

SB 892 Aims to Save Women's Lives

Oregon could triple the number of women screened for breast and cervical cancer but needs an appropriation to meet this modest goal

It is well known that early detection of breast and cervical cancer through proper screening increases survival rates.

Regrettably, Oregon is among the few states that fail to contribute state funds to a joint federal-state screening program for low-income, uninsured women. Besides federal grant money, the only source of funding for Oregon's Breast and Cervical Cancer Program (BCCP) comes from a private foundation, the Susan G. Komen for the Cure, Oregon and Southwest Washington Affiliate.

SB 892 proposes tripling the reach of Oregon's BCCP by committing the state to screen at least 22,000 women each year. If that goal is met, about one-third of eligible women would be screened.

To meet this modest but important goal and fulfill its lifesaving promise, however, SB 892 needs an appropriation.

Early breast and cervical cancer screening saves lives

Early detection and treatment are key to surviving breast or cervical cancer. The death rate from breast cancer among U.S. women has declined since 1990, due to both screening and improvements in treatment. When breast cancer is detected early, the five-year survival rate is 98 percent.¹ Similarly, cervical cancer, once the leading cause of death among U.S. women, now can be prevented altogether if abnormal cells are detected early enough through a simple Pap test.²

Oregon has a special concern with breast cancer. Among all states, Oregon consistently has one of the highest incidence rates of female breast cancer, the second leading cause of cancer deaths among Oregon women.³

Low-income and uninsured women are particularly vulnerable

Not all women have good access to cancer screening. Low-income women and women without health insurance coverage are less likely to get breast and cervical cancer screenings. As a result, they are more likely to have their cancer diagnosed at an advanced stage.⁴

Uninsured women in Oregon are about half as likely as insured women to report having had a mammogram within the previous two years.⁵ In 2006, 78.7 percent of insured Oregon women age 40 to 64 had recently had a mammogram, compared to only 37.7 percent of uninsured

women. Among women in the same age group, 64.8 percent of those uninsured had had a recent Pap smear, compared to 89.7 percent of insured women.

Federal and private funds for screening only go so far

Oregon's screening program is part of the National Breast and Cervical Cancer Early Detection Program, which is overseen by the Centers for Disease Control (CDC) and implemented by states. All 50 states currently participate, providing free or low-cost breast and cervical cancer screening and diagnostic services.⁶ The primary funding source is a federal block grant administered by the CDC, but states are required to provide one dollar for every three dollars in federal money. Matching funds can come from either the public coffers or private donations.⁷

The federal funds cover only a small portion of eligible women. Nationally, the CDC program reaches 15.9 percent of women eligible for breast cancer screening services.⁸ Congressional appropriations for the screening program have been flat in recent years, and rising medical costs also make it difficult for states to maintain, much less increase, the number of women screened annually.⁹

States that want to expand coverage or provide additional services must look beyond federal funds. State funding and contributions from private sources can be used to provide services to younger women, to pay for technologies such as MRIs that federal funding does not cover or to help maintain or increase the number of women screened each year.

With no state funds, Oregon's screening program reaches few women

Oregon's BCCP offers screening services through a statewide network of healthcare providers. Women age 40-64 are eligible for screening if their family income is below 250 percent of the federal poverty level — \$27,075 for a single individual or \$45,775 for a family of three in 2009 — *and* if they are uninsured or underinsured.¹⁰

Oregon is rare among states in that it does not contribute public money to its screening program. Oregon qualifies for federal funds exclusively with contributions from the Susan G. Komen for the Cure, Oregon and Southwest Washington Affiliate.¹¹ By contrast, at least 41 other states provide state funds to their screening program.¹²

Lacking state funds, Oregon's BCCP reaches few eligible women. Oregon screens about 7,000 women per year, or about 11 percent of those eligible.¹³ Thus, only one out of nine eligible women is being screened each year.

SB 892 rightly would expand Oregon's screening program but needs an appropriation to do so

SB 892 would require Oregon to screen at least 22,000 women per year, 15,000 more women than at present, allowing the program to reach about a third (33.8 percent) of eligible women. This goal is feasible but modest. Washington and Colorado, for example, two states that use the same income eligibility level as Oregon, each contribute state funds to their screening program and reach about a quarter of eligible women in their state.¹⁴ Oregon would still leave two out of three eligible women without lifesaving screening if it reaches its goal.

Using a Department of Human Services (DHS) proposal for a more limited expansion, OCPP estimates that the modest but important expansion set by SB 892 would cost approximately \$8 million in the 2009-11 biennium.¹⁵

SB 892 directs DHS to pay for the expansion out of funds specifically appropriated for the purpose of breast and cervical cancer screening. While that provision would prevent the department from taking funds appropriated for another program to pay for the screening, the bill does not provide funding. The goal set in SB 892 cannot be met unless the legislature appropriates funds.

Conclusion

SB 892 sets a goal of increasing the number of women screened for breast and cervical cancer threefold. The goal is important but modest, leaving about two-thirds of eligible women without lifesaving screenings each year. But in order to fulfill the promise of SB 892, the legislature needs to back the screening goal with an adequate appropriation.

If it joins the majority of other states and provides the state funding necessary to accomplish this goal, Oregon can significantly improve an established program with a track record of saving lives.

Endnotes

¹ American Cancer Society, *Breast Cancer Facts and Figures, 2007-2008*, available at www.cancer.org/downloads/STT/BCFF-Final.pdf.

² Centers for Disease Control and Prevention (CDC), *National Breast and Cervical Cancer Early Detection Program Facts, 2008/2009*, available at www.cdc.gov/cancer/nbcedp/bccpdfs/o809_nbcedp_fs.pdf; American Cancer Society, *Cancer Prevention and Early Detection Facts and Figures, 2008*, available at www.cancer.org/downloads/STT/CPED_2008.pdf.

³ Oregon State Cancer Registry, *Cancer in Oregon 2005*, August 2007, available at www.oregon.gov/DHS/ph/oscar/arpt2005/index.shtml.

⁴ American Cancer Society, *Cancer Prevention and Early Detection Facts and Figures*.

⁵ OCPP analysis of 2006 Oregon Behavioral Risk Factor Surveillance System (BRFSS) data.

⁶ CDC, National Breast and Cervical Cancer Early Detection Program, www.cdc.gov/cancer/nbcedp/about.htm.

⁷ A. Blythe Ryerson, Vicki B. Benard, and Anne C. Major, *National Breast and Cervical Cancer Early Detection Program, 1991-2002 National Report*, CDC, 2005, available at www.cdc.gov/cancer/nbcedp/bccpdfs/national_report.pdf.

⁸ CDC, *National Breast and Cervical Cancer Early Detection Program Facts*. The figure is for women age 40-64 who receive breast cancer screening. Nationally, 7.1 percent of eligible women age 18-64 are screened for cervical cancer through the program. Oregon's cervical cancer screening program is limited to women age 40-64.

⁹ Department of Health and Human Services, CDC, *Justification of Estimates for Appropriation Committees*, fiscal years 2006-2009, available at <http://www.cdc.gov/fmo/topic/Budget%20Information/index.html>; see also Testimony of Shelley Fuld Nasso, Susan G. Komen for the Cure Advocacy Alliance, to U.S. House Committee on Oversight and Government Reform, January 29, 2008, pp. 5-6, available at komenpolicy.org/komenadvocacy/o331_houseoversight_testimony.html.

¹⁰ A woman is considered underinsured if her insurance does not pay for preventive health exams such as mammograms or if the program has a deductible of \$500 or more. Women under age 40 are eligible for breast cancer screening only, and only if they have symptoms of breast cancer. Men of any age who have symptoms of breast cancer are eligible for breast cancer screening only. DHS, Oregon Breast and Cervical Cancer Program, Breast and Cervical Cancer Program (BCCP) eligibility guidelines, available at www.oregon.gov/DHS/ph/bcc/index.shtml.

¹¹ Department of Human Services (DHS), 2009-2011 Agency Request Budget, Public Health Division, Division Narrative, p. 98, available at www.oregon.gov/DHS/aboutdhs/budget/09-11budget/arb/.

¹² In an informal email survey of state participants in the national screening program by Oregon DHS staff in January 2009, 37 states responded that they contributed state funding to their screening program. Based on information provided on web sites, OCPP identified four additional states that contribute state funding. Florida, Idaho, Nevada, South Dakota and Vermont confirmed that they do not contribute state funding. Connecticut, Hawaii and Mississippi

did not respond to the survey and do not provide funding information on their web site. Not all states necessarily provide general funds. California, for example, provides state tobacco tax revenue.

¹³ The Oregon Department of Human Services estimates that 44,000 women are eligible for the program, which would mean it reaches 16 percent of those eligible. DHS, 2009-2011 Agency Request Budget, Public Health Division, Division Narrative, p. 98, available at www.oregon.gov/DHS/aboutdhs/budget/09-11budget/arb/. OCPP bases the 11 percent figure on Current Population Survey estimates, which show that 65,000 Oregon women age 40-64 were uninsured with income below 250 percent of the federal poverty level in 2006-07, the most recent year for which data are available.

¹⁴ Colorado screened about 13,600 women in 2005-06, out of an estimated 54,000 eligible (25 percent). Washington screened about 17,000 women in 2007, out of 62,000 eligible (24 percent). The number of eligible women for each state is from OCPP analysis of CPS data. Washington State Department of Health, "Cancer Screenings for Low-Income Women Rise; Additional Outreach to Come," news release, October 4, 2007; Pama Joyner, director, Washington Cancer Prevention and Control Unit, email message to Joy Margheim, OCPP, March 6, 2009; Colorado Department of Public Health and Environment, *Making a Difference in Colorado's Health: Amendment 35 Annual Report*, 2008, p. 15, available at www.cdph.ca.gov/programs/cancerdetection/Pages/CancerDetectionProgramsEveryWomanCounts.aspx.

¹⁵ For a proposal submitted as part of its 2009-11 budget request, DHS estimated the biennial cost of screening an additional 10,000 women per year at \$5.4 million. DHS, 2009-11 Draft Budget, Policy Option Packages, POP 191, Increased Access to Oregon BCCP and BCCM Services — A Two-Part POP, p. 73, available at www.oregon.gov/DHS/aboutdhs/budget/09-11budget/pops/1_04.pdf. The expansion proposed by SB 892 would reach 15,000 additional women per year, so OCPP multiplied the earlier cost estimate by 1.5 to get \$8.1 million.

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