



February 4, 2022

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 comments on the discussion draft of the Senate Health, Education, Labor, and Pensions (HELP) Committee's *Prepare for and Respond to Existing Viruses, Emerging New Threats, and Pandemics Act (PREVENT Pandemics Act)*. 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 2022 and nearly 17 million Americans with a history of cancer – emphasizes the importance of our comments outlined below (ACS, 2022). We applaud the Committee for recognizing and addressing the need to plan for the next public health emergency (PHE) now to protect the health and wellbeing of those individuals most at risk. We respectfully urge the Committee to build on the provisions made in response to the COVID-19 PHE and consider the following comments and recommendations that will help to promote the health, safety, and economic wellbeing of people impacted by cancer in future public emergencies.

### **Revitalize the Public and Community Health Workforce**

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. 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 commend the Committee for recognizing the importance of strengthening the public health 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.

We encourage the Committee to also include in the bill the bipartisan *Palliative Care and Hospice Education and Training (PCHETA) Act* (S. 2080 in the 116<sup>th</sup> Congress). The ongoing pandemic has spotlighted the vital role of palliative care, which includes relieving distressing symptoms associated with COVID-19 such as pain and shortness of breath, and the critical need for a strong healthcare workforce trained to provide these palliative care services. However, even pre-pandemic studies identified challenges in the growth and sustainability of professionals with palliative care training (Kamal et al., 2019). PCHETA would help in the development of physician and nurse leaders in the palliative care field,

which would help address the current palliative care workforce shortage and help to strengthen it before the next PHE.

### **Additional Provisions for Consideration**

#### *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. Expanded coverage of telehealth and tele-mental health services during the COVID-19 PHE has enabled cancer patients to see providers from the safety of their homes and ensure continuity of care when in-person care was either not available or presented heightened risk for people vulnerable to a poor outcome from exposure to the virus. With many of these flexibilities tied to the duration of the PHE, which needs to be renewed on a 90-day basis, 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.

We applaud that the Committee, in Section 112 of the discussion draft, have identified the need to ensure continued access to mental health during PHEs to help people with trauma, depression, substance use disorders, and more. Access to tele-mental health services is critical for people facing serious illnesses and medical conditions such as cancer and COVID-19. We ask the Committee to examine the ways to ensure that policies continue to offer no cost tele-mental health without predetermined limitations throughout the PHE and beyond.

Section 502 of the bill outlines the need to modernize clinical trials through digital health technologies, increased engagement, and innovative designs. Cancer clinical trials provide patients the opportunity to participate in ground-breaking research that may bring about treatments that improve quality of life, extend survival, and even prove lifesaving. However, many barriers to trial participation exist such as transportation and housing costs, taking time off work, and childcare. We strongly agree that decentralized clinical trials could improve trial participant engagement and appreciate the Committee examining the ways to leverage telehealth capabilities to advance these trials.

#### *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 recent 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).

In our [letter to the Committee](#) this past summer, we recognized the worthy goals of the Expanded Paid Sick Leave Act (EPSLA) and the Emergency Family and Medical Leave Expansion Act (EFMLEA) created in 2020 under the Families First Coronavirus Response Act, but more steps must be taken to ensure that all people receive paid medical and family leave. 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.

### *AntiMicrobial Resistance*

The COVID-19 pandemic highlighted the public health threat posed by antibiotic resistance. A recent stakeholder [letter](#) that discussed current legislation that would address the crisis of antimicrobial resistance (AMR), *Pioneering Antimicrobial Subscriptions to End Up surging Resistance (PASTEUR) Act*, revealed startling statistics that drug-resistant infections sicken at least 2.8 million people and kill at least 35,000 people in the United States each year, and accounts for \$20 billion in direct health care costs. Antibiotic overuse by many people infected with COVID-19 may have contributed to new and as of yet unidentified resistance threats which we are ill prepared to address. The development of new antimicrobials is essential to combat the dangers AMR poses to our public health infrastructure. We ask that the Committee considers including policies like the PASTEUR Act into any pandemic response legislation, as it could help to better prepare our nation for future pandemic and biosecurity threats, and create an effective arsenal of antimicrobials.

Thank you again for the opportunity to provide comments on the discussion draft. 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](mailto:pwoods@cancersupportcommunity.org).

Sincerely,



Phylicia L. Woods, JD, MSW  
Executive Director – Cancer Policy Institute  
Cancer Support Community Headquarters

### **References**

- Abt Associates prepared for the U.S. Department of Labor. (2020). *Employee and Worksite Perspectives of the Family and Medical Leave Act: Results from the 2018 Surveys*. Retrieved from [https://www.dol.gov/sites/dolgov/files/OASP/evaluation/pdf/WHF\\_FMLA2018SurveyResults\\_FinalReport\\_Aug2020.pdf](https://www.dol.gov/sites/dolgov/files/OASP/evaluation/pdf/WHF_FMLA2018SurveyResults_FinalReport_Aug2020.pdf).
- American Cancer Society. (2022). *Cancer Facts & Figures 2022*. Retrieved from <https://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/annual-cancer-facts-and-figures/2022/2022-cancer-facts-and-figures.pdf>.
- Heymann, J., *et al.* (2021) US Sick Leave In Global Context: US Eligibility Rules Widen Inequalities Despite Readily Available Solutions. *Health Affairs*. doi.org/10.1377/hlthaff.2021.00731.
- Kamal, A.H., Wolf, S. P, Troy, J., Leff, V., Dahlin, C., Rotella, J.D., Handzo, G., Rodgers, P.E., & Myers, E.R. (201). Policy Changes Key To Promoting Sustainability And Growth Of The Specialty Palliative Care Workforce. *Health Affairs*. <https://doi.org/10.1377/hlthaff.2019.00018>.
- Weber, L., Ungar, L., Smith, M.R., Recht, H., & Barry-Jester, A.M. (2020). Hollowed-Out Public Health System Faces More Cuts Amid Virus. *Kaiser Family Foundation*. Retrieved from <https://khn.org/news/us-public-health-system-underfunded-under-threat-faces-more-cuts-amid-covid-pandemic/>.