

**Remarks to the Senate State, Veterans, and Military Affairs Committee  
R.J. Ours, Colorado Government Relations Director  
American Cancer Society Cancer Action Network  
Regarding House Bill 20-1232  
Thursday May 28, 2020**

Thank you Mr. Chairman and Members of the Committee. I am R.J. Ours, Colorado Government Relations Director for the American Cancer Society Cancer Action Network, ACS CAN, and here today to speak in support of House Bill 1232. On behalf of everyone at ACS CAN and our partners organizations, I want to thank Senators Todd and Priola for their sponsorship of this vital legislation.

ACS CAN believes that Medicaid should cover the routine-care costs for all Medicaid beneficiaries enrolled in cancer clinical trials. ACS CAN believes that anyone with cancer should have the option to participate in a clinical trial, no matter their type of insurance coverage, and that everyone benefits when trial participation reflects the broader population.

Clinical trials are the key step in advancing potential new cancer treatments from the research setting to the clinic, and patient participation in trials is crucial to this success. Most patients express a willingness to participate in clinical research, yet only a small fraction ultimately enrolls in cancer clinical trials because of barriers that make participation difficult or even impossible. Among those barriers is often health insurance that excludes coverage for patients in clinical trials. Currently the Medicaid program is one of the few remaining insurance programs in the U.S. that is not required to cover routine care for patients in cancer clinical trials.

At the federal level, ACS CAN has endorsed the bipartisan CLINICAL TREATMENT Act (H.R. 913) which would guarantee coverage of routine care for Medicaid beneficiaries enrolled in clinical trials to treat cancer or

other life-threatening conditions. In the absence of federal legislation, ACS CAN encourages states that do not yet cover routine care within cancer clinical trials for their Medicaid enrollees to provide this coverage. And for states like Colorado, better clarification of current systems in place would greatly enhance the ability of patients to apply and enroll in trials, as well.

Participants in cancer clinical trials often do not reflect the broader population diagnosed with cancer. The elderly, minorities, and those with lower incomes tend to be underrepresented in clinical trials. In fact, individuals with household incomes below \$50,000 are nearly 30% less likely to enroll in a clinical trial. Because Medicaid beneficiaries tend to be lower income and more diverse, ensuring their participation in clinical trials makes it more likely that new therapies will be tested in a representative population.

11,338 trials

Let's better enable Colorado researchers to find the clinical trial candidates they need to develop the next generation of treatments and cures, thereby providing cancer patients and those with other health maladies with the hope they need to survive and recover. Please vote yes on House Bill 1232.

Thank you, Mr. Chairman.

## Guarantee Coverage of Clinical Trials Participation for Medicaid Patients

The American Society of Clinical Oncology (ASCO) believes guaranteed access to clinical trials is an important part of high-quality cancer care and should be available to each cancer patient, regardless of his or her financial circumstances.

ASCO calls on policymakers to ensure high-quality cancer care for Medicaid enrollees by guaranteeing them coverage of routine patient care costs associated with clinical trials. Routine care includes items and services that a payer would cover for a patient not enrolled in a clinical trial, such as office visits, radiology exams, and laboratory tests.

Laws or agreements in close to forty states and DC require private insurers to cover the routine costs of clinical trials participation. Medicare has provided this coverage for beneficiaries' participation in trials since a 2000 Medicare National Coverage Determination. The Affordable Care Act requires insurers to cover routine patient care costs for trials participation. Medicaid was not specifically included in the requirement- perhaps as a matter of oversight, rather than intentional exclusion. Only 10 states and DC cover trials participation for Medicaid beneficiaries.

The state Medicaid programs that have written statutes, regulations, and/or policies that do require coverage are: Alaska, California, District of Columbia, Indiana, Iowa, Maryland, Montana, North Carolina, Texas, Vermont and West Virginia. Others may have unwritten policies.

Inclusion of all types of patients in cancer trials is important to help us understand disparities in cancer outcomes. For example, African Americans are more than 2.5 times more likely to develop cancer. Even worse, male African Americans are 27% more likely to die and female African Americans are 11% more likely to die than Caucasians. Asians are more likely to develop and die from liver cancer than Caucasians. Enrollment in trials is low for all patient groups, and particularly so for many racial and ethnic minority patients who are over-represented in the Medicaid program. Guaranteeing Medicaid coverage when patients choose to participate in trials will help encourage participation of underrepresented groups and help us to understand and address these unacceptable disparities in cancer.

Coverage of the routine patient care costs associated with clinical trials is vital for cancer patients. For patients without acceptable treatment choices, enrollment in a clinical trial may offer hope for a response to a new anticancer therapy. Because cancer trials include the standard of care therapies, participation in a clinical trial can be an excellent treatment option.

Oncologists want their patients to consider enrolling in clinical trials, not only because of potential treatment benefits for the individual patient, but also because it is through these trials that general progress against cancer is achieved. Assuring coverage will help us make advancements against cancer.

ASCO strongly encourages policymakers to guarantee Medicaid enrollees coverage of routine patient care costs associated with clinical trials participation.

Senator Mike Foote, Chair, State, Veterans and Military Affairs Committee  
Senator Rhonda Fields, Vice Chair

Re: HB20-1232, Equity In Access To Clinical Trials In Medicaid

Dear Senate State, Veterans and Military Affairs Committee members,

My name is Bob Falkenberg. I am writing to ask for your support of HB20-1232 which requires Medicaid to cover the routine expenses associated with clinical trials.

I am a Fort Collins resident. I am also a volunteer advocate and fundraiser for Be The Match. Be The Match manages the National Marrow Donor Program. Be The Match has millions of donors on the donor registry and has facilitated more than 100,000 bone marrow transplants.

11 years ago, at age 53, I was diagnosed with a very aggressive form of leukemia. After 6 months of in-patient chemo I received a bone marrow stem cell transplant from an unrelated donor. **It worked!** I'm cured and my recovery has been remarkable. I have been doing bicycle trips, fundraising, and spreading hope for the last 9 years. Last year I rode cross country 4,000 miles with another bone marrow transplant survivor, Annie Lipsitz, raising money, raising awareness of the need for more donors, and raising hope for those undergoing treatment.

**So why am I sharing this with you?**

**I would not be here today if it weren't for clinical trials and the brave patients who volunteered to participate in them to advance the science of bone marrow transplantation.**

In 1979, when I was 23, Fort Collins resident, 10 year old Laura Graves had leukemia that had relapsed after chemotherapy, she did not have long to live. She received the first ever bone marrow transplant from an unrelated donor at Fred Hutchinson Cancer Research Center in Seattle. It was an experiment, a clinical trial. **It worked.** Her Dad, Bob Graves, went on to start the marrow donor registry. One of Laura's doctors, Dr. Donall Thomas was awarded the Nobel Prize in Medicine for his work in advancing bone marrow transplantation.

At first, bone marrow transplants were limited to patients under age 50 because the pretreatment for the transplant, involving very high dose chemotherapy and whole body radiation, was deemed to be too dangerous for older patients. In the early 2000's, when I was in my 40's, clinical trials were conducted to understand if bone marrow transplants could work for patients over 50 and what type of pretreatment would be best for these older patients. **It worked!**

A few short years later in 2009 I had a bone marrow transplant at age 53. **It worked.**

There are numerous clinical trials underway right now to further advance the science and increase survival rates.

**So why is this legislation so important?**

**It can save lives.**

Patients in clinical trials are facing life threatening or debilitating diseases and have generally exhausted standard treatments. A clinical trial may be the only hope available to them for a life saving treatment.

The problem is that here in Colorado, Medicaid does not currently cover the significant routine costs, like hospitalization, associated with participating in clinical trials.

It is fundamentally unfair that Medicaid patients, some of them children, don't have the opportunity to participate in clinical trials because they can't afford the routine costs associated with them.

**There is also value to society.**

Patients that participate in clinical trials are often in search of a treatment that will cure their disease or improve their quality of life. **But that's not the only reason.**

Patients are also participating in clinical trials to further the science, to help others, and maybe...just maybe...to help find a cure for future patients.

My friend, Jim Canary, had exhausted all the known options for his B-cell lymphoma. He agreed to try an experimental chemotherapy. He knew it probably wouldn't work but he knew that his participation in the trial might help someone else in the future. Jim passed away a couple weeks ago. There were no more treatment options.

For the sake of Colorado Medicaid patients, for their families, and for everyone else in the general population who benefits from their participation in clinical trials...

**Please pass HB 20-1232 to make sure ALL patients have access to these potentially life saving clinical trials!**

Sincerely,

Bob Falkenberg  
Ft. Collins Resident



May 28, 2020

Senate State, Veterans, & Military Affairs Committee  
200 E Colfax Avenue  
Denver, Colorado 80203  
Via Email: RE: House Bill 20-1236

Honorable Members of the Senate State, Veterans, & Military Affairs Committee:

Colorado Hospital Association (CHA) submits written testimony in support of House Bill (HB) 20-1232, Equity in Access to Clinical Trials in Medicaid. CHA represents more than 100 hospitals and health systems in the state of Colorado and has a long history of supporting efforts to increase health care coverage and access.

This bill codifies Colorado Medicaid's existing practice of covering the routine costs associated with participation in a clinical trial, and therefore ensuring equitable access to clinical trials for Coloradoans on Medicaid. The need to ensure equitable access to potentially life-saving health care services is particularly important during this global pandemic, with many Coloradans losing employer-sponsored health insurance coverage and many estimated to qualify for Medicaid coverage in the next six months. Clinical trials often provide patients with the best – and sometimes only – treatment option for a patient's condition. Ensuring Medicaid access to clinical trials not only contributes to robust trial participation, which improves the quality of medical research, but also makes sure Medicaid patients are not excluded from potentially life-saving treatment.

The Association thanks the bill sponsors for this important work to increase coverage and advance health outcomes. CHA urges Senate Appropriations Committee members to support HB 20-1232 and thanks committee members for consideration of this bill.

Sincerely,

A handwritten signature in black ink, appearing to read 'Lila Cummings', is written over a thin horizontal line.

Lila Cummings  
Manager of Public Policy  
Colorado Hospital Association

# **Please Support HB 1232**

## **Equity In Access To Clinical Trials In Medicaid**

(Michaelson Jenet, Liston/Todd, Priola)

### **WHAT DOES HB 1232 DO?**

- Clinical trials often provide patients with the best – and in some cases, only – treatment option for life threatening and debilitating diseases, including cancer
- All patients should have fair access to clinical trials – but, without the guarantee of coverage for their routine costs of care, many Medicaid beneficiaries do not have access to cutting edge technological and scientific treatment options
- Routine costs of care are not the experimental costs associated with clinical trials, but rather standard costs like physician visits or laboratory tests that patients would incur when seeking any kind of medical treatment
- The experimental costs associated with researching the effectiveness of a new drug or device would still be covered by the trial's sponsor
- HB 1232 clarifies existing practice and explicitly allows Medicaid patients to have their routine costs of care covered while they are participating in a clinical trial; as a result, this bill would have little to no impact on the overall cost to the state's Medicaid program

### **WHY IS HB 1232 NEEDED NOW?**

- This is truly a health equity and access issue – in Colorado, both private insurers and Medicare are already expressly required to cover the routine costs of care associated with patients' participation in a clinical trial
- Inclusion of all types of patients in clinical trials is important to help trial sponsors develop the best treatments possible and understand disparities in outcomes
- However, enrollment in clinical trials is particularly low among racial and ethnic minority patients as well as rural patients who make up a large portion of Colorado's Medicaid beneficiaries
- Guaranteeing coverage when Medicaid patients choose to participate in trials will help encourage participation of these underrepresented groups and will help to establish equal access to care for all Coloradans
- This is not a Medicaid expansion bill – the other states that have previously passed this law are mix of politically left and right leaning, and consist of both Medicaid expansion and non-expansion states: Texas, Florida, West Virginia, North Carolina, Maryland, New Hampshire, California, Montana, Michigan, Indiana, New Mexico, Alaska, and most recently Hawaii

*See back page for stakeholder list*

**HB 1232 originates from the Colorado General Assembly's Cancer Caucus and was developed with input from HCPF – it is also supported by the following stakeholders:**

American Cancer Society Cancer  
Action Network  
Colorado Cancer Coalition  
American Society of Clinical  
Oncology  
Be the Match  
National MS Society

Alzheimer's Association of  
Colorado  
Children's Hospital Colorado  
Colorado Cancer Research  
Program  
Susan G. Komen Colorado

Western States Cancer Research  
NCORP  
Leukemia & Lymphoma Society  
University of Colorado Cancer  
Center  
Colorado Hospital Association

**Please Support HB 1232**





May 28, 2020

Senator Mike Foote, Chair, State, Veterans and Military Affairs Committee  
Senator Rhonda Fields, Vice Chair

Re: HB20-1232, Equity In Access To Clinical Trials In Medicaid

Dear Senate State, Veterans and Military Affairs Committee members,

I am Christi Cahill, the Executive Director for the Colorado Cancer Coalition. I am sorry I can't be here today, but I am grateful to provide this testimony on behalf of the Colorado Cancer Coalition. The Coalition fully supports this bill. For the sake of science and for the sake of health equity this bill must be passed.

The Colorado Cancer Plan, the statewide roadmap to reducing the burden of cancer in Colorado, has highlighted clinical trial access as a priority.

- Goal 7 is to increase participation in high quality clinical trials
  - Objective 7.2. is to reduce barriers to clinical trial participation

This bill would directly reduce barriers for Medicaid patients and ensure they are getting equitable care compared to their privately insured counterparts.

Clinical trials are sometimes the ONLY option a patient has for a cure. With 22 people dying a day from cancer in Colorado, we need more options!

By giving these patients coverage, we will improve science, decrease inequities in cancer care, and ultimately decrease the number of people dying from debilitating diseases.

This bill will ultimately help all of us, especially now with clinical trials for COVID-19 vaccines and treatment!

During this pandemic, other diseases are still occurring and could possibly be detected later due to delayed screening. 1 in 2 men in Colorado are likely to develop cancer in their lifetime. 2 in 5 women in Colorado are likely to develop cancer in their lifetime. Those are not great odds.

By improving the quality of cancer research and other debilitating diseases like COVID-19 and others, we can hopefully get to cures faster and prevent diseases in the future!

We proudly support this bill.

*Christi Cahill*

Christi Cahill  
Executive Director  
Colorado Cancer Coalition

cc. Senator Nancy Todd  
Senator Kevin Priola  
Senate State, Veterans, and Military Affairs Committee members

Trailhead Institute Attn: Colorado Cancer Coalition  
1385 S. Colorado Blvd., Building A, Suite 622, Denver, CO 80222  
[www.coloradocancercoalition.org](http://www.coloradocancercoalition.org)

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*The Colorado Cancer Coalition is a statewide collaborative working to eliminate the burden of cancer in Colorado. The Colorado Cancer Coalition is a sponsored project of the Trailhead Institute, a 501(c)(3) a nonprofit organization dedicated to advancing innovation and collaboration in public and environmental health.*

**Remarks to the Senate State, Veterans, and Military Affairs Committee  
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ACS CAN believes that Medicaid should cover the routine-care costs for all Medicaid beneficiaries enrolled in cancer clinical trials. ACS CAN believes that anyone with cancer should have the option to participate in a clinical trial, no matter their type of insurance coverage, and that everyone benefits when trial participation reflects the broader population.

Clinical trials are the key step in advancing potential new cancer treatments from the research setting to the clinic, and patient participation in trials is crucial to this success. Most patients express a willingness to participate in clinical research, yet only a small fraction ultimately enrolls in cancer clinical trials because of barriers that make participation difficult or even impossible. Among those barriers is often health insurance that excludes coverage for patients in clinical trials. Currently the Medicaid program is one of the few remaining insurance programs in the U.S. that is not required to cover routine care for patients in cancer clinical trials.

At the federal level, ACS CAN has endorsed the bipartisan CLINICAL TREATMENT Act (H.R. 913) which would guarantee coverage of routine care for Medicaid beneficiaries enrolled in clinical trials to treat cancer or

other life-threatening conditions. In the absence of federal legislation, ACS CAN encourages states that do not yet cover routine care within cancer clinical trials for their Medicaid enrollees to provide this coverage. And for states like Colorado, better clarification of current systems in place would greatly enhance the ability of patients to apply and enroll in trials, as well.

Participants in cancer clinical trials often do not reflect the broader population diagnosed with cancer. The elderly, minorities, and those with lower incomes tend to be underrepresented in clinical trials. In fact, individuals with household incomes below \$50,000 are nearly 30% less likely to enroll in a clinical trial. Because Medicaid beneficiaries tend to be lower income and more diverse, ensuring their participation in clinical trials makes it more likely that new therapies will be tested in a representative population.

11,338 trials

Let's better enable Colorado researchers to find the clinical trial candidates they need to develop the next generation of treatments and cures, thereby providing cancer patients and those with other health maladies with the hope they need to survive and recover. Please vote yes on House Bill 1232.

Thank you, Mr. Chairman.



May 28, 2020

Senate State, Veterans, & Military Affairs Committee  
200 E Colfax Avenue  
Denver, Colorado 80203  
Via Email: RE: House Bill 20-1236

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Colorado Hospital Association (CHA) submits written testimony in support of House Bill (HB) 20-1232, Equity in Access to Clinical Trials in Medicaid. CHA represents more than 100 hospitals and health systems in the state of Colorado and has a long history of supporting efforts to increase health care coverage and access.

This bill codifies Colorado Medicaid's existing practice of covering the routine costs associated with participation in a clinical trial, and therefore ensuring equitable access to clinical trials for Coloradoans on Medicaid. The need to ensure equitable access to potentially life-saving health care services is particularly important during this global pandemic, with many Coloradans losing employer-sponsored health insurance coverage and many estimated to qualify for Medicaid coverage in the next six months. Clinical trials often provide patients with the best – and sometimes only – treatment option for a patient's condition. Ensuring Medicaid access to clinical trials not only contributes to robust trial participation, which improves the quality of medical research, but also makes sure Medicaid patients are not excluded from potentially life-saving treatment.

The Association thanks the bill sponsors for this important work to increase coverage and advance health outcomes. CHA urges Senate Appropriations Committee members to support HB 20-1232 and thanks committee members for consideration of this bill.

Sincerely,

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Lila Cummings  
Manager of Public Policy  
Colorado Hospital Association

Testimony of Emily Roberts, Vice President, Colorado BioScience Association  
House Bill 1232, Equity in Access to Clinical Trials in Medicaid

Senate State, Veterans & Military Affairs Committee  
May 28, 2020

Thank you, Chairman Foote and Members of the Committee. I am reading this on behalf of Emily Roberts, Vice President at the Colorado BioScience Association.

The Colorado BioScience Association, or CBSA, represents over 720 life science organizations across the state driving innovations, products, and services that improve and save lives. Our members play a crucial role in the development of breakthrough technologies and therapies that are leading to improved patient outcomes and reduced health care costs.

CBSA strongly supports House Bill 1232 because it would expand access to clinical trials for Medicaid enrollees. Nearly 20 percent of Americans receive their health insurance coverage through Medicaid, but it is the only major payer that is not required by federal law to cover routine costs associated with clinical trials. Routine costs include things like a physician visit or a lab test, which are part of standard care and would be incurred regardless of the patient's participation in a trial.

Clinical trials often provide patients with life-threatening conditions the best - and sometimes only - treatment option for their condition. Without the guarantee of coverage, however, many Medicaid beneficiaries are not able to participate. This bill would begin to close that coverage gap, reducing health disparities and improving access to high-quality, high-value care for all Coloradans.

This feels particularly relevant as we work to address the impacts of a global health crisis. The only way to get back to normal is through an effective treatment or ideally, a vaccine. Which is why life sciences innovators are working aggressively to develop solutions to detect, prevent, and treat the new coronavirus. To date, there are over 500 compounds in development to treat or prevent COVID-19 and over 150 vaccines and treatments currently in (or initiating) clinical trials. Medicaid enrollees should have the same access to these clinical trials and potentially life-saving treatments, without additional barriers like high out-of-pocket costs.

I urge you to vote yes on House Bill 1232.



## Testimony of the Rocky Mountain Oncology Society and the Association for Clinical Oncology

For the Colorado ~~Senate~~House Health and Insurance Committee—State, Veterans & Military Affairs Committee

Hearing Regarding HB 1232:

Equity In Access To Clinical Trials In Medicaid

~~Ma~~May 28~~rch-3~~, 2020

Chair ~~Foote~~Lontine, Vice Chair ~~Fields~~Caraveo, and Members of the Committee, I am Alan M. Miller, MD, PhD, Chief Medical Director of Oncology, and Associate Chief Medical Director of Clinical Research. I am pleased to speak today on behalf of the Rocky Mountain Oncology Society and the Association for Clinical Oncology in strong support for HB 1232, which would guarantee coverage of the routine care costs for clinical trials for Medicaid enrollees with life threatening and debilitating conditions in Colorado.

Clinical trials often provide patients with cancer with the best—perhaps only—treatment option for their condition. Clinical trial participation benefits cancer patients in ways that go beyond the value of the research data generated within the trial, and clinical trials often provide individuals with cancer with their best clinical option.

In Colorado, over 20 percent of the state’s population is enrolled in Medicaid. Without the guarantee of coverage for the routine care costs of clinical trials, Medicaid enrollees in Colorado may not have the latest advancements as a treatment option.

Additionally, Medicaid serves a large portion of under-represented minorities and ethnicities that are not well represented in clinical trial enrollment. Failure to address the coverage barrier that Medicaid patients face could further exacerbate existing disparities.

Routine care costs include the non-experimental costs of treating a patient who is participating in a clinical trial, such as physician visits and laboratory studies. These costs are part of standard care and would be incurred regardless of whether a patient participates in a clinical trial. The cost of any investigative device or drug would continue to be covered by the trial sponsor.

Medicare has covered these services since 2000 through a National Coverage Decision. Private payers have been required to provide coverage under the provisions of the Public Health Service Act section 2709 – enacted as part of the Affordable Care Act, since 2014. Medicaid is the only major payer that is

not required by federal law to provide this coverage. Currently around 13 states have laws guaranteeing this coverage. Two other states are considering legislation this year.

We urge the committee pass HB 1232 today to help ensure access to clinical trials for Medicaid enrollees. On behalf of RMOS and ASCO, I offer myself as a resource to you on any issue involved in the care of patients with cancer. Thank you for your consideration.

*RMOS is a diverse community of oncology professionals whose mission is to promote the highest professional standards of oncology, research and exchange information and ideas leading to improvements in oncology.*

*ASCO is the national organization representing nearly 45,000 physicians and other health care professionals specializing in cancer treatment, diagnosis, and prevention.*

May 28, 2020

Mister Chair and Members of the Senate State, Veterans, and Military Affairs Committee,

My name is Rachael Minore, and I am the Manager of State Public Policy for the Colorado Chapter of the Alzheimer's Association. I am hereby submitting testimony in support of HB-1232.

Today, Alzheimer's is the only top 10 cause of death in the U.S. that has no method of prevention, treatment, or cure. Scientists continuously work to find enhanced ways to treat diseases, but improved treatments can never become a reality without testing in clinical trials with human volunteers. Recruiting and retaining trial participants is now the most significant obstacle, other than funding, to developing the next generation of Alzheimer's treatments. HB 1232 would help to lower barriers to taking part in approved clinical trials by allowing Medicaid to cover some of the routine costs associated with participation, thereby allowing more Coloradans to contribute to dementia research.

Alzheimer's is also the most expensive disease in America – with taxpayers bearing much of the costs of caring for these individuals. Medicaid pays for nursing home and other long-term care services for some people with meager income and low assets, and the high use of these services by people with dementia translates into high costs to Medicaid. This year, estimates show that Colorado's Medicaid program will spend \$635 million caring for Coloradans with dementia. Currently, there are no disease-modifying treatments for Alzheimer's. However, if research discovered one it could have a dramatic – and immediate – effect on Medicaid spending. A treatment that became available in 2025 and that delayed the onset of Alzheimer's disease by five years – consistent with the goal of the National Plan to Address Alzheimer's Disease – would reduce Medicare and Medicaid spending by \$121 billion over the first five years.

By improving access to participation in clinical research, this bill can help to accelerate progress and provide valuable insight into potential treatments and methods of prevention for Alzheimer's and other forms of dementia. Every clinical trial contributes useful knowledge, whether or not the treatment works as hoped. Increased participation in clinical studies gives us optimism for today and promise for the future.

Therefore, the Association supports HB 1232.

I thank you for your consideration and ask that you vote yes on HB 1232.

Remarks to the Senate State, Veterans, and Military Affairs Committee  
Lisa Switzer, CEO/ED Western States Cancer Research NCORP (WSCR-NCORP)  
Regarding House Bill 20-1232  
Thursday May 28, 2020

- Hello, I am the CEO/ED of WSCR-NCORP and I'm here this morning in support of HB 20-1232
- WSCR-NCORP is an NCI Community Oncology Program (formerly known as CCRP). We recently changed our name to more accurately reflect our catchment area which now includes, in addition to Colorado, Washington, Alaska, Utah and Wyoming.
  - We have been in business for 37 years bringing phase 2 & 3 clinical trials to patients in their own communities so they can be seen by their own docs and have the support of their local communities of care.
  - Our clinical trials are NCI sponsored and include treatment, prevention, symptom control and cancer care delivery research. Interestingly one of our studies is looking at financial toxicity related to colorectal cancer, because as we all know cancer can be expensive, thus the conversation today.
- While we have large hospital systems as members within our consortium, our main market is really becoming individual physicians and small group practices. We provide regulatory oversight and ensure data quality. We also provide to some sites clinical research coordinators who consent the patients, keep them on study and report the data for all patient activity.
- I have heard a lot of patient stories in my time with our organization, and I marvel at the courage many patients exhibit. Going on to and staying on a clinical trial isn't always easy and people do it for a variety of reasons, sometimes acknowledging that the research may not even help them, but they know it will benefit their children or someone else.
- Doctors who put patients on study also take on more work in so doing. But they do it because they are committed to research, especially our doctors because the NCI trials are not nearly as lucrative as a pharmaceutical trial.
- If we want the research to have integrity and be robust, and reflect our society writ large, we need to eliminate all barriers to access of clinical trials, and we need to make the process of putting patients on study as easy and inexpensively as possible for patients and the doctors.
- I urge you to pass HB1232 so that every cancer patient has equal opportunity to participate in clinical trials.
- Thank you for your time and for this opportunity.

Lisa  
Lisa A. Switzer, M.A.  
Chief Executive Officer/Executive Director  
Western States Cancer Research NCORP  
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