

ADDITIONAL TALKING POINTS FOR YOUR LINE

Cancer Research Funding:

- Rarely has the importance of medical research been more apparent than during the COVID-19 pandemic. Increasing federal funding for the National Institutes of Health (NIH) and the National Cancer Institute (NCI) is a first step toward promoting further discovery that leads to treatments and cures.
- NIH & NCI lead, conduct, and support cancer research across the nation. Every major medical breakthrough in cancer can be directly traced back to the NIH & NCI.
- Without continued increases in funding, we risk losing a generation of young investigators, slowing progress, and threatening American competitiveness. To maintain the pace of progress and discovery, Congress must provide long-term, sustained, funding increases for these critical agencies.
- The funding levels for NIH & NCI outlined in the House Labor, Health Human Services, and Education appropriations bill are a good starting point, and we encourage further negotiation to ensure robust, increased funding levels for NIH & NCI in fiscal year 2023.

Cancer Prevention Funding:

- For 30 years the Centers for Disease Control and Prevention's National Breast and Cervical Cancer Early Detection Program (NBCCEDP) has addressed disparities in breast and cervical cancer deaths.
- The COVID-19 pandemic put a halt on life-saving cancer screenings and caused thousands more Americans to lose access to health insurance. Addressing the backlog of cancer screenings for those without adequate health care will place a new burden on existing cancer screening programs. That's why CDC cancer programs like the NBCCEDP are so important.
- This program provides low-income, uninsured, and underinsured women access to breast and cervical cancer screenings and diagnostic services, including mammograms, pap tests, and diagnostic testing if abnormal results are found.

Diversifying Investigations Via Equitable Research Studies for Everyone (DIVERSE) Trials Act (H.R. 5030/ S. 2706):

- Clinical trials are key to advancing new standards of care that can improve survival and quality of life for people with cancer.
- Patient enrollment in cancer clinical trials is an ongoing challenge, and some groups are underrepresented, including certain racial and ethnic groups, older adults, rural residents, and those with limited incomes.
- Cost to trial participants is often a barrier to their enrollment. These costs include direct medical costs (co-pays, deductibles) and non-medical costs (e.g., transportation, lodging).
- Excess non-medical costs can occur when no local trials are available and patients have to travel to distant trial sites, or when there is a need for more frequent clinic visits for additional trial-related treatment or monitoring.
- ACS CAN research has shown that cancer patients and survivors say they would be more likely to participate in a clinical trial located outside of their local area if the trial sponsor helped to organize or pay for travel and lodging.
- Further, Congressional action is needed to clarify that financially supporting clinical trial participants for non-medical costs associated with clinical participation is acceptable and not subject to fines or legal action.

- The DIVERSE Trials Act aims to address these issues by making it easier for patients to receive financial support for non-medical costs associated with clinical trial participation; allowing patients to receive technology necessary to facilitate remote participation in clinical trials; and requiring the government to issue guidance on how to conduct decentralized trials to improve diversity.
- While we understand that this is just a first step, ACS CAN is encouraged by the efforts taken in the House to address one important aspect of the DIVERSE Trials Act in the FDA user fee legislation, a large bill that must be passed every five years to reauthorize certain FDA programs. The Senate version of the user fee legislation lacked this language, **and we urge Congress to include this language in the final FDA user fee legislation.**
- Even more needs to be done to address diversity in clinical trials, and **co-sponsoring the DIVERSE Trials Act will demonstrate commitment to furthering this progress.** (If already a co-sponsor, thank you for co-sponsoring)

Medicare Multi Cancer Early Detection Screening Coverage Act (H.R. 1946/S 1873):

- Currently, Medicare covers early detection tests for breast, cervical, colorectal, lung, and prostate cancers. The Medicare Multi-Cancer Early Detection Screening Coverage Act would create a pathway for the Centers for Medicare and Medicaid Services (CMS) to initiate an evidence-based coverage process for a multi-cancer screening test once it is approved by the FDA, so it can determine if it has clinical benefit and should be covered under the Medicare program.
- This legislation does not mandate Medicare coverage: it allows the Medicare program to determine coverage if clinical benefit is shown.
- The bill would also give the Secretary of Health and Human Services (HHS) authority to cover new multi-cancer technology in the future, without the need for additional legislation.
- Because the risk of cancer increases with age, Medicare beneficiaries are especially vulnerable; and prevention is critical. Sixty percent of people who have cancer are 65 or older.
- We are encouraged by the vast bipartisan and bicameral support for this bill and hope that will lead to movement before the end of the 117th Congress.

If not a co-sponsor:

- Please co-sponsor this important legislation.

If already a co-sponsor:

- Thank you for co-sponsoring the Medicare Multi-Cancer Early Detection Screening Coverage Act. We are so grateful for your support of this legislation, which could help more people access innovative new early detection technologies.
- The House Ways and Means Committee, the House Energy and Commerce Committee, and the Senate Finance Committee have jurisdiction over this legislation, and the next step would be for these committees to consider this bill under “regular order” by holding hearings and a committee vote on the bill.
- Please ask the leadership of the House Ways and Means Committee, the House Energy and Commerce Committee, and/or the Senate Finance Committee to hold a hearing on the bill this year.