Association of American Cancer Institutes

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Representative Diana DeGette
2111 Rayburn House Office Building
Washington, DC 20515

Representative Larry Bucshon
2313 Rayburn House Office Building
Washington, DC 20515

Dear Representatives Bucshon and DeGette:

The Association of American Cancer Institutes (AACI) thanks you for your leadership and commitment to supporting biomedical research with the renewal of the 21st Century Cures Act.

AACI represents over 100 leading academic cancer centers throughout North America that are at the forefront of cancer research; patient care; screening and prevention; and community outreach and education. AACI cancer centers are grateful for the support of the federal government and appreciate your ongoing efforts to strengthen public health.

AACI appreciates the opportunity to recommend the following policy guidelines for inclusion in a revamped 21st Century Cures Act:

- Boosting funding for the National Cancer Institute (NCI) to improve its grant success rate, which currently lags other National Institutes of Health (NIH) Institutes and Centers (ICs)
- Protecting cancer centers from any future site-neutral proposals
- Mitigating disparities in health care, including efforts to increase diversity in clinical trials
- Eliminating burdensome regulations on laboratory developed tests (LDTs) for academic and research cancer centers

NCI Success Rate
AACI's primary public policy goal is to increase the success rate of applications for investigator-initiated research grants (R01) through the NCI. The original 21st Century Cures legislation helped provide substantial gains for cancer via dedicated Cancer Moonshot funding that expired in Fiscal Year 2023. The expiration of the funds comes at a time when the NCI continues to lag substantially behind other NIH ICs. We hope that this new legislation will include robust support for cancer research funding.

Site-Neutral Policies
The House Energy and Commerce Committee's recent discussions around site-neutral policies have been of great concern to AACI member cancer centers. Site-neutrality is a defined policy in which Medicare Part B would pay hospital outpatient departments (HOPDs) and physician-based practices the same amount for providing the same service. While the policy is intended to offer patients more transparency and "cut costs" for Medicare, it disregards the differences between HOPDs and physician-based practices. This difference is even more pronounced in cancer care – and its potential impact is more severe.

AACI strongly opposes site-neutral payment policies, which disregard the fundamental differences between the patients cared for in HOPDs and those receiving care in physicians' offices. As institutions that serve under- and uninsured patients and offer specialized care, HOPDs operate differently than physician-based practices and should be reimbursed accordingly. We believe this legislation could provide an opportunity to protect cancer centers from any future site-neutral reforms.

Health Disparities
AACI is committed to addressing disparities that are prevalent across the U.S. health care system. Examples of cancer-related health disparities include higher rates of multiple myeloma, colorectal cancer, and cancers of the liver and intrahepatic bile duct, prostate, and stomach among Black people, and higher rates of cancers of the gallbladder, liver, intrahepatic bile duct, and soft tissue cancers affecting the heart and stomach among Hispanic individuals. Additionally, data show that American Indian and Alaskan Native people are less likely to undergo diagnostic cancer screenings than non-Hispanic white people, and rural populations face worse cancer outcomes than urban populations, primarily due to limited access to care.

We believe a bold health care proposal like 21st Century Cures should seek opportunities to tackle persistent health disparities and implement policies that will make health care equitable for all.

Laboratory Developed Tests
Recent rules that give the U.S. Food and Drug Administration (FDA) regulatory authority over laboratory developed tests (LDTs) are concerning to the cancer center community. We believe these new regulations will be costly, burdensome, and resource intensive, hindering medical and other scientific breakthroughs. Hundreds of thousands of LDTs are already on the market with minimal harm reported. The new regulations and high fees could reduce the availability of essential tests, especially for cancer monitoring, potentially leading to higher morbidity and mortality due to delayed or inaccessible testing.

We hope a new Cures package will consider the potential impact of these rules on academic and basic research cancer centers and the patients they treat.

We thank you again for your strong bipartisan leadership on issues critical to public health and research and appreciate the opportunity to share our input. Please share any questions or concerns with AACI Senior Government Relations Manager, Jaren Love, at 814-932-0070.

Sincerely,

Jennifer W. Pegher, MA, MBA
Executive Director, AACI