CANCER SUPPORT COMMUNITY
COMMUNITY IS STRONGER THAN CANCER

August 11, 2021

The Honorable Patty Murray
Chair
United States Senate
Committee on Health, Education,
Labor and Pensions
428 Dirksen Senate Office Building
Washington, DC 20510

The Honorable Richard Burr
Ranking Member
United States Senate
Committee on Health, Education,
Labor and Pensions
648 Hart Senate Office Building
Washington, DC 20510

Dear Chair Murray and Ranking Member Burr,

The Cancer Support Community (CSC), an international nonprofit organization that provides support, education, and hope to cancer patients, survivors, and their loved ones, appreciates the opportunity to provide input on legislation to better prepare the nation for future public health emergencies (PHE) in wake of the COVID-19 pandemic. As the largest provider of social and emotional support services for people impacted by cancer, CSC has a unique understanding of the cancer patient experience. In addition to our direct services, our Research and Training Institute and Cancer Policy Institute are industry leaders in advancing the evidence base and promoting patient-centered public policies.

The increased number of cancer patients and survivors in the United States –1.9 million new cancer diagnoses estimated in 2021 and more than 16.9 million Americans with a history of cancer – emphasizes the importance of our recommendations outlined below (ACS, 2021). We respectfully urge the Committee to build on the provisions made in response to the COVID-19 PHE and include the following priorities that will help promote the health, safety, and economic wellbeing of people impacted by cancer in future public emergencies.

Paid Family and Medical Leave

Paid family and medical leave is critical for people with a serious illness or health condition, such as cancer or COVID-19, and for those caring for a loved one. Not all patients or caregivers currently have access to paid family and medical leave, and without it they face significant financial burden when they must take a leave of absence from their job for treatment, recovery, or to care for a loved one. The inability to take paid time off from work exacerbates already existing health disparities. Less than 60% of workers are eligible (Abt Associates, 2020) for job-protected, unpaid leave under the Family and Medical Leave Act (FMLA), and a new study has found that FMLA's various requirements puts women, multiracial, Black, Latino and Latina, and Indigenous workers at a high risk for exclusion (Heymann et al., 2021).

CSC recognizes the worthy goals of the Expanded Paid Sick Leave Act (EPSLA) and the Emergency Family and Medical Leave Expansion Act (EFMLEA) created last year under the Families First Coronavirus Response Act, but more steps must be taken to ensure that all people receive paid medical and family leave. These temporary policies do not capture many individuals impacted by cancer who struggle with their health and/or the health of their household. Neither the EPSLA nor EFMLEA include populations at high risk of severe illness from COVID-19 that the Centers for Disease Control and Prevention (CDC) advised to continue to shelter in-place to protect their health during the pandemic. In addition, the EPSLA did not include coverage and protection for individuals and family members living in the same household with a person at high risk, despite being the most likely source of transmission to their loved one (NCCN, 2021). The lack of coverage for individuals living with someone at risk of a

severe outcome from COVID-19 continues to force people to make a devastating choice: place their health or their loved one's health at risk by going back to work or lose their job and potentially their health insurance. It is essential that in the event of another PHE, people with serious illnesses and health conditions, and caregivers are not placed in the untenable position of having to choose between health and economic survival.

As policy proposals for future PHEs are being developed, we respectfully ask the Committee to build on the FMLA, EPSLA, and EFMLEA, and create a robust and sustainably funded national paid leave program to ensure that individuals with serious illness or health conditions, and their caregivers, receive job protection and financial support through paid family and medical leave.

Continuity of Care

The COVID-19 pandemic has significantly strained our nation's health care system and continues to have an enormous impact on the continuity of care for people impacted by cancer. Continuity of care is critical to ensuring patients' health and well-being. Any delays or disruptions to care threatens outcomes for patients. We have learned many lessons from the PHE that demand the implementation of policies and practices to prevent future gaps in care that jeopardize the health of individuals, communities, and the public.

Cancer Treatment and Screenings
At the onset of the pandemic, cancer screenings plummeted, with screening for cancers of the breast, colon, and cervix down between 86% and 94% in March of 2020 alone (Mast & Munoz, 2020). While one study showed that by July 2020 the number of tests was recovering, approaching pre–COVID-19 levels (McBain et al., 2021), there is broad concern that these delayed or missed screenings will result in some cancer cases being diagnosed at a later stage increasing the likelihood of a poorer prognosis. The National Cancer Institute (NCI) predicts that over the next decade we will see almost 10,000 excess deaths from breast and colorectal cancer alone because of pandemic-related delays in cancer screening and treatment (Sharpless, 2020). It is critical to develop and implement a comprehensive plan now that reinforces the importance of timely and appropriate cancer screenings, supports the development of effective cancer screening methods that are less susceptible to PHE interruptions (e.g. appropriate use of fecal immunochemical test (FIT) to screen for colorectal cancer) and establishes policies and practices (including better coordination of care) to minimize the delay in cancer screenings and diagnoses in future PHEs.

The COVID-19 pandemic has reflected the troubling state of the nation's underfunded public health system that people rely on to deliver high quality, comprehensive, and timely care. In CSC's comprehensive study regarding the impact of COVID-19 on cancer patients, 56% of respondents indicated that COVID-19 has very or somewhat negatively affected their ability to obtain needed health care and 42% of respondents have experienced a disruption to their cancer-related health care because of COVID-19.

Further, since 2008 at least 38,000 state and local public health jobs have disappeared (Weber et al., 2020), leaving the health care system even more vulnerable to disruptions to care. We must invest in strengthening the public health infrastructure and workforce now to address these gaps and shortages to ensure continuity in care and treatment in the unfortunate event of another PHE, state declared natural disaster, or other unforeseen event.

For the reasons outlined above, we encourage the Committee to include a significant, long-term investment in public health infrastructure in states, local governments, tribal governments, as well as federally at the CDC. Additionally, we urge the Committee to invest more in training for a diverse and

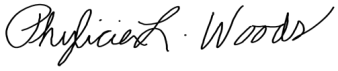
culturally competent health care and public health workforce. This continued investment is critical to support the health system to better prepare and respond not only to the current pandemic, but also to strengthen it before the next PHE.

Telehealth and Tele-mental Health Services
The COVID-19 pandemic has highlighted the importance of access to telehealth and tele-mental health services for patients, especially those living with cancer. In response to the pandemic, federal and state agencies provided new, and in some cases time-limited, flexibilities for telehealth and tele-mental health services to enable patients to see providers from the safety of their homes and ensure continuity of care when in-person visits are not a safe option. CSC's COVID-19 survey found that 76% of respondents reported engaging in telehealth visits during the pandemic in 2020. Further, despite the relaxing of COVID-related restrictions and the returning option for in-person health care, recent data from these same respondents indicates that 53% have still engaged in telehealth within the last 3 months.

We strongly urge the Committee to permanently extend current flexibilities in telehealth and tele-mental health services to ensure cancer patients can continue to access these important services now and in future PHEs, including audio only telehealth which has been invaluable to individuals without broadband access, those without a device with visual capability, and those unfamiliar with technology. We also ask the Committee to ensure that telehealth policies continue to offer no cost tele-mental health without predetermined limitations throughout the PHE and beyond.

We applaud the Committee for taking the steps to plan for the next PHE now to protect the health and wellbeing of those individuals most at risk. Thank you again for the opportunity to provide input on legislation. Should you have any questions, please contact Phylicia L. Woods, Executive Director of the Cancer Policy Institute at the Cancer Support Community at pwoods@cancersupportcommunity.org.

Sincerely,



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Cancer Support Community Headquarters

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