



March 20, 2023

The Honorable Tammy Baldwin
Chair
Senate Appropriations Subcommittee on
Labor, Health and Human Services, Education,
and Related Agencies
Washington, DC 20510

The Honorable Robert Aderholt
Chair
House Appropriations Committee & Subcommittee on
Labor, Health and Human Services, Education,
and Related Agencies
Washington, DC 20510

The Honorable Shelley Moore Capito
Ranking Member
Senate Appropriations Subcommittee on
Labor, Health and Human Services, Education,
and Related Agencies
Washington, DC 20510

The Honorable Rosa DeLauro
Ranking Member
House Appropriations Subcommittee on
Labor, Health and Human Services, Education
and Related Agencies
Washington, DC 20510

Dear Chair Aderholt, Chair Baldwin, Ranking Member Capito, and Ranking Member DeLauro:

Thank you for your ongoing bipartisan, bicameral, and steadfast leadership in support of cancer research and prevention programs. As members of One Voice Against Cancer (OVAC), a broad coalition of over 50 public interest groups representing millions of cancer patients, researchers, providers, survivors, and their families, we urge you to prioritize funding for cancer research and prevention in the Fiscal Year 2024 Labor, Health and Human Services, and Education Appropriations bill.

OVAC Requests for the National Cancer Institute (NCI), the National Institutes of Health (NIH), and the Advanced Research Projects Agency for Health (ARPA-H)

NCI: \$9.988 billion, the amount recommended by NCI in its FY2024 professional judgment budget. The NCI is experiencing a demand for research funding that is far beyond that of any other Institute or Center (IC). Between FY2013 and FY2022, the number of unique R01/R37 grant applicants to NCI rose by 45%, compared to 20% at all other ICs. This demand for NCI funding reflects the extraordinary progress that is being made in many areas of cancer research, the lack of progress for some cancers, and the potential for new breakthroughs to accelerate progress. With increased funding, NCI can advance the Cancer Moonshot goal of reducing the death rate from cancer by 50% over the next 25 years by: funding hundreds of more research proposals; enrolling more people in clinical trials; and seizing opportunities for progress in key areas of research.

NIH: \$51 billion, a \$3.5 billion increase over the comparable FY2023 level, which would allow NIH's base budget to keep pace with the biomedical research and development price index (BRDPI) and allow for meaningful growth of 5%. Robust annual growth in support for NIH is central to making tangible progress against a wide range of diseases and conditions facing families in our nation. Its world class research is also an economic driver across the nation and is key to maintaining our competitiveness in the global economy.

ARPA-H: at least \$1.5 billion, or continued funding at the FY23 program level to advance ARPA-H's unique focus on "high potential, high impact" research. Funding for the agency should be in addition to and not at the expense of robust increases for the NCI and other core NIH research programs.

Requests for the Centers for Disease Control and Prevention

Division of Cancer Prevention and Control (DCPC): \$472.4 million. About half of the over 600,000 cancer deaths this year that will occur this year could be averted through the application of existing cancer control interventions. Unfortunately, in sharp contrast to funding for the NIH, federal funding for CDC cancer programs has fallen short for many years. Excluding funding for the WISEWOMAN heart disease program, which is housed within the DCPC, the FY10-FY23 increase is just \$25.4 million or 7%. That's more than \$100 million less than if DCPC funding had merely kept up with inflation.

The DCPC provides key resources to states and communities to prevent cancer by ensuring that people who are marginalized or have limited incomes at-risk, have access to vital cancer prevention programs. However, access to potentially lifesaving screenings is not always equitable, creating significant disparities in cancer outcomes.

The consequence of such disparities is that cancer is more often diagnosed at later stages when options for treatment may be limited and the odds for survival are lower.

Below please find OVAC's requests for key programs within the DCPC:

- National Comprehensive Cancer Control Program: ***\$32 million***
- National Program of Cancer Registries: ***\$63.4 million***
- National Breast and Cervical Cancer Early Detection Program: ***\$265 million overall, \$230 million*** not counting WISEWOMAN
- Colorectal Cancer Control Program: ***\$51 million***
- National Skin Cancer Prevention Education Program: ***\$6 million***
- Prostate Cancer Awareness Campaign: ***\$20 million***
- Ovarian Cancer Control Initiative: ***\$20 million***
- Gynecologic Cancer and Education and Awareness (Johanna's Law): ***\$15 million***
- Cancer Survivorship Resource Center: ***\$1.5 million***
- Breast Cancer for Young Woman: ***\$9 million***

If you have questions, please contact Tammy Boyd, VP of Federal Advocacy and Strategic Alliances of the American Cancer Society Cancer Action Network, at Tammy.Boyd@cancer.org Once again, thank you for your continued leadership on funding issues important in the fight against cancer.

Sincerely,