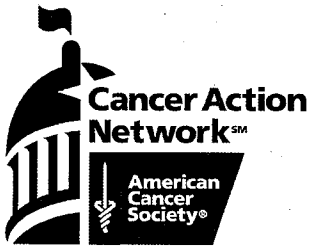

November 5, 2009

The Honorable Nancy Pelosi
Speaker
House of Representatives
Washington, DC 20515

Dear Speaker Pelosi:

The American Cancer Society Cancer Action Network (ACS CAN), whose sole mission is to advance the goals of the American Cancer Society by passing laws and policies that help people fight cancer, is pleased to offer its support of the Affordable Health Care for America Act. In the coming days, ACS CAN will continue to leverage its considerable volunteer resources to help enact historic health care reform legislation this year.

The American Cancer Society has been fighting to end suffering and death from cancer for nearly 100 years. We are proud that we have contributed to a 15 percent decrease in the cancer death rate since the 1990s. Our organizations save lives – by helping people **stay well** through taking steps to prevent cancer or detect it early; helping people **get well** by guiding them through every step of the cancer experience; by **finding cures** through funding and conducting groundbreaking research; and by **fighting back** by encouraging lawmakers to do their part to defeat cancer and by rallying communities to join the fight. We believe the Affordable Health Care for America Act will take the fight against cancer to a new level by enhancing cancer prevention and ensuring access to affordable and adequate health care for all Americans.

In the earlier part of this decade it became apparent to the American Cancer Society that its 2015 goals for the larger cancer community to reduce cancer mortality by 50 percent and cancer incidence by 25 percent could not be met when so many Americans lacked access to adequate health care. In the Society's expert scientific analysis, it was clear that inadequate access to quality care due to lack of insurance coverage had become a major barrier to advancing the fight against cancer. In 2006, the Society's National Board of Directors established two new nationwide objectives: to ensure that all Americans have health care coverage by 2015 and to reduce the high out-of-pocket costs that prevent people from getting lifesaving care. ACS CAN has concluded that the Affordable Health Care for America Act is a critical step toward achieving the Society's goals and improving the lives of cancer patients, survivors and their families.

Cancer is many different chronic and acute diseases affecting people of all ages. As such, cancer patients and survivors interact extensively with every aspect of our nation's health care system –

from prevention, diagnosis, and treatment through survivorship and end of life. Armed with this knowledge and understanding, over the past two years the Society and ACS CAN have chosen to view health care through the "cancer lens" and worked to illustrate the overwhelming need for reform.

As a result, ACS CAN's legislative goals have been guided by its three broad priorities for health care reform:

- Guarantee that all Americans have adequate, available, affordable and administratively simple health care.
- Enhance prevention and wellness in our nation's health system to increase early detection and prevention of serious diseases such as cancer;
- Improve the quality of life for cancer patients and survivors.

The Affordable Health Care for America Act will make significant advancements toward each of these goals.

Availability and affordability of insurance: The purpose of health insurance is to provide quality coverage and protect people from financial harm if a serious medical condition like cancer occurs. Yet, today many cancer patients and survivors are denied coverage because of their medical condition. Insurers can either completely deny them coverage or make it so expensive that it is beyond the financial means of all but the wealthy. Many cancer patients who do have insurance incur unaffordable out-of-pocket expenses and are confronted with the cruel choice of bankruptcy or forgoing treatment to prevent financial ruin.

The insurance reforms proposed in the Affordable Health Care for America Act represent a tremendous improvement over the current system. Cancer patients and survivors will no longer face the loss of affordable coverage due to their illness. These critical changes include:

- Elimination of the use of pre-existing medical conditions and health status in determining insurance premium rates, and limiting rating differential to 2:1 on the basis of age, geography, and family size only;
- Guaranteed issue and renewal of insurance policies, and the elimination of rescissions except in the case of fraud;
- Elimination of annual and lifetime benefit caps;
- Establishment of a national health insurance exchange to facilitate access and affordability;
- Provision of premium subsidies for low- and middle-income families;
- And limits on out-of-pocket expenses.

ACS CAN supports the national approach to health insurance exchanges. We believe that a national model can greatly facilitate making quality, affordable health care more uniform across the country over time. We support the subsidies covering individuals and families up to 400 percent of the federal poverty level. Health insurance is essential to good health, and it is imperative that we not put low- and middle-income individuals and families in a position where the cost of insurance threatens their financial viability.

Adequacy of coverage: Access to coverage is essential, but the coverage provided must also be adequate to meet the needs of those with serious medical conditions like cancer. Over the past few years we have collected thousands of stories of cancer patients who have insurance but discover after their diagnosis that their coverage is inadequate to meet their needs. A 2009 national poll of cancer patients conducted for ACS CAN found that 52 percent of people under age 65 with a cancer history had difficulty paying for their medical needs; 28 percent had used most or all of their savings; and 27 percent had been contacted by a collection agency for unpaid bills.

The American Cancer Society is an evidence-based organization, and consistent with this commitment to science, ACS CAN has advocated for a minimum benefits package that is based on the best scientific and medical practice. Therefore, ACS CAN strongly supports the proposed Health Benefits Advisory Committee, which will have the authority to define the essential benefits that health plans must offer. This committee should provide an evidence-based assessment and definition of meaningful coverage, which will contribute significantly to the important long-term goals of enhancing quality of care and controlling costs.

Administrative simplification of insurance: The relationship today between health insurers and consumers is opaque and dysfunctional. Consumers are not provided adequate information to make informed judgments about the level of benefits and services covered by insurance plans. The terms of coverage are rarely clear and are often in flux. Too often today, the consumer is essentially purchasing a "black box" when they enroll in a plan – the content is an incomprehensible mystery.

The value of competition in insurance markets will be greatly enhanced by making health plans more transparent and accountable. In addition to establishing the essential benefits package and the health insurance exchange, the many consumer protection provisions of Title II – including better disclosure, the standardization of administrative forms and processes, and requiring fair grievance and appeals mechanisms – represent a significant advancement of administrative simplification, and will enable consumers to make informed decisions about their coverage.

Enhancing the role of prevention: More than 60 percent of all cancer deaths could be avoided if we simply did a better job of applying the knowledge that we already have. Our health care system today is more accurately characterized as a "sick care" system because it is too often focused on expensive treatments rather than on preventing or detecting diseases early. We can greatly reduce needless pain and suffering by changing the incentives in the health care system to encourage providers and individuals to support prevention and wellness.

New prevention and wellness initiatives proposed in the Affordable Health Care for America Act represent a significant advancement. The American Cancer Society and ACS CAN have long been strong proponents of enhanced screening, consistent with evidence-based guidelines, as essential in the fight against cancer, and we are especially appreciative of the provisions that require coverage of prevention services and the elimination of significant co-pays in all government and private plans. This important improvement is greatly enhanced by the transformation of the Task Force on Clinical Preventive Services and the Task Force on Community Preventive Services to conduct evidence-based clinical and community services,

respectively. Moreover, the establishment of the Public Health Investment Fund is an important recognition of the need to improve the nation's public health infrastructure including its workforce and community health centers. Enhancing the role of primary care in the nation's health system is essential, and the payment reforms, the pilot programs for accountable care organizations and medical homes, and the numerous workforce provisions directed at primary care and underserved areas are meaningful policies that move the nation's health system toward that goal. The nation has long underinvested in prevention, but these provisions demonstrate a new and needed commitment to making prevention and early detection of disease a cornerstone of our nation's health system.

Finally, we commend the House for the way it has addressed the wellness incentive issue. We yield to no one in our decades-long fight to end the scourge of tobacco use in this country. We also recognize the importance of reducing obesity because it is linked to cancer risk. We are pleased the House proposes to address smoking, obesity and other health and wellness issues in the workplace without punishing unhealthy workers through the health insurance system. The House provisions promoting wellness programs and undertaking evaluations of different approaches to determine best practices are the right approach and balance to effectively advancing personal responsibility.

Medicare: Approximately 70 percent of all cancers occur in people aged 65 or older, so the Medicare program is extremely important to the American Cancer Society and ACS CAN. Fortunately, Medicare currently provides good coverage to cancer patients, particularly in comparison to the problems we see in private plans serving the under 65 population. Nonetheless, ACS CAN recognizes the need to make some important changes in Medicare if we are to maintain it as a strong and viable health program for both current enrollees as well as future generations.

The Affordable Health Care for America Act has many provisions affecting the Medicare program, but we would like to highlight a few that are of particular assistance to cancer patients and survivors including:

- Reduction in the "doughnut hole" in the Part D program;
- Simplification of the low income assistance program under Part D;
- Elimination of all co-pays for cancer screenings;
- Payment for coordinated care planning;
- And the home infusion therapy report.

We also recognize the importance of restructuring the payment system. Fee-for-service payment rewards quantity rather than quality. This has to change so that the incentives are focused on improving health outcomes and quality of life. There are approximately 200 forms of cancer and they are all complex, so moving toward an outcome-based payment system will not be simple or rapid. Nonetheless, we must begin to move in that direction to make gains in the fight against cancer. The provisions of the bill that encourage experimentation with payment bundling and other approaches to improving delivery outcomes are essential if we are to improve cancer care in the Medicare program.

Medicaid: Medicaid currently is a safety net program that does not serve many low-income and indigent Americans, including very low-income Americans who have life-threatening cancers. The successful National Breast and Cervical Cancer Early Detection Program, which has provided lifesaving cancer screening tests to thousands of low-income women, has enough funding to serve only one in five eligible women. For many low-income individuals with other cancers, there is no recourse at all. Much more needs to be done for medically underserved populations.

We strongly support the proposed expansion of Medicaid to all people at or below 150 percent of the federal poverty level, which represents a very significant advancement in the fight against cancer. Numerous other proposed changes in Medicaid will enhance the program's ability to serve cancer patients well, including required coverage of prevention services and the elimination of co-pays, expanded coverage of tobacco cessation programs, and increased payments to primary care practitioners.

Health disparities: Significant variations in cancer incidence and mortality exist today along ethnic, geographic, and socioeconomic factors. These variations are a significant concern to us in the fight against cancer, but the reasons for them are not well understood, and therefore, addressing disparities effectively is difficult. Much more needs to be done to reduce health disparities.

Accordingly, we support the provisions of the Affordable Health Care for America Act addressing health disparities. The workforce improvement provisions will contribute to establishing a more representative workforce, and the loan forgiveness and scholarship provisions will make it more attractive to health care workers to practice in communities with disparities. The provisions on translational services and cultural competency will further improve the quality of care available to many minority communities. Finally, the structural changes in the Indian Health Service that would result from the bill would significantly improve access to care for the Native American population.

Improvements in the quality of life for cancer patients and survivors: Thanks to the extraordinary advances in the fight against cancer, there are 11 million cancer survivors in America today, and this number will continue to grow. For a growing number of people, surviving cancer is no longer just a hope; for many, it is reality. But with this new reality comes a pressing need to address the health and well-being of cancer patients and survivors by integrating symptom management and delivery of other care that supports quality of life alongside disease-directed treatment and continued care through the remainder of life.

The Affordable Health Care for America Act includes important provisions that call for the development of new performance measures that will encourage more patient-centered care, including creating accountability for assessing patients' quality of life needs and providing coordinated care planning and communication to ensure that treatment options align with care goals. This integrated care is particularly important to help cancer patients and their families transition from treatment to long-term care and end of life.

There are also important provisions to improve pain management in cancer patients, survivors, and others through increased research, education, and awareness about addressing under-treated pain.

In addition, the provisions for payment reform address some major aspects of Medicare reform required to help reorient the health care system's focus on patient-centered care. These changes will facilitate more care planning and coordination for conditions such as cancer, which has been demonstrated to both improve the quality of care and to reduce costs significantly. In addition, we commend the House for including a provision encouraging advance care planning consultation, a long-standing priority of the American Cancer Society that helps to empower patients and their families to make more informed decisions about their care.

Financing: ACS CAN has evaluated H.R. 3962 from the perspective of cancer patients and survivors, which is our mission and expertise. However, we do not have expertise in public financing other than raising tobacco taxes, and therefore, ACS CAN takes no position on the revenue provisions in this bill.

Conclusion: ACS CAN has reviewed the legislation from the perspective of the cancer patient and survivor and has concluded that it represents an exceptional opportunity to advance our mission of reducing suffering and death from cancer. We believe the bill could transform the nation's health care system in a fundamental way that would begin the process of making adequate and affordable health care insurance accessible to all Americans. Further, the bill accentuates the extraordinary knowledge and expertise of the nation's medical community and makes that knowledge more accessible to every American with a serious medical condition. ACS CAN thanks you and all of the Members who have worked so hard to bring this bill to the floor, and we stand ready to work for its passage.

Sincerely,

John R. Seffrin, PhD
Chief Executive Officer
American Cancer Society Cancer Action Network