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The Honorable William Jefferson Clinton
President of the United States of America
1600 Pennsylvania Avenue, NW
Washington, DC 20500

August 13, 1998

Dear President Clinton:

On behalf of the American Cancer Society and its 2 million volunteers, we appreciate your leadership and vocal support for provisions in managed care reform legislation that will help cancer patients, such as assuring access to specialists and safeguarding continuity of care. As the largest voluntary health organization dedicated to improving cancer care, we urge you to assert that any piecemeal enactment of such legislation is a serious and significant barrier to the care of cancer patients that does not

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Send to Burkhardt?

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As Congress moves to fulfill its commitment to doubling the NIH budget over the next five years, which we support and appreciate, we need to ensure that we not only advance biomedical research but translational and clinical research -- taking what we learn at the laboratory bench and bringing it to the bedside to improve the health of individuals. NIH has noted that enrollment in clinical trials is decreasing and some of that is attributable to the changes in our health care delivery system and the subsequent growth of managed care. We believe that increasing national funding for NIH and biomedical research while failing to take the essential



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Dear President Clinton:

On behalf of the American Cancer Society and its 2 million volunteers, we appreciate your leadership and vocal support for provisions in managed care reform legislation that will help cancer patients, such as assuring access to specialists and safeguarding continuity of care. As the largest voluntary health organization dedicated to improving cancer care, we urge you to assert that any patient protection bill that any patient protection that comes across your desk for enactment must have a provision assuring access to clinical trials for managed care patients with serious and life-threatening illness, such as cancer. Any managed care reform bill that does not includes such a provision fails to address the unique needs of cancer patients.

As part of a broader patient protection legislative agenda, the American Cancer Society has been advocating a provision to ensure that patients under managed care have access to clinical trials by assuring that their routine patient costs are covered. By providing these patients access to potentially lifesaving therapies through clinical trials, we will help to improve patient outcomes and advance medical knowledge. As you may know, such a provision is included in both the Patients' Bill of Rights (S 1890) and the recently introduced bipartisan bill, "Promoting Responsible Managed Care Act." Both of these bills recognize that patients under managed care, for whom standard therapy has proven ineffective, need to have access to new therapies that may be potentially lifesaving. The American Cancer Society has prepared the attached document, "Top Ten Myths About Increasing Access to Clinical Trials Under Managed Care", to help you and your staff to better understand the key issues about this critical patient protection provision.

As Congress moves to fulfill its commitment to doubling the NIH budget over the next five years, which we support and appreciate, we need to ensure that we not only advance biomedical research but translational and clinical research -- taking what we learn at the laboratory bench and bringing it to the bedside to improve the health of individuals. NIH has noted that enrollment in clinical trials is decreasing and some of that is attributable to the changes in our health care delivery system and the subsequent growth of managed care. We believe that increasing national funding for NIH and biomedical research while failing to take the essential

steps to ensure adequate enrollment in the clinical trials necessary to study the benefits of various new therapies is not a wise investment.

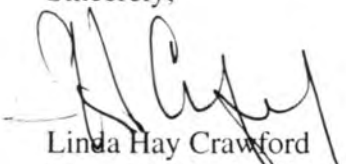
When someone is being treated for cancer routine patients costs are covered -- blood work, physician visits, anti-nausea medication, hospital stays, etc. Those costs are covered even if that treatment proves ineffective. What we want is to ensure that if such a patient has the opportunity to participate in a clinical trial testing a particular, possibly lifesaving, therapy that those same routine patient costs are covered. The cost of the therapy being tested and any other services associated with the clinical trial are covered, as always, by the study's sponsor.

As you know, in many cases, health plans deny coverage for these routine patient services because the therapy is "experimental." These patients often are therefore denied participation in the clinical trial. Many times when these patients appeal such decisions, ultimately the costs are covered. Yet, there is a window of opportunity to enroll in clinical trials and a window of opportunity to reap the potential benefits of the therapy being tested. Too many times the decision comes too late. Explicit assurance, as in the "Patients' Bill of Rights" and the "Promoting Responsible Managed Care Act," that these routine costs are covered up-front gives cancer patients peace of mind and relieves them of the burden of having to jump through bureaucratic hoops to get coverage for these services. Insured patients have a reasonable expectation that their policies will cover those costs, and it is critical that we have a national standard to ensure that expectation is fulfilled.

We appreciate your attention to this critical health and research matter. We are confident that what is learned from prevention and treatment clinical trials will benefit future patients, may reduce health care costs through the development of more effective therapies, and could help to the incidence of cancer. We look forward to working with you and your staff on elevating the importance of access to clinical trials as the debate on patient protection legislation moves forward.

Please feel free to contact me (202-661-5701) or Susan Polan, Director Federal Government Relations, (202-661-5715) should you have any questions or require additional information.

Sincerely,



Linda Hay Crawford
National Vice President State and Federal Government Relations

*Hope you are well.
It was good to see
Hillary at the breast
cancer stamp announcement
My Best -
Linda*

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STATE OF ARKANSAS

House of Representatives

July 17, 1998

Dear Mr. President:

Hot Springs needs your help. The National Park Service has tried for years to leave the bath houses but to no avail. Hot Springs and the State needs this project to work.

After many years waiting with the N.P.S. and Roger Hilderigg, the Park Superintendent, it has become clear to me what the problem is.

The Federal Government is wanting to leave something which is not ready to leave and for no parking.

To renovate these bath houses when they would be attractive to the private sector would cost \$17 million. The parking problem could be solved for \$2.5 million.

Over the years Bremser, Pryor and Anthony have helped a great deal but we must finish the project before your leave office.

This is your home town's pitch and we are hopeful Mr. President that you can see your way clear to help.

I wish you the best and keep our country strong.

Sincerely
[Signature]

8-18-98
To Burkhardt
for Reply
[Signature]

REPRESENTATIVE

Terry Smith

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Hot Springs, AR 71913-9740

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501-525-0249 Residence/Fax
501-321-3127 Business/Fax

DISTRICT 34

Counties:
Part of Garland County

COMMITTEES

Education

Agriculture and Economic
Development

Rules

SUBCOMMITTEES

Kindergarten through Twelve,
Vocational/Technical Institutions,
Chairman

Parks and Tourism