Making Cancer a Priority in Washington, DC & Augusta Capitols: A Federal & State Legislative Update

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May 1, 2018
2018 Challenge Cancer Conference
“The ultimate conquest of cancer is as much a matter of public policy as it is a scientific and medical challenge.”

- John R. Seffrin, Ph.D., former CEO of ACS and ACS CAN
Federal Update
• Research and Prevention Funding
• Affordable Care Act
• Patient and Survivor Quality of Life
• Colorectal Cancer Control
• Childhood Cancer

State Update
• Tobacco Prevention and Control
• Medicaid Expansion
• Cancer Prevention and Early Detection
FY 18 Federal Budget

• Largest increase in NIH funding in 15 years! $3B
  ▪ NCI: $275 million increase
• CDC: $10 million increase for cancer prevention programs
  ▪ Increase in funding for Office of Smoking and Health
• FDA: $15 million 1st time funding – Oncology Center of Excellence
  ▪ Preserves FDA regulatory authority over tobacco products
ACA Defense

- Goal: to preserve patient protections and ensure affordability
- Cost-sharing reduction payments ended
- Individual mandate repealed in tax vote
- Short-term Limited Duration Plans
- Medicaid work requirements
Palliative Care and Hospice Education and Training Act (PCHETA)

- Intended to facilitate access to palliative care and coordinated care management for cancer patients and survivors.
- Supported by nearly 300 members of Congress
- Currently trying to get PCHETA added to opioid addiction bill expected to pass Congress
  - Senator Collins could play key role
Removing Barriers to Colorectal Cancer Screening Act

- Would eliminate cost-sharing during a routine screening colonoscopy when a polyp is removed under Medicare
- Strong bi-partisan support
  - 43 co-sponsors in Senate
  - 269 co-sponsors in House

For more info (bill fact sheet and to contact your members of Congress):
https://www.acscan.org/what-we-do/colorectal-cancer
Support the Childhood Cancer Survivorship, Treatment, Access and Research (STAR) Act

- Advances pediatric cancer research and increases transparency and expertise for pediatric cancer research at the NIH
- 3/22/18: passed the Senate
- Moves to House for vote
  - 362 bipartisan House cosponsors
  - Strong support from Energy and Commerce Committee
• Statutory adjournment April 18
• House Rs blocked extra days
• Legislature going back May 2 for “Veto Day”
• Possibility of “special session” to act on 100s of bills still in play
• Gridlock largely over spending package w/ most disagreement over:
  ▪ Medicaid expansion funding
  ▪ Tax conformity
  ▪ Delay in minimum wage implementation
• Smoking Lounge/Cigar bar bill defeated....again
• Governor’s bill to repeal Tobacco 21
• Numerous threats to smoke-free work and public places laws as a result of marijuana legalization
  ▪ Social clubs
  ▪ Sampling in marijuana manufacturing facilities
• Numerous attempts to spend tobacco settlement funds for uses other than tobacco control
Medicaid Expansion

- Governor set out parameters for funding
- Bill to fund administrative costs
- Administration missed deadline to file State Plan Amendment
- Updated report from Manatt Consulting
- Non-partisan legislative fiscal office – funding appropriation not needed – program will not run out of funding until 6/19
- Likely legal challenge
- Coverage goes into effect July 2018 by law
An Act To Ensure Continued Coverage for Essential Health Care

- Ensures 100% preventive coverage on tobacco cessation, HPV vaccination and USPSTF A&B rated cancer screenings even if changes are made at the federal level to the ACA
- Passed into law through veto override
  - 30-4 in Senate; 115-34 in House
- Impacts more than 700,000 Mainers with private health insurance coverage

Medicaid Lung Cancer Screening
Section 1115 Research and Demonstration Waiver – Medicaid

- Gives states more “flexibility” in design and implementation of Medicaid
- Maine submitted an 1115 waiver proposal to Feds in 2017, subject to public comments at state and federal level
- Many concerning provisions in Maine’s proposal:
  - Work requirements
  - Penalties for non-payment of premiums and “lock-out” period
  - Copayments for non-emergent ER use
  - Asset test
  - Elimination of retroactive eligibility

Section 1332 State Innovation Waiver – Private Insurance

- Allow states to pursue innovative strategies for providing access to high quality, affordable health insurance while retaining the basic protections of the ACA
- Comments at state level due on Maine’s proposal this week
- Maine’s proposal essentially to seek federal “pass-through” funding for reinsurance
- Goal to stabilize individual market and lower premiums
We Need YOUR Voice: Get involved!

- Become an **ACS CAN member** (acscan.org/join)
- **Take action** on the issues... acscan.org/me
- “Like” **ACS CAN Maine** on Facebook (facebook.com/acscanMaine) or Follow us on Twitter
- Join ACS CAN’s **volunteer Advocacy Committee**: meets the 3rd Monday of every month, 6-7:30 pm (in-person & call-in options). Contact chris.feeney@cancer.org for more info.
For more information

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