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EXECUTIVE DIRECTOR

Christian G. Downs, JD, MHA

June 26, 2024

U.S. House of Representatives Committee on Ways & Means 1139 Longworth House Office Building Washington, DC 20515

Dear Chairman Smith, Ranking Member Neal, and Members of the Committee,

As the leading community of over 40,000 multidisciplinary practitioners and 1700 cancer programs and practices nationwide, the Association of Cancer Care Centers (ACCC) applauds the Committee's consideration of the Nancy Gardner Sewell Medicare Multi-Cancer Early Detection Screening Coverage Act (H.R. 2407). This vitally important legislation will dramatically expand seniors' access to advanced cancer screenings through the Medicare program – enabling earlier detection and improving outcomes.

Our members are all too familiar with the toll cancer takes on patients when diagnosed at a late stage. Far too many patients have died because their cancer wasn't caught early enough. Late-stage cancer diagnosis is often avoidable, and if cancers are caught earlier and proper treatment is administered, outcomes are typically more successful. Research shows that early cancer detection not only saves lives but also improves outcomes, enhances patients' quality of life, and lowers treatment costs.

Yet until recently, patients and health care professionals have had to rely on early detection tools for just five types of cancer out of over a hundred known to us. Some of the deadliest cancers, such as liver, ovarian, and pancreatic, have no recommended routine screening options.

New screening technologies such as multi-cancer early detection (MCED) tests, which can spot cancer signals from dozens of types of cancer in a person's bloodstream, have the potential to transform our approach to cancer care. And because these tests require only a single draw of blood, they can be administered in a wide variety of health care settings.

But the vast potential of this technology is useless if it is not accessible to those who need it most. H.R. 2407 allows the Medicare program to enable timely coverage of MCED tests following their approval by the FDA. Without this policy change, it could be years before beneficiaries are able to access these screenings.

Adapting to and embracing new innovations in health care have enabled tremendous steps forward in the battle against cancer. In order for that progress to continue, public health programs must be able to embrace technologies such as MCEDs without unnecessary delay. H.R. 2407 does just that, ensuring Medicare can keep pace with the latest advancements in medical science.

We are not alone in this view. More than <u>500 organizations</u> from across the country have weighed in to support this bill because they share our commitment to making advanced cancer screenings broadly available to those in need.

Regards, Christian J. Downs

Christian G. Downs, MHA, JD

Executive Director