

April 24, 2020

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The Honorable Mitch McConnell
Majority Leader
United States Senate
317 Russell Senate Office Building
Washington, DC 20510

The Honorable Chuck Schumer
Minority Leader
United States Senate
322 Hart Senate Office Building
Washington, DC 20510

The Honorable Nancy Pelosi
Speaker
US House of Representatives
1236 Longworth House Office Building
Washington, DC 20515

The Honorable Kevin McCarthy
Minority Leader
US House of Representatives
2468 Rayburn House Office Building
Washington, DC 20515

Dear Majority Leader McConnell, Minority Leader Schumer, Speaker Pelosi, and
Minority Leader McCarthy:

The coronavirus pandemic is an unprecedented public health emergency that is straining the United States health care system. The Association of American Cancer Institutes (AACI) recognizes that the most urgent need during this crisis is for hospitals treating patients infected with COVID-19. However, patients with cancer are a particularly vulnerable patient population at considerable risk for contracting the coronavirus and academic cancer centers are treating patients infected with COVID-19 each day.

Many of these patients are immunosuppressed, and most have serious comorbidities that make them especially susceptible to complications and poor outcomes from COVID-19. As a result, the cost of providing care to these patients has risen significantly for cancer centers. We respectfully request that Congress consider these added burdens for academic cancer centers when drafting a fourth COVID-19 stimulus package.

AACI comprises 100 of the leading academic and freestanding cancer research centers in North America. These cancer centers are at the forefront of medical research, but clinical research and lab operations have experienced major disruptions amid COVID-19 mitigation efforts. Clinical trial sites are struggling to safely continue existing trials, new enrollments are frozen, and new trials are delayed indefinitely. Despite halting research, cancer centers are still responsible for maintaining laboratories – and for the associated high costs of this maintenance. The full effect of this disruption on therapeutic innovation in cancer care is likely to be felt for years to come without aggressive mitigation measures.

AACI supports the request of the higher education community for supplemental appropriations of \$26 billion for major research agencies, including the National Institutes of Health (NIH), National Science Foundation (NSF), Department of Energy (DOE), Department of Defense Science & Technology programs, the United States Department of Agriculture (USDA), the National Aeronautics and Space Administration (NASA), and others.

We also support the request by the American Hospital Association (AHA) to provide \$100 billion in additional funding for the Public Health and Social Services Emergency Fund for hospitals and health systems. This would provide equitable access to federal funding, allowing hospitals and providers to recoup a portion of COVID-19 related losses and expenses. Academic cancer centers are among the health care providers that are addressing COVID-19 on the front lines. It is essential that the fourth COVID-19 stimulus package include academic cancer centers to ensure that cancer research and treatment can continue with minimal disruptions.

On April 15, AACI, along with several cancer advocacy organizations, sent a letter highlighting additional priorities for the fourth COVID-19 stimulus bill. These priorities include:

Implementing the Bipartisan Cancer Drug Parity Act

Tens of thousands of cancer patients rely on oral or self-administered drugs, which can be safely taken at home, reducing disruptions to cancer care during the COVID-19 pandemic. Yet in many cases, orally-administered cancer treatments are priced significantly higher than therapy administered intravenously (IV) or by port or injection. The bipartisan Cancer Drug Parity Act ([S. 741](#) and [H.R. 1730](#)), would ensure that all cancer treatments are covered at the same cost-sharing for patients, no matter how they are administered.

Requiring Insurers to Provide a 90-day Supply of Retail Medications

The Centers for Disease Control and Prevention (CDC) recommends having a 90-day supply of medications on hand; however, many insurers only allow a 30-day supply of medications in a single fill. Congress included a policy change in the CARES Act requiring Medicare Part D and Advantage plans to allow a beneficiary to obtain a 90-day supply of medication. Cancer advocacy groups urge Congress to require all payors (Medicare Part D and Advantage Plans, Medicaid, and private health insurers) to limit cost-sharing to the amount that would be required for the next 30-day supply or establish policies that assist patients with cost-sharing related to their out-of-pocket costs.

Addressing the Widespread Shortage of Personal Protective Equipment (PPE)

On March 23, AACI issued a letter imploring President Donald Trump to immediately invoke and utilize the Defense Production Act (DPA) to marshal the power of American manufacturing. Cancer advocates continue to urge the federal government to facilitate the timely manufacturing and distribution of ventilators and PPE through an equitable, needs-based process. Health care providers on the front lines need adequate PPE, not only to protect themselves, but to ensure the safety of patients and their caregivers.

Enhancing Access to Care

Additional recommendations in the letter include creating a special enrollment period for Healthcare.gov, increased funding for state Medicaid programs, and assisting people who have lost employer-sponsored health coverage.

Thank you for your continued leadership in the fight against cancer and COVID-19. We look forward to collaborating with you to ensure that patients with cancer and survivors are considered as you craft the next legislative package addressing COVID-19. If you have any questions, please contact Jaren Love, AACI government relations manager, at jaren@aacicancer.org.

Sincerely,



Roy A. Jensen, MD
President, AACI



Jennifer W. Pegher, MA
Executive Director, AACI