

# Commission on Cancer Member Organization Steering Committee

Erica Fischer-Carlidge, DNP, RN, AOCNS, EBP-C  
Chair

November 2025



CoC

Commission on Cancer  
American College of Surgeons

# Agenda

## **CoC Standard 4.2 Oncology Nursing Credentials Update**

Erica Fischer-Cartlidge

## **CoC Advocacy Committee Update**

James McLoughlin, MD, FACS, Chair, CoC Advocacy Committee

## **Leadership Q&A**

Daniel Boffa, MD, FACS, Vice Chair, CoC

# Updates to Standard 4.2

## Oncology Nursing Credentials

## Intent & Method

Ensure that nurses caring for oncology patients remain current and up to date in their knowledge and skills, to be able to provide high quality care

- Ongoing continuing education
  - Oncology education credits
  - Oncology certification
- Competency evaluation

Confirmation of current cancer-specific certification in the nurse's specialty through an accredited certification program

OR

Completion of **18** Nursing Continuing Professional Development (NCPD) contact hours each accreditation cycle

The required NCPD contact hours must be relevant to oncology nursing care

AND

Completion of oncology nursing competency assessment in the nurse's specialty, administered by the CoC-accredited facility each calendar year

# Meeting the Standard

- Policy and procedure must include:
  - A process for identifying oncology nurses required to hold cancer-specific certification or complete cancer-specific continuing education
  - A process for confirming nursing compliance with the policy and procedure
  - An action plan for nurses who do not satisfactorily hold certification or complete continuing education and for those who do not satisfactorily complete the competency assessment
  - A timeline for newly hired or newly onboarded oncology nurses to meet compliance with this policy and procedure, which is no later than one calendar year from the nurse's onboarding to an oncology care position

Review of the facility's oncology nursing policy and procedure and competency assessment program once each accreditation cycle

# **Advocacy, Cancer Care, Research, and Funding**

**Commission on Cancer Member Organization Meeting 2025**

**James McLoughlin, MD, FACS  
Chair of the Advocacy Committee, Commission on Cancer**

# Federal Funding Status for 2025/6

- On September 30<sup>th</sup>, Congress was unable to pass a funding package to avoid a government shutdown
- On November 12<sup>th</sup>, the U.S. House did pass a version of a Continuing Resolution (CR) which will fund the government until January 30<sup>th</sup>, 2026.
  - This CR will maintain the government funding at the FY 2025 levels that were previously enacted
  - HHS agencies including NIH/NCI, CDC are funded through 1/30/2026
  - Military construction/veterans, agriculture, legislative branch – funded for 1 year



# Proposed HHS Funding for 2026

Program	FY25	ACS Request	House Version	Senate Version
NIH	\$48.3b	\$51.3b	\$46.9b	\$47.2b
NCI	\$7.22b	\$7.93b	\$7.27b	\$7.37b
ARPA-H	\$1.5b	\$1.5b	\$945m	\$1.5 b
CDC Cancer Prevention		\$492.9m	\$417.5 m	\$410.05m

# Cancer Prevention and Control

The House Committee provides \$417,548,000 for CDC Cancer Prevention and Control

- **\$7,499,000** increase from 2024

Maintains funding for Cancer Programs including:

- WISEWOMAN
- Cancer Registries
- Comprehensive Cancer Control
- Cancer Survivorship Resource Center
- Johanna's Law
- Colorectal Cancer
- Breast Cancer Awareness for young women
- Ovarian Cancer
- Prostate Cancer

# Breast and Cervical Cancer Screening

- The House Committee Provides \$240,999,000 for Breast and Cervical Cancer Screening
  - \$7,499,000 increase from 2024
- Includes \$154,817,000 in new budget authority
- Includes \$86,182,000 in funding transferred from Prevention and Public Health Fund (part of ACA)
- Specifically encourages the identification of new and innovative outreach and education strategies to increase screening rates

# Colon Cancer

## **New Introduction - The Colorectal Cancer Fairness Act**

The “Removing Barriers to Colorectal Cancer Screening Act” was signed into law during the Biden administration which amended Medicare rules to gradually phase out cost sharing for colorectal cancer screening tests and any diagnostic or therapeutic procedures (if a polyp is found and removed during a screening colonoscopy).

The no cost sharing provision would be phased in fully by 2030.

This bill would speed up that process for enactment by the end of 2026

# Pediatric Cancer Funding

**HHS Increases Pediatric Cancer Research - <https://www.hhs.gov/press-room/hhs-doubles-ai-backed-childhood-cancer-research-funding.html>**

- Recent EO - U.S. Department of Health and Human Services today announced a doubling of funding for its Childhood Cancer Data Initiative at the National Cancer Institute. The funding surge is designed to accelerate the development of improved diagnostics, treatments, and prevention strategies.
- President Trump in 2019 established the Childhood Cancer Data Initiative to collect, generate, and analyze childhood cancer data.
- Its budget will rise from \$50 million to \$100 million, giving the federal government stronger data for this effort. The initiative will also bring in private-sector partners to apply advanced artificial intelligence to speed up cures for pediatric cancer.

# Favored Nation Status

**Most Favored Nation Part II - <https://www.mmm-online.com/news/trump-admin-strikes-most-favored-nation-deal-pfizer-trump-rx/>**

- The Trump administration announced an agreement with Pfizer and unveiled a major drug pricing plan Tuesday, in which the pharma giant will sell its drugs at lower prices based on Most Favored Nation (MFN) pricing.
- Pfizer said its drugs will now be available at a reduced cost — similar to prices in other wealthy countries — through Medicaid.
- The Trump administration is also launching a new platform called TrumpRx, through which Pfizer will sell its medications at a discount of up to 85%.

# Other Impactful Health Care Policy Issues – 2025/26

- Affordable Care Act – enhanced premium tax credit subsidies will expire on 12/31/2025
- Medicare – An annual limit on out-of-pocket prescriptions will be implemented
- Telehealth coverage on certain plans will expire
- Rural Health Transformation Program (RHTP), a \$50 billion program aimed at strengthening rural healthcare

## Govt shutdown effects on healthcare

● Triggered event  
● Will occur absent active intervention by Congress

	Oct	Nov	Dec	Jan	Feb	Impact
ACA Marketplace		● Open enrollment begins		● End enhanced APTCs <sup>1</sup> (predicted to 2x premiums)		<ul style="list-style-type: none"> <li>• Reduced patient coverage</li> <li>• Increased uncompensated care</li> </ul>
CMS	● 47% of staff furloughed (as of 10/22)			<ul style="list-style-type: none"> <li>● 2025 CR<sup>2</sup> ends, potentially pausing Medicaid funding</li> <li>● PAY GO<sup>3</sup> sequestration takes effect</li> </ul>		<ul style="list-style-type: none"> <li>• Delay rule and policy development, community outreach and education</li> <li>• Suspend facility survey/certification activities, beneficiary casework, contractor oversight</li> <li>• 4% reduction to Medicare benefit payments in addition to 2% reduction from BCA</li> <li>• Reduction in CMS funding, slowing work</li> </ul>
FDA	● 23% of staff furloughed (as of 10/22)					<ul style="list-style-type: none"> <li>• Suspend long-term food safety initiatives</li> <li>• Delayed R&amp;D, policy development</li> <li>• Food safety reduced to emergency responses</li> </ul>
Other	<ul style="list-style-type: none"> <li>● 41% of HHS staff furloughed (as of 10/22)</li> <li>● Pre-COVID Medicare telehealth rules resume</li> <li>● HHS staff fired, some firings rescinded</li> <li>● Insufficient SNAP funding</li> </ul>					<ul style="list-style-type: none"> <li>• Decrease in department work progress</li> <li>• Suspend NIH/CDC scientists' basic research</li> <li>• Many Medicare telehealth services now require in-person encounter (MA unclear)</li> <li>• Suspend SNAP benefits unless states fill in</li> </ul>

1. Advance Premium Tax Credit.  
2. Full-Year Continuing Appropriations and Extensions Act, 2025.  
3. Statutory Pay-As-You-Go.

# Advocacy for Cancer Research Funding



## Cancer Research and Prevention Funding Requests

131 actions taken

69 needed to reach next goal

### Background:

The American College of Surgeons (ACS) has been strong advocates in the fight against cancer and securing additional cancer research and prevention funding. Past congressional support for federally funded cancer research has been the foundation for progress made in the battle against this disease. The ACS strongly supports the goal of maintaining and enhancing funding of these programs in order to build upon the momentum gained throughout the last few years.

Specifically, the ACS supports building upon medical breakthroughs and treatment therapies that provide relief to millions of cancer patients. ACS supports the following funding requests for the CDC, NIH, NCI, and ARPA-H.

For FY 2026, the ACS urge Congress to support the following funding recommendations:





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All questions and comments regarding public policy issues, legislation, or requests for personal assistance should be directed to the senators from your state. Please be aware that as a matter of professional courtesy, many senators will acknowledge, but not respond to, a message from another senator's constituent.

### Options for Contacting Senators

- *Web contact forms are available on most senators' websites*
- *Postal Addresses*
  - Addresses for each senator can be found on the senator's website or state's web page
  - The following standard address can be also be used:  
The Honorable (Name)  
United States Senate  
Washington, DC 20510

# Congressional Accountability

Elected officials are primarily motivated by two things:

- **Constituents:** The people who vote for and communicate with them

SurgeonsVoice

- **Supporters:** Individuals and organizations who invest in their campaigns

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# Questions