



**Testimony of Hilary Schneider, Maine Government Relations Director  
American Cancer Society Cancer Action Network**

**In Support of LD 1 “An Act To Establish the COVID-19 Patient Bill of Rights”**

**February 16, 2021**

My name is Hilary Schneider and I am the Maine Director of Government Relations for the American Cancer Society Cancer Action Network (ACS CAN). ACS CAN empowers advocates across the country to make their voices heard and influence evidence-based public policy change as well as legislative and regulatory solutions that will reduce the cancer burden. As the American Cancer Society’s nonprofit, nonpartisan advocacy affiliate, ACS CAN is critical to the fight for a world without cancer.

On behalf of the American Cancer Society Cancer Action Network (ACS CAN), I would like to thank you for this opportunity to submit this testimony in support of the draft amendment presented by Senate President Jackson on LD 1.

Nearly every aspect of our lives has been impacted by COVID-19. The impact of a global pandemic like the one we are currently experiencing impacts the fight against cancer in numerous ways – not only in terms of all aspects of cancer treatment but also in terms of cancer prevention, early detection and survivorship. Cancer patients and survivors have found it challenging to get necessary health care as the COVID-19 pandemic persists. Many have and continue to experience financial stress and mental health issues as they try to navigate the difficult health and economic environment.

An October 2020 ACS CAN survey<sup>1</sup> found more than a quarter of cancer patients and survivors reported delays in their cancer care because of coronavirus. When looking at respondents in active treatment for their cancer, the number increased to nearly one in three. This included 21% of patients in active treatment who reported a delayed or cancelled check-up or follow-up appointment specific to their cancer care, and nearly 1 in 10 whose medical facility-administered treatment—like chemotherapy or radiation—was affected.

A driving factor behind the delays is anxiety among providers and patients alike about the risk of contracting the virus. While most delays in care were due to logistical reasons, like closed facilities (48%), when combined an even greater percentage of delays were due to patients who delayed or cancelled care due to their own (31%) or their providers’ (24%) concerns about patients contracting coronavirus. In total 64% of all respondents, and 74% of those in active treatment, said they were worried about their ability to stay safe if COVID-19 cases continue to increase.

An American Society of Clinical Oncology national survey found that more than two-thirds of Americans reported that their scheduled cancer screenings, such as mammograms and colonoscopies, have been delayed or skipped during the COVID-19 crisis.<sup>2</sup> A model developed by the National Cancer

Institute estimates that months of deferred screenings or delayed treatments due to COVID-19 could result in almost 10,000 excess deaths over the next ten years from breast and colorectal cancer alone.<sup>3</sup> According to the Director of the National Institutes of Health, Dr. Norman Sharpless, “ignoring life-threatening non–COVID-19 conditions such as cancer for too long may turn one public health crisis into many others.” We have heard of anecdotal reports where staff of community organizations who work on tobacco prevention efforts have been redeployed to work on efforts to carry out COVID-19 vaccination administration and we are aware of times during the pandemic where Maine CDC staff working in a variety of cancer control programs were redeployed temporarily to conduct COVID-19 contact tracing.

Making progress in the prevention and reduction of COVID-19 disease is critical to achieving our goals in the fight against cancer. As such, ACS CAN supports policy actions like those included in LD 1, which:

- Require all state-regulated health plans to cover COVID-19 testing and vaccination before the deductible is met, with no cost-sharing. This should include testing when deemed necessary by a medical professional, whether or not the patient is later diagnosed with COVID-19. Due to the lack of consistently available testing to date, this must also include coverage of out-of-network laboratory testing. Due to the need for widespread vaccination, as is clinically appropriate, coverage for vaccination must include coverage for out-of-network providers. (Part A of LD 1)
- Require that state-regulated health plans allow a 90-day fill of prescription medications or lift all restrictions on how often a patient can refill prescriptions. Such policies should apply during the COVID-19 crisis and, if possible, other public health emergencies. (applies to provisions contained in Part B of LD 1).
- Require coverage of telemedicine services when medically appropriate with in-network cost sharing to ensure patients can access treatment without being exposed to COVID-19 in an in-person setting. Due to broadband access challenges especially for lower-income individuals and families and those that live in rural areas of the state, we support efforts to ensure telehealth services are equitably available through easily usable technologies including via audio-only communications when medically appropriate and in the limited cases described in the bill. (Part C of the bill)

ACS CAN does not have a policy position on the types of clinicians that have authority to administer COVID-19 vaccines.

For the above reasons, we urge you to support Senate President Jackson’s amended version of LD 1. Thank you for your time, attention, and consideration of our comments. If you have any questions or need further information, please contact me via email at [hilary.schneider@cancer.org](mailto:hilary.schneider@cancer.org) or by phone at 207-373-3707.

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<sup>1</sup> American Cancer Society Cancer Action Network, “Understanding Access to Care During the COVID-19 Pandemic: September 2020 Survey Findings Summary,” October 9, 2020, <https://www.fightcancer.org/policy-resources/understanding-access-care-during-covid-19-pandemic-september-2020-survey-findings>

<sup>2</sup> American Society of Clinical Oncology, “National Survey Reveals Racial Differences in Perceptions of Inequities in Health Care and Concerning Delays in Cancer Screenings Amid COVID-19,” October 2020, <https://www.asco.org/practice-policy/policy-issues-statements/asco-in-action/2020-national-cancer-opinion-survey-new-findings?cid=DM6118&bid=59264789>, accessed on February 13, 2021

<sup>3</sup> Sharpless, Norman, “COVID-19 and Cancer,” *Science*, June 19, 2020, <https://science.sciencemag.org/content/368/6497/1290>.