National Brain Tumor Society

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Federal Legislative Agenda 2014

Funding for Medical Research and Drug Review and Approval
As the largest funder of brain tumor research, the Federal government's investment in the National Institutes of Health (NIH), including the National Cancer Institute and National Institutes of Neurological Disorders and Stroke (NINDS), as well as its funding for the U.S. Food and Drug Administration (FDA), plays a vital role in the discovery, development and approval of potential new treatments. We ask Congress and the Administration, when preparing the FY 2015 federal budget, to prioritize funding for these agencies signaling a commitment to fighting brain tumors – one of the deadliest cancers. We urge Congress to appropriate $32 billion for NIH, including $5.26 billion for the NCI, as well as appropriate $2.784 billion for FDA, for Fiscal Year 2015.

We also urge Congress to continue to increase support for the Peer Review Cancer Research Program to $26 million, a vital program that makes grants for promising pediatric brain tumor research and is a part of the Department of Defense's Congressionally Directed Medical Research Programs.

Caroline Pryce Walker Conquer Childhood Cancer Reauthorization Act
Malignant brain tumors are the second most common form of childhood cancer, and are the leading cause of cancer-related death for children under 10 years old. The *Caroline Pryce Walker Conquer Childhood Cancer Reauthorization Act* (HR 2607/S. 1251) is a multi-pronged, comprehensive approach to fighting pediatric cancer through the increased use of childhood cancer biorepositories, which will create opportunities for peer-reviewed cancer research; authorization of grants for state cancer registries to identify and track incidences of child, adolescent, and young adult cancers; and the initiation of a study on the barriers to pediatric cancer research.

Oral Chemotherapy Parity
We ask for Congress' support for the Cancer Treatment Parity Act (S.1879) and the Cancer Drug Coverage Parity Act (HR 1801). This legislation would correct a common problem in private health insurance coverage by requiring that cancer patients prescribed patient-administered anti-cancer medication (i.e. oral/self-injectable chemotherapy) are charged out of pocket co-pay/co-insurance on a no less favorable basis than if they were going to receive hospital provided anti-cancer medication (IV chemotherapy). Brain tumor patients do not generally have a choice because the chemotherapy (temozolomide) most often prescribed is almost always administered in pill form. Moreover, many anti-cancer medicines being developed are going to be available only in a patient-administered form. Twenty-eight states have passed an oral chemotherapy parity law, but a federal law is needed to correct the problem under self-insured health plans.