

Cancer legislation roundup

By Joel B. Finkelstein

As Congress hammers out the details of next year's budget, many federally funded health programs are on the chopping block again, including some that support screening, treating, and studying cancer. The National Institutes of Health (NIH) is slated to receive the same funding in fiscal year 2007 as it received for this year. With inflation, that means the National Cancer Institute, the largest of the NIH institutes, will be making cutbacks in the number and size of studies they fund. The President's proposed budget contains other painful cutbacks, including a \$1.4 million reduction to the National Breast and Cervical Cancer Early Detection Program (NBCCEDP).

But it's not all bad news. Lawmakers are considering several pieces of legislation that could help add back some of the money for cancer that

will be lost in those programs. Here, a roundup of some of the measures introduced in this year's Congress.

Breast and cervical cancer screening

Although the President's proposed budget included a cut in NBCCEDP funding, Congress can, and often does, end up passing a more generous budget package. At the end of May, Representatives Sue Myrick (R-NC), and Tammy Baldwin (D-Wisc), introduced a bill to reauthorize the program and add \$48 million to its budget. A similar measure was introduced in the Senate in September.

The NBCCEDP provides free screening and follow-up care for low-income women. Since it was established in 1991, the program has helped nearly 2.5 million women. However, today, the program is only able to provide free screening servic-

es to one out of five women who are eligible. With the additional funding in the reauthorization legislation, the program would have enough funding to screen another 130,000 women, according to the American Cancer Society (ACS).

"Millions of American women have benefited from this program, and there are millions more who are awaiting entry into it," says Carolyn D. Runowicz, MD, ACS's national volunteer president. "To further diminish their chances by stripping resources would be going against scientific, economic, and medical common sense."

Cancer screening in Medicare

Representative Clay Shaw (R-Fla) has introduced two pieces of legislation to alter cancer screening benefits in the Medicare program. The Medicare Early Detection of Cancer Pro-

motion Act (H.R. 5437) would extend from 6 months to 1 year the time that new Medicare beneficiaries can receive their “Welcome to Medicare” physical, which includes cancer prevention screening.

The measure would also remove the 20% co-pay that the program’s patients are currently responsible for when receiving mammography or a colonoscopy for breast or colorectal cancer screening. This bill has received the support of the ACS.

The second bill, The Medicare Lung Cancer Screening Benefit Act (H.R. 5514), would do just as its name implies: provide screening for beneficiaries with a family history of lung cancer or smoking. “Lung cancer is still the leading cancer killer, with an overall survival rate of only 15%,” says Mr. Shaw, himself a two-time lung cancer survivor. “We cannot find a cure without addressing the need to diagnose and treat lung cancer early.”

The bill is supported by the Lung Cancer Alliance.

Fixing the budget

Although next year’s budget, as outlined by the President, contained several funding cuts to health-related programs, lawmakers showed continued support for cancer priorities through an amendment that contained funding increases. That amendment was introduced by Senators Barbara Mikulski (D-Md), Dianne Feinstein (D-Calif), and Susan Collins (R-Me), and passed by the Senate in March

The amendment increases funding for cancer research and prevention efforts by \$390 million. That includes \$244.6 million at the National In-

stitutes of Health, \$120.5 million at the Centers for Disease Control and Prevention (CDC), and \$25 million at the Health Resources and Services Administration.

Focus on survival

Because advances in cancer treatment have led to a growing number of survivors, Representatives Steny Hoyer (D-Md), and Roger Wicker (R-Mich), have introduced legislation, with support from the Lance Armstrong Foundation, to create a new federal framework for survivorship support efforts. The bill is H.R. 5390—the Cancer Survivorship Research and Quality of Life Act of 2006.

Thirty years ago, half of cancer patients survived more than 5 years; today, nearly 70% of cancer patients reach that important benchmark.

“Unfortunately, this new population of cancer survivors has been largely neglected,” Representative Hoyer said in a statement. “This growing population must be equipped with the resources, information, and support to face and overcome quality-of-life challenges, including barriers to physical activity, employment, and social and emotional health.”

The bill would establish the Division of Cancer Survivorship within the National Cancer Institute to coordinate and expand survivorship research throughout the institutes of NIH. Under the measure, the division would have a permanent director with a \$50 million budget.

The measure would provide grants to community-based programs that provide services to improve cancer

survivorship and the quality of life of cancer survivors. It would also make new money available to cancer registries. New grants would be available to comprehensive cancer survivorship centers that serve as one-stop sources of information, care, and services for cancer survivors, family members, and other healthcare providers.

The Hoyer-Wicker legislation would officially recognize and expand the role of the CDC’s Comprehensive Cancer Program, which was established to integrate and coordinate a national strategy for reducing cancer incidence and mortality through prevention, early detection, treatment, and rehabilitation. The measure also calls for the creation of a National Commission on Cancer Survivorship, responsible for coordinating national activities across public agencies and private organizations.

Community health centers rise again

Representatives Michael Bilirakis (R-Fla), and Gene Green (D-Tex), have introduced legislation to reauthorize the Health Centers program, which supports community health centers through annual grants totaling nearly \$2 billion in fiscal year 2007. That’s an increase of \$181 million over this year’s allocation.

The statute that authorizes annual appropriations for community health centers expires in September. The reauthorization measure (H.R. 5201 to amend the Public Health Service Act) would bring more security to the appropriations process and bring the program’s budget up to the number requested by the President.