

# 2009 Federal Priorities



Each year more than 565,000 people in the United States die from cancer, accounting for one of every four deaths in this country. Yet we are making solid progress as the rate of death from cancer continues to decline year by year. Cancer has become one of the most preventable and increasingly curable life-threatening diseases – but only if we take the steps necessary to prevent it outright, detect it early, and provide access to care.

Consider the recent progress we have made. According to the most recent *Annual Report to the Nation on the Status of Cancer 1975-2005*, published in December 2008, the incidence and death rates for all cancers are decreasing for both men and women for the first time. This decrease in deaths occurred despite a larger and older U.S. population. Americans are increasingly living with cancer rather than dying from it, a reality that exists in part because of a consistent government commitment to responsible policies and programs.

In 2009, ACS CAN will continue to focus our legislative advocacy efforts toward achieving the overall mission and goals of the American Cancer Society. These legislative efforts include:

## *Expanding Access to Quality Care for all Americans*

The nation's health care system has a direct bearing on our ability to fight cancer. ACS CAN believes that greater access to care, achieved through comprehensive health care reform legislation, must be a top priority in 2009. Millions of Americans are still suffering because they do not have access to affordable, quality health care.

46 million Americans are uninsured and, as a result, are more likely to be diagnosed with advanced cancer, which requires more invasive, costly treatment and is more often fatal. 25 million more Americans have health insurance that will not provide adequate coverage if they face a diagnosis of cancer. Many others do not get preventive care or early cancer screenings because the system does not promote wellness and health, but rather is primarily focused on treating people once they become sick.

In 2009 ACS CAN will advocate in support of legislation to reform our health care system. Meaningful reform must include adequate, available, affordable, and administratively simple health insurance coverage for all. All Americans must have timely access and coverage of the complete continuum of quality, evidence-based health care services, including prevention and early detection, diagnosis, and treatment. The costs must not be excessive and must be continuous, renewable, and available without regard to health status or prior claims history.

Our health care system must start to place more emphasis on keeping people well through prevention and appropriate screenings in order to improve both health outcomes and skyrocketing health care costs. Prevention must be viewed as a long-term investment in people and health care. Easy and equitable access to primary and secondary, evidence-based preventive services should be made available to all Americans. For people who lack insurance, preventive services should be a public expense.

## *Expanding Access to Prevention and Treatment*

### *Expand the National Breast and Cervical Cancer Early Detection Program (NBCCEDP)*

The federal government plays a critical role in fighting cancer by providing lifesaving breast and cervical cancer screenings and access to treatment for low-income, uninsured, and medically underserved women, thereby saving thousands of women's lives every year. The Centers for Disease Control and Prevention (CDC), NBCCEDP program has successfully provided more than 7.2 million screening tests to more than 3 million women since 1991. However, due to years of flat funding, the program reaches less than one in five eligible women (20 percent) age 50 to 64. For the first time ever in 2006, the program actually served fewer women than the preceding year. We have made solid progress in reducing breast and cervical cancer deaths for most populations, and we need to make sure the progress we have made is not reversed due to insufficient funding support from Congress. Congress took a major step by reauthorizing the program in the 110th Congress and calling for funding growth to \$275 million over the next four years. Now Congress needs to follow through by appropriating \$250 million, the full amount authorized, in FY10.

### ***Authorize and Fund a Colorectal Cancer Prevention, Early Detection and Treatment Program***

Fewer than 15 percent of adults 50-64 years old who don't have health insurance have been screened for colorectal cancer. Most colorectal cancer deaths occur needlessly since up to 80 percent of deaths from the disease could be prevented if more people got screened. Sadly, most men and women are not diagnosed early and survival drops to less than 10 percent once the cancer has spread to other organs. ACS CAN supports legislation now pending in Congress to authorize a colorectal cancer screening and treatment program which would save lives by targeting low-income, uninsured and underinsured individuals aged 50 to 64. According to a recent study by the Lewin Group, increasing colorectal cancer screening rates would also reduce cancer costs to Medicare by more than \$18 billion over the next eleven years by catching the disease earlier before people age into the Medicare system. Given limited health dollars and rising colorectal cancer treatment costs, investing in screening and treatment is a lifesaving and cost-effective choice.

ACS CAN also supports the first-time appropriation of \$25 million to support the CDC colorectal cancer screening pilot program placed in the Senate Labor-Health and Human Services appropriations legislation in FY09, and we urge Congress to take that initial step forward and fund a screening program in advance, if necessary, of the authorizing legislation becoming law.

### ***Eliminate Medicare Co-Pays for Colorectal & Breast Cancer Screening, Tobacco Cessation & Other Preventive Services***

By act of Congress, Medicare covers an array of preventive health care services for our senior citizens, some of which can lead to the early detection and treatment of cancers before they become deadly. Unfortunately, patient co-pays and deductibles have the perverse effect of discouraging Medicare seniors from getting screened for colorectal and breast cancer, and/or making full use of available tobacco cessation services. ACS CAN strongly supports the elimination of these co-pays and deductibles, which serve as disincentives to accessing lifesaving preventive services.

### ***Continue Support for the Patient Navigator Program***

The Patient Navigator Program, which Congress enacted in 2005, places trained "navigators" in health facilities to help medically underserved individuals get the quality care they need. These navigators, who are skilled in assessing community and patient needs and accessing community resources, help patients overcome the barriers of a complex health care system. In addition, patient navigators help patients overcome social, cultural, and environmental obstacles in accessing prevention and treatment. For example, navigators help patients access and properly prepare for colorectal and other cancer screenings. They also expedite diagnoses and treatment of early stage cancers when options and chances of survival are greater. Congress provided \$2.9 million for patient navigators in FY08 getting the program off the ground. ACS CAN will continue to advocate for additional funds in FY09 so that patient navigators may be placed in additional communities nationwide.

### ***Increase Smoking Cessation for Smokers in Medicaid***

Tobacco use is a leading killer, causing not only cancer but a host of other diseases. We know how addictive tobacco can be, and consequently the importance of helping smokers quit. By providing \$150 million each year for cessation services, the federal government could reach every Medicaid smoker with comprehensive cessation benefits including medication and counseling. This could help approximately 100,000 smokers quit each year. The ultimate result over time is that up to 48,000 premature deaths from tobacco use could be avoided every year. Although a number of states provide some level of coverage for these services through Medicaid, more could be done through implementation of a consistent policy nationwide.

## ***Enacting Regulatory Authority over Tobacco Products and Curbing Tobacco Use***

Tobacco use kills 440,000 Americans every year, and accounts for 30 percent of all cancer deaths. Breaking the chain of addiction that every day leads to 1,000 young people becoming new lifelong smokers is critically important if we ever hope to reduce cancer mortality to a negligible level. In 2008, the U.S. House of Representatives, by an overwhelming, bipartisan vote of 326-102, passed historic legislation to give the Food and Drug Administration (FDA) authority to regulate all tobacco products. The legislation would authorize the FDA to reinstitute marketing and promotion restrictions, regulate nicotine and other dangerous components of tobacco and cigarette smoke, and ban marketing and promotion activities the industry engages in to attract young smokers. While the full Senate failed to complete action on the bill in 2008, ACS CAN is now well-positioned to push the legislation over the finish line in 2009.

The new administration strongly supports the bill, as do a strong bipartisan majority in the House and a filibuster-proof supermajority in the Senate. Forty-five years after the famous Surgeon General's report connecting smoking with cancer and other life-threatening conditions was issued, it is time we enacted this lifesaving legislation.

### ***Increase the Federal Excise Tax on Tobacco***

Studies show that a 10 percent increase in the price per pack of cigarettes reduces youth smoking by seven percent and overall cigarette consumption by about four percent. A substantial increase in the federal tobacco tax would prevent premature deaths, prevent millions of children from becoming life-long tobacco users, discourage millions of adults from continuing their deadly habit, and generate hundreds of millions of dollars in healthcare expenditure savings from reduced tobacco-related treatment costs. Accordingly, ACS CAN strongly supports substantial increases in state and federal tobacco taxes. Increasing the federal tobacco tax is a critical cancer prevention strategy encouraged by the prestigious Institute of Medicine, the President's Cancer Panel, and the U.S. Department of Health and Human Services' Interagency Committee on Smoking and Health, which in 2003 recommended a \$2.00 per pack tax increase. Since 2002, 44 states have increased their cigarette taxes no less than 88 times. The federal tax, which remains a paltry 39-cents per pack (and has only risen by 15 cents since 1993), is substantially less than the average \$1.19 cigarette tax imposed by states. In 2007, ACS CAN supported a \$1.00 increase to help pay for expansion of the State Children's Health Insurance Program (SCHIP), and continues to support a cigarette tax increase to fund the proposed National Cancer Fund.

## ***Funding for Lifesaving Research***

The National Cancer Institute (NCI) – one of the 27 institutes and centers that comprise the National Institutes of Health (NIH) – is the foundation for the nation's cancer research efforts. NCI-funded research has played a role in every major advancement in the fight against cancer during the last 30 years. Today, researchers are making remarkable progress in every area of cancer prevention, detection, treatment, and care – moving discoveries from the laboratory to the patient bedside. Each year NCI supports more than 1,300 clinical trials, assisting more than 200,000 patients. The success of these investments is clear. Recent advances resulting from federal investments in cancer research include: targeted therapies for hard-to-treat cancers, a vaccine to fight cervical cancer, and new tools in the fast-growing field of personalized medicine. Approximately 85 percent of NCI's budget supports research activities at nearly 650 universities, hospitals, and other sites in most congressional districts. Furthermore, funding biomedical research fuels local economic growth. According to a 2008 Families USA study, each dollar of NIH funding in 2007 generated more than twice as much in state economic output.

Funding for both NIH and NCI has been nearly flat since 2003. The result of this trend is that NCI funding is currently 16.2 percent below the 2003 level, when adjusted for biomedical inflation. Unless we reverse the trend of level funding for NIH and NCI, we risk stalling the progress we have made in recent years. To reverse this trend ACS CAN supports substantial increases for NIH and NCI that exceed the rate of biomedical inflation for FY10.

## ***Creation of the National Cancer Fund***

In 2008, ACS CAN strongly supported legislation introduced in the House of Representatives to create a National Cancer Fund to pay for new research to find prevention and early detection tools for the most deadly cancers, to fully fund nationwide breast and cervical and colorectal cancer screening and treatment programs, to expand access to clinical trials and to undertake other important nationwide initiatives in the war on cancer. The legislation would raise \$7 billion annually through an increase in the federal tobacco tax as a dedicated source of funding for the Fund. A nationwide survey conducted in April 2008 by Lake Research Partners found overwhelming public support for the legislation. 87 percent supported creation of a special cancer fund, and 60 percent said they would be more likely to support an elected official for re-election if the official voted to create the Fund. Given the nearly flat funding for cancer research and control programs over the past five years, ACS CAN strongly believes there is a need and justification for a dedicated source of federal funds for cancer and will strongly advocate in support of the National Cancer Fund legislation in 2009.

## *Ensuring Quality Care, Treatment and Survivorship*

### *Improve Pain Management, Education, and Research*

Pain is the most common reason Americans access the health care system and is a leading contributor to health care costs. Uncontrolled pain can devastate a patient's quality of life, affecting all aspects of daily functioning. Unmanaged pain can even suppress the immune system and lead to a decreased ability to fight disease. Most painful conditions can be relieved with appropriate treatment. Providing adequate pain management is therefore a crucial component of improving and maintaining quality of life for patients, survivors, and their loved ones. ACS CAN supports legislation which passed the House of Representatives in 2008 that would help establish a national pain care policy by authorizing the Institute of Medicine to convene a national meeting on pain care; to create a trans-institute pain consortium at NIH; to create a grant program to improve health professionals' understanding and ability to assess and appropriately treat pain; and finally, to implement a national outreach and awareness campaign to educate consumers, patients, families and caregivers on pain. ACS CAN will advocate for enactment of the legislation in 2009.

### *Addressing Disparities*

Cancer risk, rates, and mortality level can be influenced by social and economic inequities, cultural factors, genetic factors, or geographic disparities that influence and often inhibit access to preventive services and quality care. ACS CAN strongly supports legislation to create new opportunities for research to reduce cancer disparities across the entire disease spectrum, from prevention and screening, to treatment and palliative care. This work can then facilitate intervention delivery with the goal of reducing disparities across the continuum of cancer care.

## *About ACS CAN*

ACS CAN, the nonprofit, nonpartisan advocacy affiliate of the American Cancer Society, supports evidence-based policy and legislative solutions designed to eliminate cancer as a major health problem. ACS CAN works to encourage elected officials and candidates to make cancer a top national priority. ACS CAN gives ordinary people extraordinary power to fight cancer with the training and tools they need to make their voices heard. For more information, visit [www.acscan.org](http://www.acscan.org).