



March 1, 2022

Dear President Biden, Speaker Pelosi, Minority Leader McCarthy, Majority Leader Schumer, and Minority Leader McConnell:

On behalf of the American Cancer Society Cancer Action Network (ACS CAN) we commend the Biden Administration's commitment to "end cancer as we know it." We stand ready to work with the President and Congress to enact policies that will meet this goal.

Every American has been impacted by cancer in some way. There are roughly 16.9 million Americans – our friends, family members, and neighbors – who have a history of cancer, most of whom have no evidence of the disease.¹ But, unfortunately, the number of people with cancer continues to grow. In 2022, there are estimated to be 1.9 million Americans who will be diagnosed with cancer and approximately 609,000 Americans will die from the disease.²

We know that there is not a single policy to end the pain and suffering from cancer and that cancer is a disease that does not affect everyone equally. Eliminating the disease will take a significant investment to improve research, prevention, early detection, and treatment of cancer.

We also know that disparities and inequities exist in our health care system, adversely affecting groups of people who have systematically experienced greater social or economic obstacles and barriers to health care. Congress and the Administration must come together to eliminate cancer and eliminating cancer disparities will be a critical part of the solution.

Research

- **Increase funding for the National Institutes of Health (NIH), National Cancer Institute (NCI) and the Centers for Disease Control and Prevention (CDC) for Fiscal Year (FY) 2022 and 2023:**
We urge Congress to pass the FY2022 omnibus spending package as soon as possible. Continuing resolutions (CRs) create even more uncertainty for cancer research, prevention, and treatment programs, which have already suffered throughout the COVID-19 pandemic. We request increased funding of:
 - NIH: \$51.7 billion
 - NCI: \$7.6 billion
 - CDC: \$559 million
- **Fund new models of biomedical research:**
Not only is an injection of funding needed to restart paused research at NIH and NCI, but new ways of thinking about the research ecosystem are needed including the creation of the Advanced Research Project Agency for Health (ARPA-H) to accelerate cancer research and innovations in treatment. Congress should authorize ARPA-H, which is designed to catalyze

¹ American Cancer Society. *Cancer Facts & Figures 2022*. Atlanta: American Cancer Society; 2022.

² *Id.*



progress in areas of research and innovation not currently addressed by either NIH or industry, as well as provide funding above and beyond NIH funding for this new agency.

- **Make clinical trials more accessible to patients:**

Congress should enact the DIVERSE Trials Act (H.R. 5030/S. 2706) which seeks to expand clinical trial opportunities to broader and more diverse patient populations by creating a safe harbor for trial sponsors to provide financial support of non-medical costs as well as create a safe harbor for the provision of necessary technology for a patient to participate in aspects of the trial that would be done remotely and would reduce the need for travel.

- **Invest in infrastructure to enable translational research at smaller community cancer practices:**

Cancer research, especially clinical research, is concentrated at larger academic sites that can achieve critical mass to sustain research infrastructure needed to operationalize clinical trials. Federal funding for trial infrastructure is needed to catalyze clinical research at smaller community sites and within populations not currently served via direct NCI funding.

- **Invest in a diverse cancer care and research workforce:**

The National Institutes of Health (NIH), the National Institute on Minority Health and Health Disparities (NIMHD), and the National Cancer Institute (NCI) should expand existing opportunities and programs that support career development for scientists and researchers from underrepresented racial and ethnic groups. Congress should allocate funds to Historically Black Colleges and Universities (HBCUs), tribal colleges, and other minority serving institutions (MSIs), for the purpose of increasing more diverse representation across the cancer research workforce.

Preventive and Early Detection

- **Eliminate coverage and cost barriers to comprehensive, life-saving cancer screening services:**

Patients, regardless of their coverage, should have no cost barriers to comprehensive screening services. This includes amending Medicare rules to ensure that follow-up colonoscopies are covered at no cost sharing to the beneficiary. For example, the Affordable Care Act only required coverage without cost-sharing for U.S. Preventive Services Task Force (USPSTF) A- and B-graded recommendations for most new commercial health plans and newly eligible Medicaid populations (“expansion”). Congress should mandate coverage of USPSTF services for traditional Medicaid and Medicare as well.

- **Expand access to new, life-saving cancer screening tests (H.R. 1946/S. 1873):**

Congress should enact legislation to ensure that Medicare beneficiaries have access to multi-cancer early detection screening tests that are approved by the Food and Drug Administration (FDA) and once tests have been shown to have a clinical benefit.

- **Fully fund the Centers for Disease Control and Prevention’s (CDC) cancer programs:**

The National Breast and Cervical Cancer Early Detection Program (NBCCEDP) serves more than 300,000 women a year through direct provision of Pap tests, HPV (human papillomavirus) tests, mammograms, magnetic resonance imaging, clinical breast exams, and diagnostic services. The

Colorectal Cancer Control Program (CRCCP) partners with health care systems that serve high-need populations to help implement evidence-based interventions to increase colorectal cancer screening and other organizations in 20 states. Resources should be provided to ensure that these programs meet the needs of their targeted populations, including any marginalized groups who have a disproportionately high cancer burden compared to other population groups such as breast cancer currently being the leading cause of cancer death in African American/Black women.

- **Enact the Tobacco Tax Equity Act (H.R. 2786/S. 1314):**
Congress should enact the Tobacco Tax Equity Act of 2021 to significantly increase the price of all tobacco products through increases in the tax rates and ensuring tax parity for all products. Increasing tobacco taxes is one of the best ways to reduce tobacco use. It is important that tax increases apply to all tobacco products at an equivalent rate to encourage people to quit rather than switch to a cheaper product as well as to prevent youth from starting to use any tobacco product.
- **Require swift Food and Drug Administration action to combat tobacco use:**
The FDA should immediately use its authority to implement all premarket review requirements for the protection of public health; eliminate flavors in all tobacco products, including menthol in cigarettes; and regulate and reduce nicotine levels in cigarettes and other combustible tobacco products to non-addictive levels.
- **Increase funding for the Office of Smoking and Health (OSH) at the Centers for Disease Control and Prevention (CDC):**
Congress should increase OSH funding to \$310 million. The OSH provides critically needed tobacco prevention and control programs and resources to states, communities, and directly to individuals. The OSH develops, conducts, and implements strategies to prevent youth tobacco initiation, encourage tobacco use cessation, end exposure to secondhand smoke, and identify and eliminate tobacco-related health disparities.

Treatment

- **Ensure everyone has access to affordable comprehensive insurance coverage they need:**
Congress should enact legislation to permanently expand subsidies for premiums and cost sharing in marketplace plans so more Americans have access to quality and affordable health coverage. Health insurance premiums should be affordable for individuals at all levels of income. Individuals with low and moderate incomes should have access to tax credits and subsidies to help them afford coverage, which includes premiums and cost sharing.
- **Provide affordable coverage to the 2.2 million Americans in states that have not expanded Medicaid that fall into the coverage gap:**
Congress should close the coverage gap for lower income Americans by providing marketplace or other plans with \$0 premiums, very low cost sharing, and benefits tailored to the low-income population. Congress should also enact enhanced incentives for states that have not expanded Medicaid. When the Public Health Emergency (PHE) expires, states should be resourced to ensure that enrollees who are no longer eligible for Medicaid are provided with information and



assistance on enrollment in other comprehensive coverage options. In addition, all states should expand Medicaid eligibility up to 138 percent of the federal poverty level.

- **Capping out-of-pocket costs for Medicare Part D beneficiaries:**
Congress should enact legislation to cap Medicare beneficiaries' Part D out-of-pocket costs and create a smoothing mechanism so that beneficiaries can have better access to their prescription drugs without having to pay their entire annual cost sharing obligation up front.
- **Ensuring that health insurance meets the needs of cancer patients:**
Congress and the Administration should develop and implement rules to ensure that plan networks and formularies are robust and meet the needs of all patients, including those with medically complex diseases like cancer. The Administration should ensure proper oversight of plans to ensure that utilization management tools and the appeals and exceptions processes are appropriate and do not impose unnecessary restrictions to care and create disparities. Congress and the Administration should work together to curtail the availability of non-comprehensive plans such as short-term, limited-duration health plans.
- **Continue coverage for appropriate telehealth services beyond the COVID-19 pandemic:**
Congress should ensure that patients are able to take advantage of appropriate telehealth services, beyond the pandemic. Telehealth can play a beneficial role across the cancer continuum, including prevention, screening, diagnosis, treatment (including clinical trials), and survivorship. Telehealth also has an important role to play in improving health equity by increasing access to quality cancer care among communities that have been marginalized.
- **Pass the Palliative Care and Hospice Education and Training Act (PCHETA) (H.R. 647/S. 2080):**
Congress should enact the PCHETA to authorize funding for provider training programs that increase the palliative care workforce, create a provider and public awareness campaign so patients know what palliative care is and how to ask for it, and direct the NIH to prioritize research on palliative care.

Thank you for working on a bipartisan basis to enact policies that will end suffering from cancer. For more information or to discuss these comments further, please direct your staff to contact Illy Jaffer at illy.jaffer@cancer.org.

Sincerely,

A handwritten signature in black ink that reads 'Lisa A. Lacasse'.

Lisa A. Lacasse, MBA
President
American Cancer Society Cancer Action Network