



AMERICAN CANCER SOCIETY CANCER ACTION NETWORK

HEALTH REFORM PRINCIPLES

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.
- Use of prevention services should be encouraged, consistent with established guidelines, and therefore, should not be subject to insurance deductibles and little or no co-pays.
- The primary focus of new research funds should be directed to developing better means of detecting and screening cancer. Behavioral and translational research should be directed to removing barriers and ensuring optimal use of prevention services.
- Individuals have an important role in prevention and maintaining their health.
- Public outreach and education should be targeted to increase uptake of prevention services, with tailored approaches designed for reaching vulnerable and disparate populations.
- Payments to providers should be restructured to encourage administration of preventive services.

Meaningful health insurance should be available to all Americans.

- Insurance coverage should be available to all.
- Coverage must be adequate—that is, it provides for evidence-based prevention and wellness care, and it covers all necessary care to treat serious medical conditions like cancer.
- Insurance must be affordable—that is, there should be absolute out-of-pocket limits to protect people from catastrophic losses, and further subsidies should be available to lower-income people to assist in paying for premiums and out-of-pocket expenditures.
- Health plans must be administratively simple and clear. Benefits, rights, procedures and costs must be readily understandable so people can understand the true extent of their coverage.

The cost of health care must be an important consideration in health care reform.

- Evidence-based guidelines should be promoted and further developed to improve quality and reduce the unexplained variation of health care outcomes.
- Comparative-effectiveness of medical procedures, technologies, and pharmaceuticals and biologics should be promoted as a means of improving the treatment of critical health conditions.
- More research needs to be conducted on ways of altering financial and non-economic incentives to alter personal behavior and medical practice toward achieving better medical outcomes and improving patient well-being.
- Patients and providers should have knowledge of the relative value of alternative services and products available in treating a condition.
- Developing better models for fully integrated care, such as the medical home, to enhance the focus on patient wellness and disease prevention and ensure that coordinated care and the full array of appropriate services are provided in the treatment of chronic condition patients.



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. Even so, 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 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 like 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.

Insurance policies place limits on services, and high deductibles and co-payments may leave cancer patients without access to the timely, lifesaving treatments they need. In fact, one in five cancer patients with insurance use all or most of their savings to pay for their treatments. The situation is significantly worse for cancer patients without insurance. Uninsured or underinsured cancer patients have steeper medical costs, poorer outcomes, and higher rates of death.

In 2009 ACS CAN will advocate in support of legislation to reform our health care system 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.

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.

***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 to low-income, uninsured and medically underserved women, thereby saving thousands of women's lives every year. The Centers for Disease Control NBCCEDP program has successfully provided more than 7.2 million screening tests to more than 3 million women since 1991. However, the program still reaches only one in five eligible women (20 percent) age 50 to 64, and last year due to flat funding, actually served fewer women than the preceding year for the first time ever. We have made solid progress in reducing breast and cervical cancer mortality 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 the full amount authorized in FY10.

Authorize and Fund a Colorectal Cancer Early Detection and Treatment Program

Fewer than 19 percent of adults over the age of 50 who don't have health insurance have been screened for colorectal cancer. Many of these cancer cases and deaths occur needlessly, since up to 80 percent of colorectal cancer deaths could be prevented if more people took advantage of colorectal cancer screening. 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 targeting low-income, uninsured, and underinsured individuals aged 50 to 64. Increasing colorectal cancer screening rates in the targeted population will reduce suffering, save lives, and reduce cancer costs to Medicare by more than \$18 billion. Given limited health dollars and rising colorectal cancer treatment costs, investing in screening and treatment is a cost-effective choice.

ACS CAN also strongly supports the first-time appropriation of \$25 million for a colorectal cancer screening program placed in the 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

Thanks to 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 copays and deductibles have the perverse effort of discouraging Medicare seniors from getting screened for colorectal and breast cancer, and making full use of tobacco cessation services. ACS CAN strongly supports the elimination of these copays and deductibles, which are little more penny-wise pound-foolish disincentives to accessing lifesaving preventive services.

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, will help patients overcome the barriers of a complex health care system. In addition, patient navigators address social, cultural, and environmental needs that can create obstacles for patients in accessing their screenings and treatments. Use of patient navigators has been associated with community increases in colorectal and breast cancer screenings, as well as increased timeliness in the detection of breast cancers. The \$2.9 million appropriated for Fiscal Year 2008 got the program off the ground with programs in 5 locations. ACS CAN will advocate for additional funds in 2009 so that patient navigators are 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 the importance of helping smokers quit, but we also know how addictive tobacco use can be. By providing \$100 million each year for cessation services the federal government could reach every Medicaid smoker who currently has no access to cessation benefits. This would result in as many as 60,000 Medicaid smokers successfully quitting each year, thereby saving 20,000 lives. 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.

Provide Grants to Activate State Comprehensive Cancer Control Programs

The Centers for Disease Control and Prevention's (CDC) Comprehensive Cancer Control program organizes state resources to improve prevention, early detection, treatment, rehabilitation, and quality of life. Providing additional program funding on a demonstration basis would ensure activation of specific cancer prevention and control activities identified in current state plans.

ACS CAN recognizes that access to quality health care directly affects people's ability to prevent, detect, and survive cancer. The sad reality is that too much cancer death and suffering today is attributable to gaps in our current health care system. In the long term, that means comprehensive reform to that system, particularly as it affects our fight against cancer. Here are some of the immediate steps that Congress can take to begin addressing these concerns.

Enacting Regulatory Authority over Tobacco Products and Curbing Tobacco Use

Tobacco use continues to kill 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 giving the Food and Drug Administration 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 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-four years after publication of the famous Surgeon General's report connecting smoking with cancer and other life-threatening conditions, 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 2004, 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 \$1.09 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 and Cancer Control

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 advance 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 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 the federal investment 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 15.6 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 discover prevention and early detection tools for the most deadly cancers, to fully fund nationwide the 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 of 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 cancer 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 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 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.



Expand, Rather than Curtail, Cancer Screening and Treatment Protections

We all know the challenges that employers, especially small businesses, face when seeking to provide their employees with quality health care coverage. Expanding the number of people with insurance coverage is a worthy goal for all of us, but we must ensure that people have meaningful coverage in the process. Proposals that allow any insurer to bypass state guarantees of access to critical benefits and thereby sacrifice the quality of coverage are a step in the wrong direction. These benefits often include lifesaving screenings for breast, colon, and prostate cancer, access to cancer specialists, evidence-based off-label prescription drug use, groundbreaking clinical trials, and proven smoking cessation services. Continued success in the war against cancer requires that we expand not reduce the number of people with access to these vital benefits.

Accelerating Discovery

Investments in NIH and specifically NCI have generated remarkable advances and produced a powerful research infrastructure. These investments allow for cutting-edge research, cancer care, outreach, and education at the NCI. Congress should also invest to address disparities, which affect cancer risks and rates. ACS CAN urges Congress to continue building the NIH infrastructure and sustain existing progress by doing the following:

Expanding the Cancer Center Network

Cutting edge research at the network of 61 NCI-designated Cancer Centers generates new discoveries, helps save lives, and improves quality of life for cancer patients. These world-class institutions educate the next generation of researchers and deliver advances in cancer research that are an integral part of preventing, detecting, and treating this disease. Adequate funding would allow for the expansion of survivorship services and provide these centers with wider geographic distribution and reach.

Modernizing Clinical Trials Infrastructure

NCI currently supports clinical trials at the NIH clinical center and nearly 3,000 other sites across the country. In recent years, more than 25,000 cancer patients have enrolled annually in NCI treatment trials. With adequate funding the NCI could deploy a modern clinical trials infrastructure to reach new populations and expand access to state-of-the-art care.

Addressing Disparities

Cancer risks and rates can be influenced by social and economic inequities, cultural factors, genetic factors, or geographic disparities in quality of care. Opportunities for research to reduce cancer disparities exist across the entire disease spectrum, from prevention to screening and treatment. This work can then facilitate intervention delivery.

About ACS CAN

ACS CAN, the nonprofit, nonpartisan advocacy partner 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.