

Remarks of
Hon. Kathleen Sebelius,
Secretary of the U.S. Department Health and Human Services

Given April 30, 2010 to
Affiliates of Susan G. Komen for the Cure®
at a meeting of the
Susan G. Komen for the Cure® Advocacy Alliance
In Washington, D.C.

Thank you. It's great to be here with you today. I'm told we have more than 200 folks here today from 89 different affiliates in 36 states. That's a tribute to the incredible movement that my friend Ambassador Nancy Brinker started 28 years ago and all of you have helped spread.

What began as a promise between two sisters has become a global phenomenon that's raised nearly \$1.5 billion for breast cancer research and outreach around the world and brought better health to millions of women.

And I want to let you know that this spring, your movement is going to be getting a little bit bigger. In June, we'll be forming an HHS team for the Komen Global Race for the Cure right here in Washington, DC. And I plan to run with them.

I'll be running for the same reason so many other Americans of all ages and all walks of life do each year: because despite all the progress we've made in the last 30 years, breast cancer still brings heartbreak to far too many American families.

There's no doubt that we've made great progress in the last few decades. With the help of groups like Komen for the Cure, we've made remarkable breakthroughs in science, screening, and treatment. The five year survival rate for breast cancers that are caught early has risen about 25 percent since 1982.

Yet, more than 100 American women still die of breast cancer every day. More than 500 women get diagnosed. And in some communities, these rates are far higher.

This is partly a scientific challenge. We need better tests to catch breast cancers before they spread to the rest of the body. And we need better treatments for these more advanced and complex cancers.

But as you know, this is also a public policy challenge. For too long in America, the primary barrier between women and a life-saving mammogram or treatment has not been science.

It's been a health insurance system that made it legal to charge women up to 50 percent more for the same coverage as a man...that made it legal to reject a woman's insurance application because she had a previous cancer diagnosis...that even made it legal to cancel policies they had paid for if a cancer was found.

These aren't hypotheticals. This is what women across America went through every day.

Here's what the Affordable Care Act will mean for you.

First, we're going to make what WellPoint did illegal.

That ban was originally supposed to go into effect this fall. But after seeing these stories, we realized we couldn't wait that long.

So last week, I wrote a letter to WellPoint urging them to end these rescissions immediately. And I'm glad to say they agreed. Since then, several more of America's largest insurance companies have said they will stop the practice too.

That means millions of Americans can go to sleep tonight knowing their health insurance is secure.

And we're not going to rest until we know that the entire insurance industry has followed through on their promises and agreed to treat all their customers fairly.

Our work on rescissions is a perfect example of the philosophy that's going to guide our implementation of this law.

We're going to be proactive. We're going to reach out to partners.

We're going to hold people accountable. And we're going to try to get these benefits to Americans not just on schedule, but ahead of schedule when possible.

Let me give you another example. As part of the Affordable Care Act, we've been working with states over the last few weeks to set up high risk insurance pools for uninsured Americans with preexisting conditions.

These pools are going to help solve one of the biggest problems for women with breast cancer, which is that insurance companies didn't like to cover them.

In fact, we know that even if you count all the Americans who get health insurance through their job and all the Americans who get insurance through Medicare or Medicaid, more than one out of ten Americans with cancer can't get coverage because of their illness.

With high risk pools, that's going to change. Women with breast cancer in every state will have somewhere to go to get health insurance if they can't get it somewhere else. And today, I heard from states about how they plan to work with us to create these high-risk insurance pools, putting us on schedule to make them available to Americans within the next few months.

We're moving as quickly as possible because for far too long, women with breast cancer in America haven't had access to the treatments they need. That includes access to the best diagnostic care.

When breast cancer is caught early, the five-year survival rate is 98 percent. When it's caught late, the survival rate can be as low as 23 percent. That means in most cases, early detection is the difference between life and death.

We understand that, which is why the Affordable Care Act eliminates all co-pays for preventive care like mammograms.

Last year, I read a story about a mom who waited until her son broke his arm and used up their entire insurance deductible before she went to get her recommended mammogram.

No woman should have to wait until her kid gets hurt to get a potentially life-saving test. We're a better country than that. And under this law, no woman will have to.

Now as you all know, some recommendations came out last year, which created some confusion about this provision. Some people got worried that mammograms that had been covered for some women in the past would no longer be covered. That simply was not true. As I said at the time, our policies haven't changed.

This law is about giving you and your health care provider more choices, not taking choices away. It's about giving you more options, better information, and greater control.

We want to make sure that the insurance company doesn't get between you and your doctor, so that you can make the best decision together.

That's what this law is going to accomplish. But these insurance protections are not a magic pill that's going to cure all the problems in our health care system. We know there are other obstacles preventing women from getting care they need.

Even when they have insurance, many women don't get regular mammograms. Some of them may not understand why mammograms are so important. Others may not have access to a facility where they can be screened.

We know for example that women with less than a high school education, who are racial or ethnic minorities, who are low-income, or who are recent immigrants are all less likely to have had a recent mammogram.

Reducing health disparities has been a top priority for our department since I came to HHS, and this is one area where we need to see some improvement fast. We need to make sure women in underserved communities get access to life saving screening and early care.

That's why the Affordable Care Act makes a historic investment in community health centers to help them double the number of patients they see each year to 40 million. As a lot of you probably found out yesterday, there aren't many health care policies that Democrats and Republicans agree on 100%.

But one of them is community health centers, and there's a good reason why: when it comes to delivering high quality, cost-effective, primary care to underserved Americans, there's no better model. So we look forward to seeing our community health center network grow.

For the same reason, programs like the CDC's National Breast and Cervical Cancer Early Detection Program will continue to be incredibly important even with this new law. The only way we can realize the full promise of the Affordable Care Act is if we reach out to Americans to make sure they take advantage of these benefits.

Komen for the Cure is a great partner in this mission. Your outreach programs are not only helping women, especially in underserved areas, get the care they need. You're discovering best practices that can be shared with other communities and ultimately spread around the country.

There are some people who think every good idea comes from inside the Beltway. Coincidentally, a lot of them live inside the Beltway. But we don't see it that way. We think there's incredible innovation happening in our health care system across the country, in states, in cities, in hospitals, in groups like Komen for the Cure.

And part of our role is to identify the best innovations and help replicate them.

We also need to continue to push the boundaries of science. We need to investigate promising new approaches to treatment like targeted therapies. We need to build on important progress being made on prevention. We need to improve the diagnostic tests for breast cancer that we have while also exploring new technologies that may be more effective in detecting cancers in young women.

And we're going to push forward in all of these areas with an NIH budget that received a \$10 billion boost in the Recovery Act, including \$1.3 billion for cancer research.

We need to resist complacency. The lesson we should take from the progress we've made in the last 30 years is not that we can afford to slow down or that we should shift resources to other priorities.

It's that the determination that groups like Komen for the Cure have shown pays off. We need you to keep fighting for America's moms and sisters and wives and best friends. If you do, we can beat this disease and leave a healthier future to our children.

Thank you.