National Cancer Institute

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

NCI Legislative Update

Board of Scientific Advisors

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Legislative Activities

Appropriations Information

Congressional Hearings and Briefings

Legislation of Interest & Public Law

Outlook - Congressional Priorities

Appropriations Status – FY 2011

What Has Already Happened

- President's Budget announced Feb. 1
- NIH - $32.09 Billion; NCI – $5.26 Billion
- House NIH Budget hearing – April 28
- Senate NIH Budget hearing – May 5

What Needs to Happen

- Set and Allocate Discretionary Spending
- Draft Appropriations Bills
- Pass Bills

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Recent Hearings

- Cancer Research Progress and Challenges – March 23
  - House Energy & Commerce, Health Subcommittee
  - NCI witness – Dr. Anna Barker

- Smokeless Tobacco – April 14
  - House Energy & Commerce, Health Subcommittee
  - NCI Witness – Dr. Deborah Winn (DCCPS)

What Has Congress Asked About?

Briefing Topics

- ✓ Cancer Centers Program
- ✓ Cancers in Young Adults and Adolescents
- ✓ XMRV (Xenotropic MLV-related Virus)
- ✓ Early Cancer Detection
- ✓ Genetic Testing
- ✓ Sunscreen

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Patient Protection and Affordable Care Act, Public Law 111-148

Provisions Relevant to NIH

- Cures Acceleration Network (CAN)
  - Authorizes a CAN at NIH within the Office of the Director to provide funding to bridge the gap between laboratory discoveries and life-saving therapies
  - Funding has not yet been appropriated
- Comparative Effectiveness Research
  - Establishes a non-profit institute, the Patient-Centered Outcomes Research Institute, with a Board of Governors, to include the NIH Director
- Breast Cancer Research in Young Women
  - NIH is required to conduct research to develop and validate new screening tests and methods for prevention and early detection of breast cancer in young women
- Access to Cancer Clinical Trials
  - Prohibits health insurers from denying an individual access to an "approved" clinical trial ("approved" includes NIH-funded trials)
  - Requires that "routine patient costs" are covered by the plan

21st Century Cancer Access to Life-Saving Early Detection, Research and Treatment (ALERT) Act (S 717)

- Key provisions:
  - Advancement of the National Cancer Program
  - Biological Resource Coordination and Advancement of Technologies for Cancer Research
  - Comprehensive and Responsible Access to Research, Data, and Outcomes
  - Enhanced Focus and Reporting on Cancer Research
  - Other provisions address high mortality cancers, clinical trials, and survivorship, particularly for childhood cancers

- Status:
  - Senate HELP Committee
  - House Energy and Commerce, Health Subcommittee members have indicated interest in introducing a House companion bill

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111th Congress – What's Ahead?

- Limited number of legislative days
- Target adjournment Oct. 8
- What are they likely to work on?
  - Appropriations? Yes, but…
  - Other Health-related Bills? Maybe

Comments from Capitol Hill:

"I believe -- I think we know now that collaboration is key, and it's important that legislation and funding are geared towards facilitating collaboration."

"I found myself Dr. Barker getting goose bumps while you were giving your testimony. I think it's very stunning what you were telling us . . . I have a feeling we're just getting into this and I feel myself wanting very much to be educated . . . So we need to stay in touch with you. I'm suggesting this to my Chairman."

"Stunning, that's all I can say. We have to do this more, Mr. Chairman."

- Rep. Capps (D-CA); Vice-Chair, Energy and Commerce Subcommittee on Health

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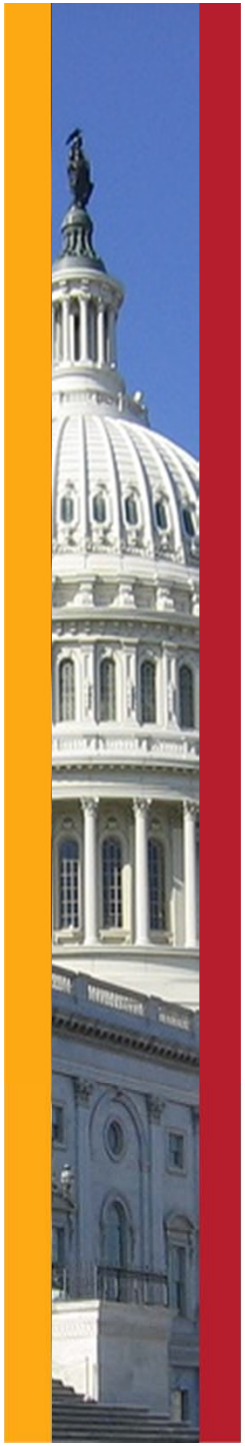

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Legislative Update

Cures Acceleration Network Featured at Senate Appropriations Subcommittee Hearing

Translating the promise of basic science discovery into tangible benefits for patients was the central theme of the May 5 hearing held by the Senate Appropriations Subcommittee on Labor, Health and Human Services, Education, and Related Agencies to discuss the President's fiscal year 2011 budget request for NIH. NIH Director Dr. Francis Collins, building on his previous testimony before the House Appropriations Subcommittee in April, described recent scientific advances and identified opportunities for progress. "If our nation can be bold enough to act upon these many unprecedented opportunities, we'll be amazed at what tomorrow will bring and how swiftly we can turn discovery into health," he said.

Dr. Collins and several subcommittee members highlighted a new program concept, the Cures Acceleration Network (CAN), authorized in the Patient Protection and Affordable Care Act (PL 111-148). Dr. Collins praised the new flexible research authorities afforded by the CAN to develop partnerships designed to take basic science discovery through development and production and into clinical practice. These partnerships "go beyond traditional grants, contracts, and cooperative agreements, to manage projects in very forward-thinking ways," he explained. Establishing the CAN program hinges on an actual appropriation of funds specifically designated for this purpose, as stipulated in the legislation, and the subcommittee engaged in a lively debate about how the program could be adequately funded in an environment of severely limited resources and competing priorities.

In response to the subcommittee's concerns about the lack of progress against pancreatic cancer, Dr. Collins described how the CAN could prove useful. Dr. Collins was confident that the work of The Cancer Genome Atlas will "give us a comprehensive ability both to do a better job of early diagnosis but most importantly to identify new therapeutic magic bullets." The CAN, he said, could assist in speeding development from target identification to therapeutic intervention.

The subcommittee was also concerned about the recent Institute of Medicine (IOM) report describing shortcomings in the cancer clinical trials program. Dr. Collins reassured the subcommittee that NCI, which requested the IOM analysis, is taking appropriate action to improve the entire clinical trials process.

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