

Our Vision: A world where no one dies from breast cancer—and ultimately, where no one ever gets it.

Our Mission: To end breast cancer for everyone, everywhere, through the power of action and advocacy.

Our Priorities

Research: NBCC creates new models of research, brings significant funding to scientists for meaningful research, and oversees how funds are spent.

NBCC leads collaborations that set research priorities and change systems. Through our Artemis Project®, advocates and scientists work side-by-side to identify and answer the questions vital to ending breast cancer.

NBCC's Clinical Trials Initiative ensures trained breast cancer survivors are included in the entire planning and implementation process and that policies encourage access to trials and mandate insurance coverage for participants.

Access: NBCC believes everyone should have access to the care they need, and no one should be denied coverage due to an inability to pay.

NBCC works to improve access to quality breast cancer care for all, from appropriate screening policies to diagnosis, treatment, and care—particularly for the underserved and uninsured—through legislation and change in the delivery of health care.

NBCC developed a framework for a system and principles of quality care that includes coverage of evidence-based, meaningful, and cost-effective care; increased efficiency; and improved communication.

Influence: NBCC demanded—and won—a place for advocates wherever breast cancer decisions are made: in Washington, DC and state capitals, laboratories and health care institutions, and communities everywhere.

NBCC empowers advocates to bring an informed patient perspective in designing research, determining quality care, establishing a legislative agenda, and other highly specialized areas of breast cancer activism. Science education programs like Project LEAD®, public policy academies, and leadership training sessions prepare lay advocates to meaningfully impact research, public policy, and health care.

NBCC and NBCC advocates tell the truth about breast cancer and work to change the conversation from awareness to action.

Our Values

- **Urgency:** We must end breast cancer now.
- **Tenacity:** Until breast cancer is ended, we will never give up and will never back down.
- **Questioning:** We challenge the status quo, view everything with a critical eye, and analyze all information before we act.
- **Courage:** We ask hard questions and make difficult decisions. When the evidence dictates, we reject popular or accepted thinking.
- **Knowledge:** We do our homework and make strategic choices based on evidence.
- **Inclusion:** We require diversity of thought, action, and perspective in everything we do. We want everyone at the table.
- **Focus:** We strategize how to have meaningful impact; we bring about real change.
- **Integrity:** We are committed to our mission and hold ourselves and others accountable for positions and actions taken.
- **Innovation:** We challenge ourselves and others to create new models and approaches.
- **Compassion:** No one else should suffer.

Our Accomplishments

Building a Thousands-Strong Grassroots Advocacy Network: NBCC links hundreds of organizations and tens of thousands of individuals nationwide in a dynamic, diverse coalition to achieve our mission and give breast cancer advocates a meaningful voice.

Creating the Department of Defense (DOD) Peer-Reviewed Breast Cancer Research Program (BCRP): NBCC advocacy led to the creation of the DOD BCRP—and more than \$4 billion in new federal funding for breast cancer research. NBCC advocates monitor funding and ensure dollars are well spent on meaningful research.

Educating Thousands of Breast Cancer Advocates: More than 2,500 advocates have graduated from the Project LEAD Institute, a training program in the language, concepts, and processes they must understand to participate in breast cancer research. Thousands have attended the annual Advocate Leadership Summit, gaining exposure to the latest thinking on and leading minds in research and public policy. Our Public Policy 101 program gives advocates additional training and knowledge on the ins and outs of Congress, empowering them to push for change on Capitol Hill.

Implementing the National Action Plan on Breast Cancer: NBCC grassroots advocates delivered more than 2.6 million signatures on a petition to President Clinton, sparking the launch of the National Action Plan on Breast Cancer and resulting in a greater emphasis on women's health initiatives from the White House.

Increasing Access to Care: NBCC drafted and fought for the passage of federal and state laws ensuring that underserved and uninsured women diagnosed with breast or cervical cancer were guaranteed access to quality treatment, launching a system of health care for tens of thousands of women.

Leading New Approaches to Metastatic Breast Cancer Research: Through NBCC's Artemis Project and other research work, top researchers and trained advocates work together to set research priorities and design and implement research plans, moving us closer to knowing how to prevent metastasis and stop deaths from breast cancer.

Shaping Clinical Trials: NBCC has been a key partner in many seminal clinical trials, working with research organizations to improve trial design and monitoring, increase access and accrual, educate the medical community and consumers, and promote the initiation of high-quality breast cancer trials.

Spearheading a Preventative Vaccine: Artemis Project participants have created a strategic plan for a preventative vaccine, identified vaccine targets, and begun pre-clinical work. The vaccine is now moving toward a Phase 1 clinical trial.

Our Accolades

NBCC is a **four-star CharityNavigator nonprofit**, a **Better Business Bureau Accredited Charity**, and a **platinum-level GuideStar/Candid participant**. NBCC has an **"excellent" rating from the American Institute of Philanthropy** for effective use of funds raised and was identified by Charity Watch as a **top-rated breast cancer charity**.

Join Us. Save Lives.

Visit stopbreastcancer.org to learn more about NBCC's work to end breast cancer-- and how you can support our mission.



Legislative Priorities

PRIORITY #1

\$150 Million/Level Funding for the Department of Defense (DOD) Breast Cancer Research Program (BCRP) for FY2026: As a result of NBCC's grassroots advocacy, the DOD BCRP was created in 1992 to end breast cancer for service members, veterans, and the general public by funding innovative, high-impact research through a partnership of scientists and consumers. The DOD BCRP is widely viewed as an innovative, unique, and efficient medical research model that has proven to be accountable to the public and has produced extraordinary results. NBCC seeks continued level funding.

PRIORITY #2

Metastatic Breast Cancer Access to Care Act: This legislation would waive the 24-month waiting period for Medicare and the 5-month waiting period for Social Security Disability Insurance benefits for eligible individuals with Metastatic Breast Cancer.

PRIORITY #3

Preservation of the Medicaid Breast and Cervical Cancer Treatment Program: Congress enacted the Breast and Cervical Cancer Treatment Act in 2000 after years of NBCC grassroots lobbying and influence. NBCC remains committed to ensuring all women and men screened and diagnosed with breast cancer have access to the treatment they need.

Public Policy Priorities

PRIORITY #1

Guaranteed Access to Quality Care for All: Ensuring access to quality evidence-based health care has been a top priority of NBCC for many years. NBCC supports healthcare access initiatives that expand access to Medicare while offering a private insurance option, automatically enrolling individuals who do not have access to other coverage and providing guaranteed benefits, including primary and preventive care, hospital services, and prescription drug coverage. NBCC believes that there must be shared financial responsibility and that no individual should be denied coverage due to an inability to pay.

PRIORITY #2

Protect Scientific Research: NBCC recognizes the importance of the scientific process and infrastructure that have led to many life-saving interventions and enhanced our knowledge of the human condition. NBCC supports policies and legislation that protect the advancement of scientific knowledge and research through federally funded programs. NBCC will oppose policies and legislation that undermine the scientific process and infrastructure that result in credible, high-quality science.

PRIORITY #3

Access to Affordable and Effective Therapies: NBCC supports policies that address systemic deficiencies in the law, regulation, and science policy that result in the approval of drugs that do not significantly extend or save lives and whose prices are not based on value or effectiveness.

PRIORITY #4

Food & Drug Administration (FDA) Reform: NBCC supports a drug approval system that prioritizes approving drugs with clinically meaningful benefits for patients. NBCC seeks to address systemic deficiencies in FDA regulation and the drug development process, including reforms to the accelerated approval pathway and the use of unvalidated surrogate endpoints.

PRIORITY #5

Ensure the Participation of Educated Patient Advocates in Science Research and All Levels of Health Care Decision-Making: NBCC continues to work to ensure that educated patient advocates who are trained and represent a constituency have a meaningful seat at the table in all levels of health care decision-making that affects their lives.



\$150 Million for the Department of Defense (DOD) Peer-Reviewed Breast Cancer Research Program (BCRP) for FY2027

Background

The DOD BCRP was created in 1992 as a result of 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.

A Model Medical Research Program

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 have sought to replicate throughout the cancer and broader medical research community.

Some keys to the DOD BCRP's success:

- **It is innovative and unique.** The DOD BCRP has a unique grant structure that allows it to be more flexible than other traditional competitive, peer-reviewed medical research programs. This structure can fund innovative, high-risk, high-return research and quickly respond to current scientific advances. The DOD BCRP can also fill gaps by focusing on promising but otherwise underfunded research areas. In its reviews of the DOD BCRP, the Institute of Medicine has stated "the program fills a unique niche among public and private funding sources for cancer research. It is not duplicative of other programs and is a good vehicle for forging new ideas and scientific breakthroughs in the nation's fight against breast cancer."
- **It is efficient.** Due to the program's flexibility, the Army can administer it with unparalleled efficiency and little bureaucracy. The program allows approximately 90% of the appropriated funding to go directly to competitive, peer-reviewed research grants awarded to the best science.
- **It is accountable to the public and transparent.** Information on all funded grants is posted on the program website, accessible to the public. In addition, educated, trained consumer advocates participate in a two-tiered process where research proposals are reviewed for scientific quality and programmatic relevance. This consumer involvement allows grant funding decisions to be informed by trained breast cancer survivors and based on patient and medical communities' concerns and needs. It provides for those who have no agenda other than to end breast cancer for everyone. This transparency allows scientists, consumers, and the public to view the progress made in breast cancer research through the DOD BCRP.
- **It has produced extraordinary results.** From new methods of extracting breast cancer cells at their earliest stages to unprecedented research into gene/environment interaction to quality-of-life issues, the DOD BCRP leads the way in generating new approaches to breast cancer prevention and treatment. It has produced fascinating insights into the biology of breast cancer. It has directly impacted lives through the research it has funded, such as the revolutionary work that led to the development of the innovative drug Herceptin.

The DOD BCRP owes its success to the integrated efforts of its partners—from the ongoing dedication of the US Army and their belief and support of this mission, to the members of Congress who support the program through continued funding, to the scientists and consumers who participate, and to the researchers who every year submit proposals that reach the highest level asked of them by the program.

7,350+
GRANTS
AWARDED

19,691
PUBLICATIONS

1,383
PATENTS

222
CLINICAL
TRIALS

50+
PRODUCTS IN
CLINICAL
TRIALS OR
DEVELOPMENT

25
PRODUCTS ON
THE MARKET

2,500,000+
PEOPLE
TREATED

In 1992, in response to grassroots advocacy led by the National Breast Cancer Coalition (NBCC), Congress established the Department of Defense Peer Reviewed Breast Cancer Research Program (DOD BCRP). Since then, Congress has appropriated **more than \$4.3 billion** to support this vital initiative. These funds have driven lifesaving and transformative discoveries in breast cancer research.

To date, the program has awarded over **7,358 competitive grants**, contributing to the development of **25 commercialized products** and resources, and supporting **more than 50 promising therapies** currently in clinical trials or under development. The program has resulted in **more than 1,300 patents** and **19,500 publications** in scientific journals. The impact of this work spans all facets of breast cancer, improving outcomes for millions of individuals—including members of the military and their families.

A defining feature of the DOD BCRP is its rigorous two-tier application review process, which brings together scientists, clinicians, military personnel, and educated consumers from the breast cancer community. In addition, trained breast cancer advocates are involved throughout the research continuum, ensuring that the research remains relevant, patient-centered, and grounded in the real-world experiences of those affected by the disease.

SUCCESSFUL BREAST CANCER TREATMENTS ADVANCED THROUGH THE SUPPORT OF DOD BCRP FUNDING INCLUDE:

HER2 Targeted Therapy

Drug name: Trastuzumab (Herceptin)

Type of breast cancer treated: HER2+ (*HER2=Human Epidermal Growth Factor Receptor 2*)

How does it work? Herceptin is a monoclonal antibody that targets HER2, a protein found in excess on some breast cancer cells. It works by blocking cancer cell growth and signaling the immune system to attack the tumor. At the time of its development, many were skeptical—previous antibody therapies had failed. But with critical support from the DOD BCRP, Herceptin defied expectations. It became the first targeted therapy to dramatically change outcomes for a specific subtype of breast cancer and is now a cornerstone of treatment for HER2-positive disease.

Impact: Over 25 years of transforming care. More than 2.4 million people treated worldwide. Herceptin didn't just extend lives—it fundamentally changed them. Once considered one of the most aggressive forms of breast cancer, HER2-positive disease is now one of the most treatable, thanks to this groundbreaking therapy.

Legacy: Herceptin marked the beginning of a new era in oncology. It proved that targeting the molecular drivers of cancer could lead to more effective, personalized treatment—and it set the standard for how we develop and deliver cancer therapies today. Its success inspired an entire class of HER2-targeted drugs, reshaped clinical trial design, and fueled global efforts to ensure equitable access to life-saving treatments. Herceptin's legacy continues to influence cancer care and research around the world.

CDK4/6 Inhibitors

Drug name: Palbociclib (Ibrance), Ribociclib (Kisqali), and Abemaciclib (Verzenio)

Type of breast cancer treated: HR+ HER2- (*HR=hormone receptor [estrogen and/or progesterone]*)

How does it work? Rather than directly killing the cancer cells, CDK4/6 inhibitors work by blocking the proteins that allow cancer cells to grow and divide. This helps to slow or stop cancer's ability to proliferate.

Impact: Ibrance was the first new treatment option in over a decade for this subtype of breast cancer and has been used to treat more than 450,000 breast cancer patients. Following its approval, Kisqali and Verzenio were introduced, offering additional, meaningful benefits—most notably, the potential to help patients live longer.

Selective Estrogen Receptor Modulators

Drug name: Tamoxifen (Nolvadex)

Type of breast cancer treated: ER+ (*ER=estrogen receptor*)

How does it work? Tamoxifen is a type of hormone therapy that blocks estrogen from fueling the growth of cancer cells. It works by binding to estrogen receptors, preventing estrogen itself from attaching and stimulating cancer growth.

Impact: Tamoxifen significantly reduces the risk of breast cancer recurrence and death in people with ER+ disease. The ATLAS clinical trial—supported in part by funding from the DOD BCRP—showed extending tamoxifen treatment from 5 to 10 years can further enhance its benefits, cutting breast cancer mortality in half during the second decade after diagnosis.

Prone Radiation Therapy

Type of breast cancer treated: Early stage

How does it work? Radiotherapy uses radiation to kill cancer cells and can decrease the risk of cancer returning, but the radiation can damage surrounding healthy tissue.

Impact: In DOD BCRP-funded projects, researchers found that providing radiotherapy to a patient in the prone position (facing down) instead of the supine position (facing up) can spare the heart and lungs from significant radiation exposure.

PROMISING RESEARCH AREAS WITH PRODUCTS CURRENTLY ADVANCING THROUGH CLINICAL TRIALS BENEFITTING FROM DOD BCRP FUNDING INCLUDE:

Vaccines and Immunotherapies

Goal: Stimulate or alter the patient's immune system to help their immune cells to kill cancer cells currently in their body, train their immune cells to prevent breast cancer cells from returning, or prevent breast cancer in the first place.

The potential: 22 products are in clinical trials, with 1 product in the final stage of the clinical pipeline (Phase 3 trial).

Diagnosis, Prognosis, and Risk Assessment

Goal: Create sensitive and accurate technologies for determining one's risk of breast cancer, why and how some breast cancers become metastatic, and distinguishing deadly from non-deadly breast cancer.

The potential: 3 products are currently in clinical trials. Importantly, beyond the clinical pipeline, more than 10 products in this area have made it to the market and are currently used to diagnose, evaluate risk of, or predict best treatment plans for breast cancer.

Therapeutics

Goal: Kill cancer cells, stop cancer cells from growing and spreading, or prevent breast cancer in the first place, with minimal toxicity and maximal benefits.

The potential: More than 30 treatments are in clinical trials, with 3 new treatments in the final stage of the clinical pipeline (Phase 3 trial). Importantly, beyond the clinical pipeline, several treatments in this area have made it to the market and are currently used to treat breast cancer patients.

FOR MORE INFORMATION ON THE DOD BCRP:



DOWNLOAD THE FEBRUARY
2025 BCRP PROGRAM BOOK



DOWNLOAD THE BCRP
PROGRAM SUMMARY SHEET

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To learn more about NBCC, please visit stopbreastcancer.org.

Legislation to **waive the 24-month waiting period for Medicare** and the **5-month waiting period for Social Security Disability Insurance** benefits for eligible individuals with metastatic breast cancer.

BACKGROUND

Individuals diagnosed with metastatic breast cancer automatically qualify for disability benefits from the Social Security Administration (SSA) and for Medicare coverage regardless of age, as long as they apply and meet the SSA's technical qualification rules. An individual must have been employed within the last 10 years and currently unable to work due to their disability to earn Social Security disability insurance benefits (SSDI). Once an individual is approved for SSDI, there is a 5-month waiting period to begin receiving benefits and a 24-month waiting period for Medicare coverage.

FEDERAL PRECEDENT FOR EXTENDED COVERAGE

Applying waiting periods to individuals with a lethal disease like metastatic breast cancer is arbitrary and cruel. The National Breast Cancer Coalition urges Congress to enact legislation to amend the Social Security Act to eliminate waiting periods for disability insurance benefits and Medicare coverage for eligible individuals with metastatic breast cancer. In 2001, Congress passed a bill to add Amyotrophic Lateral Sclerosis (ALS) as a qualifying condition for Medicare coverage with no 24-month period waiting period. In 2020, Congress also waived the 5-month waiting period for SSDI for individuals with ALS, thus creating a federal precedent. Based on the limited life expectancy of individuals with metastatic disease—an average of 3 years—NBCC believes that both automatic SSDI and Medicare coverage should also apply to metastatic breast cancer patients who qualify.

ACTION REQUESTED

NBCC urges Congress to enact legislation to amend the Social Security Act to waive all waiting periods for Medicare and SSDI for eligible individuals with metastatic breast cancer.

Updated 9/23/26

THE FACES OF METASTATIC BREAST CANCER



Jo Lynn (WV), a single mom to two girls, was diagnosed with metastatic breast cancer at age 47. Seven years later, she's beaten the survival odds, but the disease has spread to her bones, making routine activities like showering and even sleeping challenging.

Despite her illness, Jo Lynn has continued to work so she can provide for her family and access health benefits. "115 people die every day from this disease," she said. "That's why I've continued to try to work. [But] it's very, very difficult."



Catherine (NY) struggled to find health coverage after her 2018 metastatic diagnosis, when her illness made traveling too difficult, and an inability to travel meant losing her career in continuing medical education. Access to Medicare may have lengthened her life, eased her pain, and reduced financial hardship. Instead, Catherine passed away on December 2, 2020, at age 48, just one day after her 24-month waiting period was up.



T'Ana (VA) was a registered nurse before she became too sick to work. Forced to choose between supporting her family and taking medication to treat her metastatic breast cancer, "I'm always going to choose providing for my children before depleting my funds to afford medication," she said.

"I don't want to lose my home. I'm getting further in debt, and that's where a lot of people like me are."



Mandy (NC), a conservative Christian mother of two, lost her first husband to cancer. Now, she is facing metastatic breast cancer.

"Any legislation regarding breast cancer supports women...and is personal to me," Mandy said. "My children need their mom and they need me to live!"



Alexis (NY) was diagnosed with metastatic breast cancer at age 37. She continued to work as a teacher as long as she could, but when she became too sick, she had to medically retire. Now, she is dealing with the financial side effects of breast cancer, including selling her house to help pay for treatment. Despite this, she's in medical debt while waiting to receive Medicare.

"Nobody should have to choose between putting a roof over their head and treatment that's just to keep them alive," she said.



Tiana (MO), a single mother, was diagnosed with metastatic breast cancer in 2020. Last year, her illness forced her to leave her job. She has been living on savings, but those funds are running dry, and she is struggling to secure financial support for her health care and to provide basic needs for herself and her son. Eliminating the waiting periods Tiana is currently enduring would provide her with much-needed SSDI income and, importantly, health care through Medicare.



WHAT PROVIDERS SAY: METASTATIC BREAST CANCER ACCESS TO CARE ACT (H.R. 2048/S. 3442)

What would passing the Metastatic Breast Cancer Access to Care Act (MBCACA) mean for breast cancer patients and their communities? **Health care providers share why the MBCACA matters** to the people they serve.

Metastatic breast cancer means that a patient is in cancer treatment for the rest of their life, with the goal of prolonging both length and quality of life. But the treatments, lab work, imaging tests, and frequent appointments are already a tremendous toll to navigate. Adding the cost and time of navigating health coverage, which leads to delays and added burden, is unnecessary. **Supporting legislation to eliminate red tape for patients and their families is an easy choice.**

Dr. Stephanie L. Graff, MD, FACP, FASCO
Rhode Island

Dr. H. Kim Lyerly, MD, MD, BS, FACS, FSSO
North Carolina

Metastatic breast cancer remains incurable and requires ongoing treatment and supportive care. **Patients should be able to focus on living as well as possible and spending meaningful time with their families**—not on navigating unnecessary barriers to obtaining the benefits they have earned.

Many patients work despite very advanced illness because the disability process takes so long. **I have watched patients delay life-extending treatment, hide their diagnosis from employers, and push through debilitating symptoms, all because they cannot afford to give up their paycheck and health insurance tied to their job.**

The five-month SSDI waiting period asks a person with a terminal illness to keep working through pain, fatigue, and treatment side effects, at the exact moment they should be focused on their care. For many patients, five months is a meaningful fraction of the time they have left. This burden falls hardest on low-income patients, who are far less likely than their wealthier counterparts to have family or friends who can cover rent, food, gas, or utilities, forcing the individual to continue working. **This delay forces sick people to choose between their health and their wellbeing, and it disproportionately harms those who already face the steepest barriers to care.**

Dr. Margaret (Peg) Rosenzweig, PhD, FNP-BC, FAAN
Pennsylvania

Dr. Sarah H. Huling, EdD, MBA, RT(CT), RDMS, RDCS, RVT
Washington

I am writing to formally contribute my perspective as a rural provider, hospital governor, and researcher to support the passage of the MBCACA. **Eliminating arbitrary federal healthcare waiting periods is a clinical, financial, and ethical necessity for rural health equity...** When terminal patients are forced into the 5-month SSDI and 24-month Medicare waiting periods, the financial burden falls heavily on both the patient's family and the local rural hospital system, subsidizing uncompensated care.

Dr. Katherine Reeder-Hayes, MD, MBA, MS, Professor and Section Chief of Breast Oncology
North Carolina

As a breast medical oncologist, I regularly witness the impact of safety net programs that do not include specific or appropriate policies for patients with advanced cancer. Unlike many disabling conditions which may improve or even resolve with time, or continue in a chronic stable manner, **metastatic breast cancer is a uniformly incurable condition that requires constant and often intensive medical treatment** that progressively causes life-altering symptoms.

The time required to receive benefits is roughly similar to the average survival time for patients with some aggressive subtypes, and the lack of reliable access to insurance and the quality medical care available through insurance mean many are irreparably harmed and their lives shortened by the time they can access benefits. All these stresses come at a time when a patient and their family are already coping with a devastating diagnosis and when every day counts. **An individual patient with metastatic cancer should not have to prove that the diagnosis will adversely and permanently affect their ability to perform paid work; our medical community is already confident that this is true.** I support evidence-based, appropriate policy decisions that enable our patients to continue to live full lives, and access medical care with dignity, for all the time they survive with metastatic disease.

As a breast medical oncologist and health services researcher, I am committed to improving the lives of people living with metastatic breast cancer. Through my research, I have seen that **access to health care can meaningfully affect outcomes for patients with metastatic disease.** We observed that improvements in access to coverage were associated with better survival outcomes and a reduction in disparities among patients with de novo stage IV breast cancer. Ensuring that patients can access the treatments and supportive services they need is an important step toward improving both quality of life and outcomes.

Dr. Mariana Chavez Mac Gregor, MD, MSC
Texas

Dr. Rachel Adams Greenup, MD, MPH
Connecticut

Financial toxicity impacts the overwhelming majority of individuals living with metastatic breast cancer.

Employer-based health insurance is at risk for women when they take required time away from their jobs to receive cancer therapy and manage side effects from treatment; working-aged women are at risk of being uncovered for medical care at a time they need it most. Moreover, existing health system resources and non-profit organizations do not adequately cover the indirect medical costs of parking, food, wigs, prostheses, and childcare.

Allowing women ages 18-64 to immediately secure federal health care coverage is a critical step in protecting these patients and their families, so women can focus on getting lifesaving treatment and making memories instead of fighting for their basic needs.

Patients with a new diagnosis of metastatic breast cancer face enormous physical and emotional burdens. **Insurance coverage during this vulnerable time is absolutely critical** to not add substantial financial burden to patients.

Dr. Gabrielle Rocque, MD, MSPH
Alabama

H.R. 2048/S. 3442

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 MBC¹** 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 study⁴ 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 expand 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.

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Organizational Supporters of the Metastatic Breast Cancer Access to Care Act

ABCD: After Breast Cancer Diagnosis
ACA Consumer Advocacy
Adelphi NY Statewide Breast Cancer Hotline
& Support Program (NY)
African American Breast Cancer Alliance,
Inc.
Alamo Breast Cancer Foundation (TX)
American Association of Breast Care
Professionals
American Association on Health and
Disability
Annie Appleseed Project (FL)
Ann's Place

Babylon Breast Cancer Coalition (NY)
Black Women's Health Imperative
Breast Cancer Action
Breast Cancer Angels
Breast Cancer Care & Research Fund
Breast Cancer Coalition of Nevada (NV)
Breast Cancer Coalition of Rochester (NY)
Breast Cancer Education Association
Breast Cancer Hawaii (HI)
Breast Cancer Over Time
Breast Cancer Research Advocacy Network
Breast Health Collaborative of Texas (TX)
Brem Foundation to Defeat Breast Cancer
(MD)

Cancer Foundation for New Mexico (NM)
Cancer Resource Center of the Finger
Lakes (NY)
Cancer Services of Eastern North
Carolina (NC)
Cancer Support Now (NM)
CARE Advocates Network

Cedar Valley Cancer Committee: Beyond
Pink TEAM (IA)
Cedars Sinai Breast Center
Coalition to Transform Advanced Care
Colorado Breast Cancer Coalition (CO)
Coalition for Women's Cancers (NY)
Colorado Cancer Coalition (CO)
Connie Dwyer Breast Cancer Foundation
(NJ)

Delaware Breast Cancer Coalition (DE)
Diondai's Place Breast Cancer (IL)
Don't be a Chump! Check for a Lump!
Dr. Susan Love Research Foundation

Ephraim McDowell Commonwealth Cancer
Center (KY)
Every Woman Can (WA)

Florida Breast Cancer Foundation (FL)

Gateway to Hope (MO)
Georgia Breast Cancer Coalition Fund (GA)
Gilda's Club Twin Cities (MN)
Global Breast Care Initiative
GRASP (Guiding Researchers and Advocates
to Scientific Partnerships)

Health & Medicine Policy Research Group
(IL)
Health Care Voices
HIS Breast Cancer Awareness (NJ)

Jack's Caregiver Coalition

Islip Breast Cancer Coalition (NY)



Latina Sisters Support Inc
Living Beyond Breast Cancer
Lobular Breast Cancer Alliance

Male Breast Cancer Global Alliance
Masonic Cancer Center, University of
Minnesota (MN)
Metastatic Breast Cancer Alliance
Metastatic Breast Cancer Network
Metastatic Cancer Initiative
Metavivor
Michigan Breast Cancer Coalition (MI)
Minnesota Breast Cancer Coalition (MN)
Minnesota Young Survival Coalition (MN)
My Breast Cancer Support

National Breast Cancer Coalition
National Health Law Program
National Partnership for Women & Families
National Women's Health Network
National Women's Law Center
New Hampshire Breast Cancer
Coalition (NH)
North Fork Breast Health Coalition (NY)
Nueva Vida
Nurses Affecting Change (WI)
Nurses for America

Ohio Nurses for America (OH)
Oncology Nursing Society

Pink Aroostook
Pink Ribbon Good (OH)
Project Life

Reconstruction of A Survivor
Reproductive Health Impact: The
Collaborative for Equity & Justice

Saving Pennies 4 A Cure
SHARE
Sharsheret
Side-Out Foundation VA)
Sisters R Us Circle of Survivors
Sisters Working It out (IL)
South Carolina Appleseed Legal Justice
Center (SC)
Splash of Color Breast Cancer Support
Group
St. Elizabeth Healthcare (IN, KY)
Strategic Facilities Planning

Tennessee Breast Cancer Coalition (TN)
Tigerlily Foundation
Think Beyond Pink
The Thinking Woman's Guide to Breast
Cancer (CA)
Theresa's Research Foundation (IL)
Triage Cancer
Triple Negative Breast Cancer Foundation
Twisted Pink (KY)

Urban League of Portland (OR)

Virginia Breast Cancer Foundation (VA)

West Islip Breast Cancer Coalition (NY)
Wisconsin Breast Cancer Coalition (WI)
WNY Ovarian Cancer Project, Inc. (NY)

Young Survival Coalition
Zero Breast Cancer

Last updated: 10/22/25

Preservation of the Medicaid Breast and Cervical Cancer Treatment Program

Background

After years of NBCC grassroots lobbying and influence, Congress enacted the Breast and Cervical Cancer Treatment Act (P.L. 706-354) in 2000. This law expanded access to health care for thousands of underserved women. The Act authorized enhanced matching funds to states to provide Medicaid coverage to uninsured or underinsured women diagnosed with breast or cervical cancer through a federal screening program. All 50 states, the District of Columbia, 5 US territories, and 72 American Indian/Alaska Native tribal organizations opted into the Breast and Cervical Cancer Treatment Program (BCCTP). **NBCC remains vigilant in ensuring that the program endures and that eligible individuals continue to receive the lifesaving screening and treatment they deserve.**

Importance of Maintaining the BCCTP

Before the BCCTP, women diagnosed through the federal Centers for Disease Control and Prevention (CDC) screening program—ineligible for Medicaid coverage yet unable to afford insurance on their own—were falling through the cracks. Following diagnosis, the legacy system left them to rely on an unreliable system of dwindling charity care. NBCC recognized this system's injustice and continues to believe that a federally funded program to screen and diagnose women with breast cancer must include a treatment component.

Since 1991, National Breast and Cervical Cancer Early Detection Program (NBCCEDP) funded programs served more than 5.8 million women. The program provided more than 15.1 million breast and cervical cancer screening examinations and diagnosed 71,107 invasive breast cancers and 4,863 cervical cancers.

In May 2009, the Government Accountability Office (GAO) published a report looking at the status of the Breast and Cervical Cancer Treatment Act, "Source of Screening Affects Women's Eligibility for Coverage of Breast and Cervical Cancer Treatment in Some States." The report identified the screening source requirements as a barrier to women's eligibility for treatment in some states. A follow-up report was published in October 2020, "Federal Programs Provide Screening and Treatment for Breast and Cervical Cancer." GAO analysis of CDC data showed that as a result of Medicaid expansions enacted through the Affordable Care Act (ACA), some low-income women had additional resources for screening and treatment beyond the NBCCEDP, accounting for the reduction in the number of women screened through the program from 2011 through 2017. Additional barriers listed in the 2020 report, like the 2009 report, included certain requirements to qualify for the program.

Under the BCCTP, states must extend Medicaid eligibility to women or men whose screening or diagnostic services were paid specifically with CDC funds. States can be more generous in expanding Medicaid coverage under the BCCTP but cannot fall below this minimum standard. While implementing health care reform through the ACA increased access to breast and cervical cancer screening for low-income, underserved women, efforts to cut expanded insurance coverage and eliminate cost-sharing threaten their access to screening and treatment.

Even with adequate health insurance, many people still face significant obstacles to obtaining breast and cervical cancer screening and treatment due to geographic isolation, limited health literacy or self-efficacy, inconvenient times to access services, and language barriers.

We must not move backward in our progress, even in the face of budget challenges. We must critically examine the impact of any changes to Medicaid, Medicare, or other existing laws based on the effect these changes will have on overall access to quality care.

NBCC remains committed to ensuring all women and men diagnosed with breast cancer have access to the treatment they need.



Public Policy Priority: Protect Scientific Research

NBCC recognizes the importance of the scientific process and research infrastructure that have led to many life-saving medical interventions and enhanced our knowledge of the human condition.

NBCC supports policies and legislation that protect the advancement of scientific knowledge and research through federally funded programs and opposes actions that undermine the integrity, continuity, or independence of the scientific enterprise.

Background

In 2025, the Trump administration proposed and initiated historic cuts to major federal science agencies. While recent legislative and judicial actions have curtailed some of these efforts, it is clear that the nation's scientific infrastructure continues to be vulnerable to political and budgetary decisions.

Nearly every person treated for breast cancer over the past several decades has benefited from federal investment in medical research. Federal funding drives innovation that saves lives and improves health outcomes. Disrupting this system by cancelling or freezing grants wastes taxpayer dollars and puts patients at risk.

Interruptions to ongoing research—particularly active clinical trials—can invalidate years of work, delay or eliminate access to promising therapies, and compromise patient safety. Policies that restrict funding for meritorious research going forward will result in lost opportunities, stalled innovation, and lives lost.

The peer-reviewed, evidence-based processes that govern federal research funding are essential to ensuring scientific rigor, objectivity, and public trust. These safeguards must remain intact to prevent political interference and ensure that funding decisions are driven by scientific merit and patient need.

Why It Matters for Breast Cancer

Scientific breakthroughs generated by federally supported research are responsible for many of the gains in health and longevity achieved in the United States over the last century.

In breast cancer alone, federally funded research has led to the development of targeted therapies for specific types of breast cancer, like HER2-positive breast cancer, BRCA-related cancers, and some triple-negative breast cancers, among others.

Proposed federal cuts and changes to the scientific infrastructure and policies will erase decades of progress in medical research that improves patient health and well-being and saves lives. They will undermine progress on innovative research to develop treatments and cures for patients across the country and around the world and eliminate opportunities for top talent to pursue careers that lead to the next groundbreaking research discoveries.

The impact of federally supported research is clear. Continued federal investment is essential to build on this momentum and bring even more transformative treatments and cures to the people who need them most.

Background

The voice of educated patient advocates must be part of all levels of health care decision-making that affects their lives. Patient participation has been a tenet of the National Breast Cancer Coalition (NBCC) since its inception. NBCC continues to ensure that educated patient advocates who represent a constituency have a meaningful seat at the table in all levels of health care decision-making that affects their lives.

Why Patient Advocates are Necessary

Educated patient advocates provide a unique perspective that others cannot offer. They are the ones who ultimately receive health care services and, along with their families, are required to navigate the complexities of the health insurance and health care delivery systems. They have no agenda in the scientific community other than looking for the best science and saving lives; they have no conflict of interest. Their perspective cannot be duplicated by the doctors who care for them or the scientists searching for answers, even if these doctors and scientists are patients.

**A lay advocate perspective is key to moving forward
to the end of breast cancer.**

Criteria for Patient Advocates

Patient advocates must:

- Have a patient-led, patient-centered organization with a patient constituency to which they are responsible and accountable;
- Have been personally affected by the disease; and
- Be knowledgeable, trained, prepared, and confident in their ability to participate in the decision-making process of science and medicine.