NATIONAL BREAST CANCER COALITION

CONGRESS MUST PASS THE **METASTATIC BREAST CANCER ACCESS TO CARE ACT** (H.R. 2048/S. 3442)

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Would eliminate the 5-month Social Security Disability Insurance (SSDI) waiting period and the subsequent 24-month Medicare waiting period for people with metastatic breast cancer (MBC) who otherwise qualify under current Social Security rules.

Would not expand an entitlement program or increase the number of individuals eligible for SSDI. It simply eliminates the waiting periods for people with MBC who already meet Social Security's eligibility requirements, including insured status and work-history requirements.

MBC is on the Social Security Administration's Compassionate Allowances list, which identifies conditions that "invariably qualify" medically under SSA's listing and expedites decisions. **Expedited medical processing, however, does not eliminate the statutory waiting periods** under current law.

KEY DATA

While no public, authoritative estimate quantifies exactly how many people with MBC qualify for SSDI and Medicare under current law, population benchmarks exist.

In 2026, an estimated **20,600 women under age 65 are projected to develop MBC**[1] in the US. We do not know how many of them would qualify for SSDI.

Men would also benefit from this legislation. Male breast cancer is rare—an estimated **2,670 men will be diagnosed with breast cancer in the US** in 2026—and there is no authoritative estimate of how many men develop MBC each year.[2]

WHY CONGRESS MUST ELIMINATE WAITING PERIODS

Nearly 4 in 10 (39.3%) of new SSDI beneficiaries whose qualifying impairment was cancer died during the two-year Medicare waiting period, a mortality rate more than 31 times that of the age- and sex-adjusted general population (39.3% vs. 1.25%).[3]

Women with MBC live longer when they have health coverage. A study[4] of nearly 1.6 million women ages 40-64 with breast cancer found that Medicaid expansion was associated with better survival. The greatest benefit was seen among women with MBC, who had a 13.9% reduction in the rate of death over the study period, compared with states that did not expanded Medicaid.

There are federal precedents for this legislation, including exceptions for amyotrophic lateral sclerosis (ALS) and end-stage renal disease.

This legislation has received overwhelming bipartisan support, with **more than 260 cosponsors in the House of Representatives**.[5]

Congress must act now to ensure that MBC patients who otherwise qualify for these earned benefits have immediate access to the support and health coverage they need.

REFERENCES

[1]Mariotto AB. Unpublished estimates of metastatic breast cancer incidence and prevalence in the United States, provided to the National Breast Cancer Coalition, personal communication, January 5, 2024. Estimates include de novo and recurrent metastatic disease.

[2]Siegel RL, et al. Cancer statistics, 2026. *CA Cancer J Clin*. 2026 Jan Feb;76(1)

[3]Powell D, Hartig S, Jacobson M. SSDI beneficiaries had elevated mortality during the 2-year waiting period for Medicare, 2000–21. *Health Affairs*. 2026;45(3):292–298. doi:10.1377/hlthaff.2025.00592.

[4]Akinyemi O, et al. Medicaid Expansion and Overall Mortality Among Women With Breast Cancer. *JAMA Network Ope*n. 2026;9(1):e2554512. doi:10.1001/jamanetworkopen.2025.54512.

[5]"H.R.2048 - Metastatic Breast Cancer Access to Care Act." *Congress.gov*, https://www.congress.gov/bill/119th-congress/house-bill/2048.