

June 6th, 2024

The Honorable Jodey Arrington
U.S. House of Representatives
1107 Longworth House Office Building
Washington, DC 20515

The Honorable Terri Sewell
U.S. House of Representatives
1035 Longworth House Office Building
Washington, DC 20515

Dear Chairman Arrington and Representative Sewell:

On behalf of the undersigned leading national advocacy organizations who want to eliminate pain and suffering from cancer we applaud you for sponsoring and prioritizing the passage of the Nancy Gardner Sewell Medicare Multi-Cancer Early Detection Screening Coverage Act (HR 2407), which will provide the Medicare program the authority to cover multi-cancer early detection (MCED) tests. In order for this legislation to become a reality for millions of Medicare enrollees, we urge you to advance this legislation through the respective Committee processes so that it can swiftly move to the House floor for passage.

This legislation has the potential to make a meaningful difference in the lives of Medicare enrollees and their families. The risk of developing cancer increases with age¹ as does the probability of developing an invasive form of cancer. In 2024, more than 2 million Americans are expected to be diagnosed with cancer and over 1 million of those cases are expected to be diagnosed in individuals over the age of 65.²

Racial disparities in cancer are striking and persistent. In fact, the death rate for Black people with prostate, stomach, and uterine cancers is double that for White people. Similarly, American Indian and Alaska Native (AIAN) people have 2 times higher death rates for liver, stomach, or kidney cancer than White people.³ Additionally, people facing cancer and survivors who live in rural communities are more likely to have limited incomes and to die from cancer than their urban counterparts.⁴

Identifying and treating cancer at an early stage – before it has an opportunity to grow and spread – can improve clinical outcomes and reduce overall health care costs. Diagnosing and treating cancer early can also reduce overall health care expenditures.^{5,6}

Understanding the crucial role of early detection, H.R. 2407 provides the Medicare program with the authority to cover MCED tests, innovative tests that have the potential to detect many types of cancers at earlier stages. Coverage of MCED tests will add another option for early detection of cancer. Moreover, the legislation maintains Medicare’s existing coverage of breast, cervical, prostate, colorectal, and lung cancer screening tests.

¹ American Cancer Society. Cancer Fact & Figures 2024. Atlanta: American Cancer Society; 2024.

² Cancer Facts & Figures 2024.

³ American Cancer Society. Cancer Fact & Figures 2024. Atlanta: American Cancer Society; 2024

⁴ <https://www.fightcancer.org/policy-resources/costs-cancer-rural-communities-0>

⁵ McGarvey, N., Gitlin, M., Fadli, E. *et al.* Increased healthcare costs by later stage cancer diagnosis. *BMC Health Serv Res* 22, 1155 (2022). <https://doi.org/10.1186/s12913-022-08457-6>.

⁶ Reddy SR, Broder MS, Chang E, Paydar C, Chung KC, Kansal AR. Cost of cancer management by stage at diagnosis among Medicare beneficiaries. *Curr Med Res Opin.* 2022 Aug;38(8):1285-1294. doi: 10.1080/03007995.2022.2047536. Epub 2022 Apr 20. PMID: 35285354.

Absent Congressional action, access to FDA-approved MCED tests could be delayed for several years or more. During this time, racial/ethnic and rural cancer disparities⁷ may widen as those who are able to pay out of pocket will benefit from earlier detection by tests that have crossed key evidentiary milestones, while others will fall further behind.

There is significant support to move this bill through the legislative process. Policy updates have been made that will help facilitate gradual coverage implementation commensurate with reasonable implementation curves and targeted populations among patient, physician, and nurse practitioner cohorts.

- **Effective Date:** The technical changes make clear that coverage of MCED tests will begin in 2028, which we believe is a realistic goal given the evidence needed to ensure FDA approval and for CMS to undergo its coverage determination process.
- **Phased-In approach:** The revised language would phase-in coverage of MCED tests beginning with individuals 65-69 in 2028 and expanding annually by one year. There is Congressional precedent for phasing in eligibility of new benefits or services.⁸
- **Payment rate:** The final change includes cross walking the payment rate for MCED tests to analogous tests in alignment with methodologies under the Protecting Access to Medicare Act (PAMA).

Members of Congress across the political spectrum support H.R. 2407. Currently, the legislation has 270+ bipartisan cosponsors in the House of Representatives, including more than 80% of members of the Ways and Means Committee and over 70% of members of the Energy and Commerce Committee. In addition to congressional support, more than 520 organizations from across the country, in every state, have signed on to one or more formal letters of support.

We call on Congress to swiftly pass this legislation to ensure that Medicare enrollees have access to MCED tests once the tests have been approved by the FDA and clinical benefit has been shown. Thank you for your leadership and we stand ready to work with you to pass this important legislation. If you have any questions, please reach out to James Williams at james.williams@cancer.org.

Sincerely,

American Cancer Society Cancer Action Network
Prevent Cancer Foundation
Alliance for Aging Research

⁷ While across the board individuals over the age of 65 are more likely to be diagnosed with cancer relative to younger cohorts, when broken out by race and ethnicity, non-Hispanic Whites, non-Hispanic Black people, and American Indian/Alaska Native people are more likely to be diagnosed with cancer before the age of 65 than Hispanic and Asian Pacific Islander persons. SEER*Explorer: An interactive website for SEER cancer statistics [Internet]. Surveillance Research Program, National Cancer Institute; 2023 Apr 19. [updated: 2023 Jun 8; cited 2023 Jul 13]. Available from: <https://seer.cancer.gov/statistics-network/explorer/>. Data source(s): SEER Incidence Data, November 2022 Submission (1975-2020), [SEER 22 registries](#)

⁸ For example, Congress has previously advanced policies that incrementally phased-in new benefits, including slowly phasing out cost-sharing for Medicare beneficiaries who have a polyp removed during a colonoscopy as part of a routine colorectal cancer screening. [See Consolidated Appropriations Act, 2021. Pub. L 116-260.](#)

Alliance for Patient Access
Alliance for Women's Health and Prevention
American Association for Cancer Research
American Association of Nurse Practitioners
American Liver Foundation
Association of American Cancer Institutes
Association of Cancer Care Centers
Bladder Cancer Advocacy Network (BCAN)
Brem Foundation to Defeat Breast Cancer
California Life Sciences
Cancer Support Community
Caregiver Action Network
Cheeky Charity
Children's Cancer Cause
Colon Cancer Coalition | Get Your Rear in Gear
Color of Gastrointestinal Illnesses (COGI)
Colorectal Cancer Alliance
Community Liver Alliance
Fight Colorectal Cancer
Friends of Cancer Research
GI Cancers Alliance
Global Liver Institute
GO2 for Lung Cancer
HealthyWomen
HIV+Hepatitis Policy Institute
International Association of Fire Fighters
KidneyCAN
Man Up to Cancer
Men's Health Network
Metropolitan Fire Chiefs Association
National Alliance of State Prostate Cancer Coalitions
National Association of Nutrition and Aging Services Programs
National Cancer Registrars Association
National Coalition for Cancer Survivorship
National Consumers League
National Grange
National Minority Quality Forum
One Cancer Place
Ovarian Cancer Research Alliance
Paltown Development Foundation (Colontown.org)
Pancreatic Cancer Action Network (PanCAN)
Partnership to Fight Chronic Disease
Pennsylvania Prostate Cancer Coalition (PPCC)
Prostate Cancer Foundation
RetireSafe
Susan G. Komen
Triage Cancer
Washington Colon Cancer Stars
ZERO Prostate Cancer