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## From Pre-Pandemic Politics to a "New Normal": Cancer Policy Priorities for the Biden Presidency

By AACI Staff

### Commentary Overview

- Before the COVID-19 pandemic took hold, AACI highlighted five cancer center policy priorities for presidential candidates focused on research funding, human papillomavirus vaccination, tobacco, oral chemotherapy, and cancer disparities.
- In the depths of the pandemic, with a new administration in the White House, AACI shared revised priorities with President Joe Biden, emphasizing the impact of COVID-19 on cancer care, the need to support telemedicine and pediatric cancer research, and the ongoing challenges of cancer disparities.

**In early 2020, before COVID-19 was declared a global pandemic, AACI asked presidential candidates to pledge their support for five policy priorities for our nation's cancer centers: funding lifesaving research; eliminating human papillomavirus (HPV)-related cancers; implementing evidence-based tobacco control and vaping policies; achieving oral chemotherapy parity; and addressing cancer disparities.**

Joe Biden provided comprehensive responses, touting his leadership of the Obama-Biden administration's Cancer Moonshot and the Biden Cancer Initiative. On **funding lifesaving research**, Biden said that the issue is "personal" for him, and that he was proposing at least a five-year, \$50 billion additional federal investment to accelerate the development of treatments for cancer and other major diseases. He also pledged to prioritize cancer research and increase the National Cancer Institute (NCI) payline to better meet the demand of the promising research proposals that the agency receives.

Regarding **HPV-related cancers**, Biden highlighted the need to provide pediatricians with the tools to explain the importance of the HPV vaccine to parents. He also urged reaching out to communities that have a particularly negative perception of vaccines: an especially relevant strategy now as his administration aims to improve distribution and uptake of COVID-19 vaccines.

On **tobacco control and vaping**, Biden said that he supports action by the U.S. Food and Drug Administration (FDA) on flavored vaping products and urged extending it to tobacco and menthol flavors not included in the ban, to prevent young people from switching from the flavored options to menthol.

He also promised to work with Congress to [pass the Cancer Drug Parity Act](#), citing the need to give patients the right therapy at the right time and to block "perverse incentives," including higher cost sharing, that promote intravenous cancer therapies over oral cancer drugs "in a way that doesn't match the science."

Finally, [addressing cancer disparities](#), Biden said that it would be his top priority to see that all Americans have the peace of mind that comes with having access to affordable, quality health care and potentially life-saving treatments, including clinical trials.

[View AACI's 5-Point Pledge](#)

## Priorities for the First 100 Days

AACI's public policy goals typically focus on advocating for robust research funding for academic cancer centers and basic science. However, the COVID-19 pandemic has brought additional priorities forward. The inauguration of President Biden provided a new opportunity for AACI to make the case for cancer research and care with the White House.

In a letter to the president in late January, AACI outlined four critical cancer policy priorities for the new administration's first 100 days. One of those priorities, addressing health equity and cancer disparities, carried over from the presidential campaign. AACI commended President Biden on his pledge to expand health care services for underserved communities and reported that the presidential initiative of AACI's own president, Dr. Karen E. Knudsen, aims to mitigate health disparities by gaining an understanding of AACI cancer centers and the patients they serve.

Two other priorities for the administration's first 100 days stem from the pandemic: undoing damage inflicted by COVID-19 on cancer screening, prevention, clinical trial enrollment, and research progress; and expanding coverage of telehealth and ensuring insurance coverage parity.

## Undoing the Damage of COVID-19

The pandemic has introduced new challenges to clinical trial sites, from added safety protocols to frozen trial enrollment. The ripple effects of research disruptions will likely last for years.

In August 2020, AACI joined with a coalition of more than 330 patient and voluntary health groups calling for at least \$15.5 billion in emergency funding for the National Institutes of Health (NIH). Now, AACI is asking Congress to include this funding in the next COVID response package to make up for lost time and accelerate progress against cancer.

Another indirect effect of COVID-19 is delayed screening, diagnoses, and treatment for patients with cancer. Simulation modeling of cancer care and mortality by NCI's Cancer Intervention and Surveillance Monitoring Network has found that disruptions in care were greater than anticipated. NCI Director Dr. Norman E. Sharpless has stressed that we must ensure that we are not exchanging one public health crisis for another, and AACI is urging the administration and Congress to improve access to routine cancer screenings during the pandemic.

In the letter, AACI highlighted its recent endorsement of the Multi-Cancer Early Detection (MCED) Screening Coverage Act. Currently, Medicare only reimburses for five types of cancer screenings, leaving most cancers without available screening tests.

Clinical trials have shown encouraging results for MCED tests to find cancer early through a simple blood draw. This legislation would update policy to add Medicare coverage of multi-cancer screening, creating the authority for the Centers for Medicare & Medicaid Services (CMS) to evaluate and cover blood-based MCEDs and future test methods, once approved by the FDA. Support of this bill would be an important step toward increasing cancer screenings.

## Expanding Telehealth Coverage and Parity

AACI cancer centers have seen increases as high as 5,000 percent in telehealth visits since March 2020. The rapid shift to telemedicine during the COVID-19 pandemic has had immediate benefits, including reduced risk of exposure to the virus in clinical settings.

In its letter, AACI emphasized to the new administration that telemedicine has the potential to

address health disparities by increasing access to underserved communities, for example, by removing transportation barriers for patients and their caregivers.

Given the broad embrace of telemedicine and its proven benefits, AACI is advocating for CMS to permanently cover and reimburse audio-visual services and work to expand coverage for all models of telemedicine delivery beyond the COVID-19 public health emergency. One specific example is updating licensure laws to support health care providers who serve across state lines.

## Pediatric Cancer

AACI's final priority calls for a strengthening of the underfunded aspects of recently launched pediatric cancer initiatives. AACI applauded the prior administration's proposal to spend \$500 million over 10 years to fight pediatric cancer, including the Childhood Cancer Data Initiative. Robust NCI funding will enhance data sharing, collection, analysis, and access for ongoing childhood, adolescent and young adult cancer and survivorship research. AACI hopes that the Biden administration will build on the successes of the Childhood Cancer Survivorship, Treatment, Access, and Research (STAR) Act to accelerate progress on pediatric cancer research.

AACI formed a strong bond with President Biden in 2016, when he assumed leadership of the Cancer Moonshot initiative. The association now stands ready to work with the president, Vice President Kamala Harris, the new administration, and Congress to continue our collective efforts against both cancer and the coronavirus pandemic.

## COVID-19 Response Spending

President Biden's team released COVID-19 response spending proposals almost immediately after assuming office. On Friday, February 5, the U.S. Senate passed a budget resolution with a 50-50 party line vote tie broken by Vice President Harris. This budget resolution provides for \$1.9 trillion in new spending. AACI will continue to advocate for the policies for the inclusion of cancer policy priorities in this effort and other upcoming legislation.

## Our Mission

The Association of American Cancer Institutes (AACI) comprises 102 premier academic and freestanding cancer centers in the United States and Canada. AACI is accelerating progress against cancer by empowering North America's leading cancer centers in their shared mission to alleviate suffering.

## About AACI Commentary

To promote the work of its members, AACI publishes *Commentary*, a monthly editorial series focusing on major issues of common interest to North American cancer centers, authored by cancer center leaders and subject matter experts.

