Legislative Priorities/Talking Points
NBCC Lobby Day 2021

FIRST ISSUE:

Support level funding ($150 million) for FY2022 for the Department of Defense (DOD) Peer-Reviewed Breast Cancer Research Program (BCRP).

Background: The DOD BCRP was created in 1992 due to the National Breast Cancer Coalition's "$300 Million More" campaign to increase federal funding for breast cancer research. Due to NBCC's efforts and the Congressional leadership of Senators Tom Harkin (D-IA) and Alfonse D'Amato (R-NY) in FY1993, Congress appropriated $210 million in the DOD research and development budget for a breast cancer peer-reviewed research program administered by the Department of the Army. As a result of NBCC's grassroots advocacy and the DOD BCRP's demonstrated success, Congress has appropriated funding for it each year since. Since its inception, the DOD BCRP has sought to "eradicate breast cancer by funding innovative, high-impact research through a partnership of scientists and consumers." It has grown from a small research program to a far-reaching, influential model that others throughout the cancer and broader medical research community have sought to replicate. funding for it each year since. Since its inception, the DOD BCRP has sought to "eradicate breast cancer by funding innovative, high-impact research through a partnership of scientists and consumers." It has grown from a small research program to a far-reaching, influential model that others throughout the cancer and broader medical research community have sought to replicate.

The Congressional Directed Medical Research Programs (CDMRP) continues its commitment to "find and fund the best research to eradicate diseases and support the warfighter for the benefit of the American public." It is doing so by focusing specifically on breast cancer in military women and men who often face conditions and exposures very different from those experienced by the general population. It also by focuses research broadly on how to prevent breast cancer, how to diagnose it and make a real difference, and how to end it once and for all. In the words of Lieutenant General Eric B. Schoomaker, Surgeon General of the United States Army and Commander, US Army Medical Command "…we try and make these programs as appropriate as possible for the military population, but we admit that a lot of the breakthroughs have overflow…"This "overflow" refers to both applications for other conditions and diseases affecting men and women in the military, as well as to breast cancer in the general population -- byproducts which benefit both the Department of Defense and the American public.

The DOD BCRP was funded with bipartisan support for FY2021 at $150 million dollars, which was the amount that NBCC requested. The appropriations process for FY2022 has begun.

Here are your asks:

In the House, a Dear Colleague letter to the Chair of the House Defense Appropriations Subcommittee led by the late Representatives Sherrill (D-NJ), Garbarino (R-NY), McGovern (D-MA) and Buchanan (F-FL) was sent on April 28, 2021**.** 185 bipartisan members signed the letter.

If your Member signed on to the letter, thank them and remind them that we need their continued support as the Appropriations process moves forward.

If your Member did not sign onto the letter, ask them why not? Is there additional information we could provide that would change your position?

In the Senate, a Dear Colleague letter to the Chair of the Senate Defense Appropriations Subcommittee let by Senator Gillibrand was circulated on Friday, March 12. **Ask your Senator to sign onto this letter in support.** If a Senator agrees to sign, have them contact Jasmin Palomares in Sen. Gillibrand's office at Jasmin_Palomares@gillibrand.senate.gov

Look at the recent DOD BCRP program booklet (http://cdmrp.army.mil/bcrp/). Familiarize yourself with important aspects of the program and be ready to share examples in your state with your Members of Congress. Understand that for both Members who signed the letter this year and for Members that didn't, we need to generally re-educate people on Capitol Hill about the importance of this program.

Response to earmark excuse:

This does not meet the definition of an earmark because it's a peer reviewed program; even members who strongly oppose earmarks sign this letter each year,

Response to "I sign my own letter" or "I weigh in with the Committee behind the scenes":

Broad bipartisan support illustrated on one letter to the Committee is an important tool in publicly showing support for the program (since there is no bill to cosponsor); it's the ask that NBCC members in their Districts and States will hold them accountable for.

Response to "I'm on the Appropriations Committee and can't sign a letter to myself":

Unless you're the Chair or the Ranking Member of the Defense Appropriations Subcommittee, this is simply not true. We have examples to refute this.

SECOND ISSUE:

Support passage of the Metastatic Breast Cancer Access to Care Act. (S. 1312/H.R. 3183)

Metastatic breast cancer is cancer that has spread from the breast to the bones, lungs or other distant parts of the body. 90% of breast cancer deaths are as a result of metastatic disease. There is no cure.

The Metastatic Breast Cancer Access to Care Act would waive all waiting periods for Medicare and Social Security Disability Insurance (SSDI) eligibility for individuals under 65 and diagnosed with metastatic breast cancer who already qualify for SSDI and Medicare. Based on the limited life expectancy of individuals with metastatic disease, an average of 3 years, there is no time to wait for these benefits.

There are federal precedents for this proposal. In 2001, Congress passed legislation to add Amyotrophic Lateral Sclerosis (ALS) as a qualifying condition for automatic Medicare coverage, thus waiving the 24-month waiting period. More recently, legislation was passed which would build on that precedent to allow patients with ALS who quality for SSDI to immediately be eligible for SSDI (thus waiving the five-month waiting period) making them automatically eligible for Medicare as well. NBCC believes that both automatic SSDI and Medicare coverage should also apply to metastatic breast cancer patients who qualify.

Waiting periods were put into place to address conditions that could reverse or improve, resulting in the individual no longer deemed to have a disability. In the case of metastatic breast cancer, there is no reversal and no cure.

***This legislation is the same bill that was introduced in the 116th Congress, so first check to see whether your Member of Congress was a cosponsor in the last Congress so you can remind them.**

Here are your asks:

In the House, Representatives Castor (D-FL) and Katko (R-NY) introduced HR 3183, **A bill to amend title II of the Social Security Act to eliminate the waiting periods for disability insurance benefits and Medicare coverage for individuals with metastatic breast cancer** (aka the Metastatic Breast Cancer Access to Care Act). **Ask your Member to sign on as cosponsor of this bill (which is the same as the Metastatic Breast Cancer Access to Care Act in the 116th Congress).** To sign on, please contact Elizabeth Brown in Rep. Castor's office at Elizabeth.Brown@mail.house.gov.

In the Senate, Senators Chris Murphy (D-CT) and Joni Ernst (R-IA) introduced **S. 1312, A bill to amend title II of the Social Security Act to eliminate the waiting periods for disability insurance benefits and Medicare coverage for individuals with metastatic breast cancer.** To sign on, please contact Elizabeth Darnall in Senator Murphy's office at Elizabeth_Darnell@Murphy.Senate.gov.

Notes:

If issue of cost is raised:

While this bill has not yet been scored, the cost would simply be a small rounding error in the billions of dollars Congress has recently allocated to protect and improve healthcare for millions of Americans. Surely Congress can find the money to ensure that individuals with metastatic breast cancer can immediately access the healthcare benefits for which they have already qualified. There is a great deal of political momentum and grassroots support behind the MBCACA. There is no reason not to act now on this issue.

If the issue of "if we do it for individuals with breast cancer we'll have to do it for everyone" is raised:

The notion that we can't help anyone until we help everyone is not an effective, timely or compassionate approach. For individuals with metastatic breast cancer, time is of the essence. They simply do not have time to wait for benefits that they already qualify for, and that they so desperately need. Particularly in this time of crisis, there should be no barriers that stand in the way of individuals getting access to the care they deserve.

If the issue of "what about other options under the ACA or other programs" is raised:

There are limited insurance options for individuals with metastatic breast cancer and even if short term options are available in their state, the premiums are often prohibitive for individuals too sick to work and no longer receiving an income. Many short-term insurance plans are wholly inadequate in the face of a serious medical condition. The bottom line is that there is already a program in place for which these individuals qualify; making them wait an arbitrary 5 months and 24 months when many of them will not live to see their benefits is cruel and unnecessary.

Don't forget to fill out a meeting summary form here.