June 15, 2020

Chairwoman Anna G. Eshoo
U.S. House of Representatives
202 Cannon House Office Building
Washington, DC 20515

Ranking Member Michael C. Burgess
U.S. House of Representatives
2161 Rayburn House Office Building
Washington, DC 20515

To the Honorable Chairwoman Eshoo and Ranking Member Burgess:

The National Comprehensive Cancer Network (NCCN®), a not-for-profit alliance of 30 leading academic cancer centers, is pleased to submit this statement of support for HR 913, the CLINICAL TREATMENT Act, which would ensure Medicaid coverage of the routine costs of clinical trials. NCCN, a leading developer of clinical practice guidelines for oncology, is dedicated to improving and facilitating quality, effective, efficient, and accessible cancer care so patients can live better lives. This mission cannot be fully realized until all patients have equitable access to the highest standard of care, including access to clinical trials.

NCCN’s Clinical Practice Guidelines for Oncology® are the most used guidelines in any area of medicine by clinicians, patients, and payers, and represent the highest standard of care available in oncology. Each NCCN Clinical Practice Guideline states that “NCCN believes the best management of any patient with cancer is in a clinical trial. Participation in clinical trials is especially encouraged.” Clinical trials offer patients access to the most current cancer care, treatment by experts, carefully monitored results tracking, and the ability to help other patients with cancer. Despite this, clinical trials in oncology still struggle with successful recruitment and retention of diverse patient populations. A 2019 study found that of the 230 clinical trials leading to FDA oncology drug approvals over the past decade, race was reported in only 145 trials (63%)¹. Of those studies that did report, people of color were significantly underrepresented.

Medicaid insures nearly one-fifth of the US population and is the only major payer that is not required by federal law to cover routine costs associated with participation in clinical trials. This coverage is already assured for Medicare beneficiaries and for patients with private health insurance. Although twelve states require their Medicaid programs to cover these costs, there are still as many as 42.2 million Medicaid patients that are potentially without this medically necessary coverage. As the economic impact


NCCN Member Institutions
Abramson Cancer Center
at the University of Pennsylvania
Fred & Pamela Buffett Cancer Center
Case Comprehensive Cancer Center
University Hospitals Seidman Cancer Center and Cleveland Clinic Taussig Cancer Institute
City of Hope National Medical Center
Dana-Farber/Brigham and Women's Cancer Center
Massachusetts General Hospital Cancer Center
Duke Cancer Institute
Fox Chase Cancer Center
Huntsman Cancer Institute at the University of Utah
Fred Hutchinson Cancer Research Center
Seattle Cancer Care Alliance
The Sidney Kimmel Comprehensive Cancer Center at Johns Hopkins
Robert H. Lurie Comprehensive Cancer Center of Northwestern University
Mayo Clinic Cancer Center
Memorial Sloan Kettering Cancer Center
Moffitt Cancer Center
The Ohio State University Comprehensive Cancer Center
James Cancer Hospital and Solove Research Institute
O’Neill Comprehensive Cancer Center at UAB
Roswell Park Comprehensive Cancer Center
Sidman Cancer Center at Barnes-Jewish Hospital and Washington University School of Medicine
St. Jude Children’s Research Hospital
The University of Tennessee Health Science Center
Stanford Cancer Institute
UC San Diego Moores Cancer Center
UCLA Jonsson Comprehensive Cancer Center
UCSF Helen Diller Family Comprehensive Cancer Center
University of Colorado Cancer Center
University of Michigan Rogel Cancer Center
The University of Texas MD Anderson Cancer Center
University of Wisconsin Carbone Cancer Center
UT Southwestern Simmons Comprehensive Cancer Center
Vanderbilt-Ingram Cancer Center
Yale Cancer Center/Smilow Cancer Hospital
of COVID-19 leads to increased Medicaid enrollment, the number of impacted patients with cancer grows.

Routine costs include the non-experimental costs of treating a patient who is participating in a clinical trial, such as the cost of physician visits or laboratory tests. These costs are part of standard care and would be incurred regardless of whether a patient participates in a clinical trial. The cost of any investigative therapy continuing to be covered by the trial sponsor. As such, this coverage would have little to no impact on the overall cost of care to Medicaid programs but would have significant impact on the out of pocket cost to patients and on their ability to access clinical trials.

In addition to the benefit to the individual patient, robust clinical trial participation improves the quality of medical research. Medicaid serves millions of beneficiaries across diverse demographics that are underrepresented in current clinical trial enrollment. Increased access to clinical trial participation for Medicaid enrollees will help ensure medical research more accurately reflects actual patient populations.

Amidst the overdue national recognition of racial injustices, we must recognize and commit to addressing the significant racial disparities embedded within our health systems. The CLINICAL TREATMENT Act would take one necessary step toward reducing racial disparities in access to clinical trials and increasing representation in medical research advancements. NCCN urges you to support the swift passage of the CLINICAL TREATMENT Act.

We would be happy to answer any questions you may have. Please don’t hesitate to contact myself or our Senior Director of Policy & Advocacy, Alyssa Schatz at Schatz@nccn.org. We look forward to working with you to advance access to high-quality cancer care for all patients with cancer.

Sincerely,

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