are more likely to be diagnosed with cancer at later stages, when treatment is more costly and it is more difficult for patients to survive.<sup>12</sup>

Several OBBBA provisions relating to Medicaid are predicted to increase the number of Americans without insurance. The law requires individuals aged 19 to 64 years applying for coverage or enrolled through the ACA Medicaid expansion group (or a waiver) to work or participate in qualifying activities for at least 80 hours per month, or to attend school at least half-time. The Congressional Budget Office estimates that these provisions will increase the number of uninsured by 5.3 million in 2034.<sup>13</sup> Additional provisions are also expected to significantly add to the number of

uninsured. Furthermore, while the enhanced premium tax credits expired at the end of 2025, analysts estimate that their expiration will result in 4.2 million more uninsured individuals if Congress does not act.<sup>13</sup>

## Patient Navigation Reimbursement

Medicare reimbursement codes went into effect in 2024 that, for the first time, enabled providers to bill Medicare for patient navigation services. Furthermore, at the end of 2023, the American Medical Association issued updated guidance on the appropriate use of *Current Procedural Terminology* codes by providers and other payers when they bill for and report clinical navigation services.<sup>14</sup> Since the codes became effective, ACCC and its members have engaged in significant efforts, including informational materials, webinars, and meetings, to help providers better understand the codes and related implementation issues. ACCC has also arranged opportunities for some of its members to participate in forums and information exchanges with government officials.

Two years later, many cancer centers and providers are billing for these services, while others have not yet implemented these codes. ACCC has and will continue to monitor any implementation challenges, advocate for the continuation of these codes, and educate members on related developments.

## Drug Shortages

To address the systemic issues that cancer centers continue to face regarding drug shortages, particularly in the generic drug supply chain, ACCC has worked with a coalition of health care stakeholders since 2023. The group, the End Cancer Drug Shortages Coalition, recently finalized a consensus statement and policy recommendations, expected to release in early 2026. The coalition will continue its work and advocate for the implementation of its consensus statement recommendations.

## Looking Forward to 2026

ACCC has refreshed its list of policy priorities for this year based on progress made in 2025 and in light of the shifting policy landscape. Main advocacy priorities for 2026 include:

- Maintaining health insurance coverage, with a focus on Medicaid and the ACA subsidies
- Timely access to patient care services, with a focus on PA reform, telehealth extension, and an improved ability to request exceptions to step therapy protocols
- Delivery of care, including policies to support the health care and cancer care workforce
- Provider reimbursement, with a focus on potential reimbursement changes to Medicare Part B as implementation of the IRA moves forward, and advocating for beneficial value-based payment initiatives
- Support for basic research in the federal government and ongoing support for access to clinical trials
- Support for cancer screening and prevention, including legislation to support Medicare coverage of multicancer early detection tests once there is FDA approval for a particular test.

As always, ACCC is committed to advocating for policies that improve access to high-quality cancer care for all patients and will continue to provide policy updates as they become available. 

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## References

1. States lead on prior authorization. American Society of Clinical Oncology. June 16, 2025. Accessed December 18, 2025. <https://www.asco.org/news-initiatives/policy-news-analysis/states-lead-prior-authorization-reform>.
2. Improving Seniors' Timely Access to Care Act of 2025, S 1816, 119th Cong. (2025-2026). Accessed January 7, 2026. <https://www.congress.gov/bill/119th-congress/senate-bill/1816/all-actions>.
3. CMS interoperability and prior authorization final rule CMS-0057-F. Centers for Medicare and Medicaid Services. January 17, 2024. Accessed January 7, 2024. <https://www.cms.gov/newsroom/fact-sheets/cms-interoperability-and-prior-authorization-final-rule-cms-0057-f>.
4. Health plans take action to simplify prior authorization. News release. AHIP. June 23, 2025. Accessed December 18, 2025. <https://www.ahip.org/news/press-releases/health-plans-take-action-to-simplify-prior-authorization>.
5. Medicare drug price negotiation program: Negotiated prices for initial price applicability year

2026. Centers for Medicare and Medicaid Services. August 2024. Accessed January 7, 2026. <https://www.cms.gov/files/document/fact-sheet-negotiated-prices-initial-price-applicability-year-2026.pdf>.
6. Medicare drug price negotiation program: Negotiated prices for initial price applicability year 2027. Centers for Medicare and Medicaid Services. November 2025. Accessed January 7, 2026. <https://www.cms.gov/files/document/fact-sheet-negotiated-prices-ipay-2027.pdf>.
7. Cousin EM, Martin K, Hansen RN, Coster J, Sullivan SD. Drugs anticipated to be selected for Medicare price negotiation in 2026 for implementation in 2028. *J Manag Care Spec Pharm*. 2025;32(1). Accessed January 7, 2026. <https://doi.org/10.18553/jmcp.2025.25253>
8. House passes deficit-reducing health bill. Committee for a Responsible Federal Budget. December 17, 2025. Accessed December 19, 2025. <https://www.cfrb.org/press-releases/house-passes-deficit-reducing-health-bill>.
9. Protecting cancer research and patient care access. Association of Cancer Care Centers. April 7, 2025. Accessed December 19, 2025. <https://www.accc-cancer.org/home/news-media/news-releases/news-template/2025/04/07/association-of-cancer-care-centers-accc-position-statement-protecting-cancer-research-and-patient-care-access>.
10. 2023 National Health Interview Survey data. National Center for Health Statistics. <https://www.cdc.gov/nchs/nhis/documentation/2024-nhis.html>. Accessed January 7, 2026. Analysis performed by American Cancer Society Health Research Services, December 2024. Cited in Medicaid Cuts Put People with Cancer at Risk. American Cancer Society Cancer Action Network. Public Policy Resources. February 17, 2025. Accessed December 12, 2025. [https://www.fightcancer.org/policy-resources/medicaid-cuts-put-people-cancer-risk#\\_edn1](https://www.fightcancer.org/policy-resources/medicaid-cuts-put-people-cancer-risk#_edn1).
11. Ji X, Hu X, Castellino SM, Mertens AC, Yabroff KR, Han X. Narrowing insurance disparities among children and adolescents with cancer following the Affordable Care Act. *JNCI Cancer Spectr*. 2022;6(1):pkac006. doi:10.1093/jncics/pkac006
12. Zhao J, Han X, Nogueira L, et al. Health insurance status and cancer stage at diagnosis and survival in the United States. *CA Cancer J Clin*. 2022;72(6):542-560. doi:10.3322/caac.21732
13. Health provisions in the 2025 Budget Reconciliation Law. KFF. August 22, 2025. Accessed December 12, 2025. <https://www.kff.org/medicaid/health-provisions-in-the-2025-federal-budget-reconciliation-law/#2ca666ac-5d15-4454-8973-241566e22bb5--h-eligibility-and-cost-sharing-policies>.
14. Tapay N. 2024 policy wrap-up. Association of Cancer Care Centers. 2025;40(1):48-50. Accessed December 19, 2025. [https://www.accc-cancer.org/docs/documents/oncology-issues/articles/2025-volume-40-number-1/48-50\\_accc\\_issues.pdf?sfvrsn=b050e42f\\_5](https://www.accc-cancer.org/docs/documents/oncology-issues/articles/2025-volume-40-number-1/48-50_accc_issues.pdf?sfvrsn=b050e42f_5).