

## **INTERNAL: 2024 NBCC Lobby Day Talking Points**

Discuss this issue FIRST:

### **\$150 million level funding for the Department of Defense (DOD) Peer-Reviewed Breast Cancer Research Program (BCRP) for Fiscal Year 2025.**

#### **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.
- The mission of the DOD BCRP is to end breast cancer for Service Members, Veterans, and the general public by funding innovative, high-impact research through a partnership between scientists and consumers.
- Service Members have a 20%-40% higher incidence of breast cancer than the general public. The incidence rate of breast cancer for active-duty women is seven times higher than the average incident rate of 15 other cancer types among all Service Members.
- The BCRP challenges the scientific community to design research to address the urgency of ending breast cancer. Specifically, the BCRP seeks to accelerate high-impact research with clinical relevance, encourage innovation, stimulate creativity, and facilitate productive collaborations.
- The Program is transparent and accountable to the public. Educated, trained consumer advocates participate in a two-tiered process where research proposals are reviewed first for scientific quality and then for programmatic relevance. Consumer involvement allows funders to base grant funding decisions on the patient and medical communities' real-life experiences, concerns, and needs.

- This is a competitive program. Scientists respond to published requests for proposals; those responses are reviewed for scientific merit and programmatic relevance. Decisions are based on science-based unbiased reviews based on previously announced criteria.
- A recent GAO report ([https://cdmrp.army.mil/pubs/press/2022/CDMRP\\_gao.aspx](https://cdmrp.army.mil/pubs/press/2022/CDMRP_gao.aspx)) found that the Program obligated nearly 100 percent of its CDMRP appropriations, prioritizes and assesses biomedical research investments through effective Program and project management, and coordinates with the NIH and VA for research program planning and project selection and leverages shared data to identify potential overlap.
- As you may know, the DOD BCRP was funded for FY2024 at \$150 million. The appropriations process for FY2025 is underway.
- This year, the leaders of the **House** Dear Colleague letter supporting the DOD BCRP appropriation for FY2025. are Garbarino (R-NY), Sherrill (D-NJ), Buchanan (R-FL), and McGovern (D-MA). The letter is now closed.
- The **Senate** letter leads are Sens. Gillibrand and Vance. They are collecting signatures using the Quill platform. The deadline for the sign-on is May 8.

## **HOUSE**

### **(1) For House Members who signed the letter in support of funding for the DOD Peer Reviewed BCRP for FY2025:**

Thank you for signing the letter supporting funding for the DOD BCRP. Will you please continue to encourage your colleagues to support this important program as it moves through the appropriations process? Are there specific colleagues you can talk to about this? Suggestions for strategy for us to expand support?

Will you let us know if you hear of any issues that may arise with this request? i.e. threats to the program, report language etc.

Is there anyone we should be talking with to ensure the passage of this request?

**(2) For House Members who did not sign the letter:**

Is there a reason your office did not sign on? Can we count on your support throughout the rest of the appropriations process? Will you sign the letter next year?

**SENATE**

**(1) For Senators who signed the letter in support of funding for the DOD peer reviewed BCRP for FY2025:**

Thank you for signing the letter supporting funding for the DOD peer reviewed BCRP. Please encourage your colleagues to support the funding request as it moves through the appropriations process.

Will you let us know if you hear of any threats to the program or requests for report language?

Who else should we be talking with to ensure the passage of this funding request?

Do you have any suggestions for strategies we can use to increase support for the program?

**(2) For Senators who have not signed the letter:**

The appropriations process is ongoing; please sign the Dear Colleague letter supporting the DOD BCRP funding request and urge your colleague to do the same as it moves through the process. I will send you the Quill link for sign-on. The deadline for sign-on is May 8.

Discuss this issue second:

**Enact the Metastatic Breast Cancer Access to Care Act (S. 663 (Murphy (D-Ct)/Ernst (R-IA)/HR 549 (Garbarino (R-NY)/Castor (D-FL))**

**Background:**

- 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 a result of metastatic disease. There is no cure.
- Under current law, eligible individuals with metastatic breast cancer are subject to a five-month waiting period for Social Security Disability Insurance (SSDI) and a twenty-four-month waiting period for Medicare coverage.
- **The Metastatic Breast Cancer Access to Care Act** would waive all waiting periods for Medicare and SSDI for individuals under 65 and diagnosed with metastatic breast cancer who already qualify for the benefits. 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.
- Congress decided years ago that metastatic breast cancer is an eligible condition for social security disability benefits and Medicare. The only issue is how long eligible individuals should have 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 has been introduced that would build on that precedent to allow patients with ALS who qualify for SSDI to immediately be eligible for SSDI (thus waiving the five-month waiting period), making them automatically eligible for Medicare. 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.

- There are limited insurance options for individuals with metastatic breast cancer. 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 for which these individuals qualify; making them wait an arbitrary five months and 24 months when many of them will not live to see their benefits is cruel and unnecessary.
- These individuals have paid for these benefits through employment taxes. Waiting periods mean that they may die before they can gain access to benefits they have paid for.
- 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 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.

## **HOUSE/ SENATE**

### **(1) For Members who have cosponsored the Metastatic Breast Cancer Access to Care Act:**

Thank you for cosponsoring this legislation. Is there something you can do to help us get additional Members of Congress to sign on? Some examples include getting others from your state delegation or specific colleagues to cosponsor, getting others on your Committee to cosponsor, and/or getting support from Members of a Congressional Caucus to which you belong. What can we do to help you do that?

What do you think is the best way for us to pass this legislation in this Congress? Are there any vehicles moving this year that we should consider? How can you help us get the bill passed?

**(2) For Members who have not cosponsored the Metastatic Breast Cancer Access to Care Act:**

Will you cosponsor S. 663/HR 549, the Metastatic Breast Cancer Access to Care Act? If not, why not? Is there additional information we could provide you to get your support?

If Time Remains, Discuss this issue third:

**Support Guaranteed Access to Quality Care for All**

Now more than ever, individuals must have access to affordable healthcare for all their medical needs. Making sure that all individuals have access to healthcare is good public health policy. NBCC stands ready to work with you on this significant healthcare priority.

Ensuring access to quality, evidence-based health care has been a top priority of NBCC for many years. Prior to the passage of the Affordable Care Act (ACA), the NBCC grassroots Board of Directors approved a "Framework for a Health Care System Guaranteeing Access to Quality Health Care for All" which built on NBCC's Principles for Quality Care. In 2010, NBCC endorsed and advocated for the passage and implementation of the ACA which marked important steps forward in access to quality health care for individuals with, and at risk, for breast cancer. The Coalition will oppose and will work to defeat any and all efforts to weaken access to quality care for all.

**Ask**

**Do you support preserving the protections provided by the Affordable Care Act?**

If no, is there a different strategy you support to ensure that individuals have access to the quality health care they need?

NBCC advocates would like to be a resource to Members of Congress as you debate and discuss strategies to improve access to healthcare. Would you be willing to include advocates from the National Breast Cancer Coalition in the efforts above?