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White House Announces Increased Funding for Cancer Research

by Jamie Young

On January 29, Vice President Al Gore announced at a White House briefing two initiatives to step up the battle against cancer. ACCC was among the many organizations invited to witness the announcement. Both initiatives will be submitted to Congress as part of the President's budget proposal.

Vice President Gore detailed a 65 percent increase over the next five years to increase the cancer research budget to \$4.8 billion by 2003. He described the proposal as the "largest increase in history for NIH cancer research." Almost 90 percent of the funds will be directed to the National Cancer Institute, but the initiative will also involve new and enhanced activities in at least twelve other Institutes of the NIH, such as the Human Genome Project. The Agency for Health Care Policy Research and the Centers for Disease Control and Prevention would each be recipients of \$25 million.

Cancer patient advocate Susan Lowell-Butler of the Ovarian Cancer National Alliance also participated in the press conference and shared her personal battle since 1995 against both breast and ovarian cancer. Lowell-Butler credits her current health status to the power of research and the NCI clinical trial that saved her life. Donna Shalala, Secretary of Health and Human Services, said that this 21st Century Research Fund makes this the "golden age of research."

The second initiative is a proposed three-year \$750 million

demonstration project to fund the patient care costs associated with cancer clinical trials for Medicare beneficiaries. According to the Vice President, the proposal is based on NIH-sponsored clinical trials but will allow for determination of the eligibility of an alternative set of trials by the Secretary of Health and Human Services within the same funding constraints, with the advice of the Institute of Medicine's National Cancer Policy Board. The demonstration would be administered by the Health Care Financing Administration but would be funded by \$750 million in receipts from new taxes on tobacco or money from any settlement Congress would approve between states and the tobacco companies. The proposal also includes a review and evaluation of the demonstration, no later than two and a half years after enactment, by the HHS Secretary, in consultation with the National Cancer Policy Board, to consider whether to extend and/or expand the demonstration.

The clinical trials coverage proposal is similar to the pending federal legislation in the Senate, sponsored by Senators Connie Mack (R-Fla.) and Jay Rockefeller (D-W.V.) and in the House by Representative Nancy Johnson (R-Conn.). Senator Mack said at the briefing that Congress would keep the bill moving forward, pushing to see if it can get more coverage for clinical trials. Senator Rockefeller said that the five to six million Medicare recipients with cancer have a right to clinical trials access. It is estimated that less than three percent of cancer patients participate in clinical trials. Furthermore, Americans older than age 65 make up half of all cancer patients, and are

10 times more likely to get cancer than younger Americans.

While hopes were high among the hundreds of supporters who witnessed the briefing, these two important initiatives must still be considered and passed by Congress before any patients will see these changes take effect. In addition, the cancer clinical trials proposal is tied to funds expected from the pending tobacco settlement. That money may not be available before the end of this year if the current negotiations surrounding the settlement continue to drag on.

STATE ACTION

Several state legislatures are currently considering off-label drug legislation. Thus far in 1998 Minnesota, Nebraska, Pennsylvania, Maine, and Vermont are reviewing bills based on ACCC's model legislation. On February 2, I testified before Maine's Joint Committee on Banking and Insurance in Augusta. In his testimony, Senate President Mark Lawrence, the bill's sponsor, told the committee that the bill is needed to protect cancer patients. ACCC member Ronald Carroll, M.D., testified on behalf of oncologists to the need for the bill. The following day I testified in Minnesota for the House and Senate committees hearing the off-label bills that have been introduced by Representative Alice Hausman and Senator Dallas Sams. Both bills were passed unanimously by the committees. The outlook for both Maine and Minnesota remains very good. After seven additional states passed legislation in 1997, there are now twenty-seven states with such legislation in place to assure access to appropriate off-label therapies. ■

Jamie Young is ACCC director for state societies and government relations.