

# HEALTH AND HUMAN SERVICES (HHS)

Resolution HHS-22-27

## RECOGNIZING TRIPLE-NEGATIVE BREAST CANCER

WHEREAS, breast cancer is among the most commonly diagnosed cancer and the second leading cause of cancer death among women in the United States;

WHEREAS, approximately 281,550 women will be diagnosed with breast cancer and nearly 43,600 will die with this malignancy in 2021;

WHEREAS, Triple Negative Breast Cancer is one of many forms of breast cancer and accounts for about 15-30% of all diagnosed invasive breast cancer cases in the United States;

WHEREAS, more than 53,700 new breast cancer cases in 2019 in the United States were Triple Negative Breast Cancer with higher prevalence among younger women, Black and Hispanic women, women with type 2 diabetes or carrying excess weight in the abdomen area, and those with BRCA1 mutations;

WHEREAS, due to its aggressive behavior, Triple Negative Breast Cancer grows quickly and is more likely to have spread at the time it is found and is more likely to come back after treatment than other types of breast cancer,

WHEREAS, people diagnosed with metastatic Triple Negative Breast Cancer have a less than 30% chance of surviving past five (5) years;

WHEREAS, Triple Negative Breast Cancer cells do not contain (are “negative for”) three key receptors that medicines typically target in other types of breast cancers; therefore, there are limited treatment options that can be used to treat the cancer;

WHEREAS, patients with an early diagnosis can often be treated with chemotherapy, radiation, and surgery; however, the limited therapies available specifically addressing the management of Triple Negative Breast Cancer has made treating this disease a challenge for clinicians;

WHEREAS, recent innovation in targeted therapies have fueled advances in the fight against Triple Negative Breast Cancer;

WHEREAS, studies have shown that Triple Negative Breast Cancer disease-specific mortality rates are often higher if patients have Medicaid or Medicare or are lower socio-economic status; and compared with non-Hispanic white women, Black women are 48% less likely to receive guideline adherent care and have an approximate 2-fold higher mortality incidence, resulting in a disproportionately higher risk of death from Triple Negative Breast Cancer;

WHEREAS, advances in breast cancer screening and treatment over the last few decades have reduced the overall breast cancer mortality rate, yet the disproportionate impact of Triple Negative Breast Cancer on racial and ethnic minority communities raises considerations about the underlying determinants driving the disparities; and

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WHEREAS, it is necessary to promote Triple Negative Breast Cancer education, raise awareness about the disease-related disparities, and tackle inequities within the health care delivery such as inadequate access to screening, diagnostic testing, and care, to improve early detection and survival.

THEREFORE, BE IT RESOLVED, that the National Black Caucus of State Legislators (NBCSL) supports legislation to reduce Triple Negative Breast Cancer disparities in early detection and survival by improving education and awareness through health promotion initiatives targeting underserved communities disproportionately impacted, ensuring equitable access and affordability of breast cancer screening, genetic counselling, and diagnostic testing, promoting cultural sensitivity and workforce diversity policies in health care provider training, and timely patient access to clinically appropriate treatment; and

BE IT FURTHER RESOLVED, that states should examine all options to safeguard affordable, continuous, and equitable patient access to Triple Negative Breast Cancer related care, services, and medicines along the entire continuum of care; and

BE IT FINALLY RESOLVED, that a copy of this resolution be transmitted to the President of the United States, the Vice President of the United States, members of the United States House of Representatives and the United States Senate, and other federal and state government officials and agencies as appropriate.

**SPONSOR: Representative Kamia Brown (FL)**

**Committee of Jurisdiction: Health and Human Services (HHS) Policy Committee**

**Ratified in Plenary Session: December 2, 2021**

**Ratification certified by: Representative Billy Mitchell (GA), NBCSL President**