

**REVENUE:** No revenue impact

**FISCAL:** Fiscal statement issued

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**Action:** Do Pass and Be Referred to the Committee on Ways and Means

**Vote:** 5 - 0 - 0

**Yeas:** Bates, Kruse, Morrisette, Morse, Monnes Anderson

**Nays:** 0

**Exc.:** 0

**Prepared By:** Robert Shook, Administrator

**Meeting Dates:** 4/9, 4/21

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**WHAT THE MEASURE DOES:** Expands eligibility for medical assistance for low-income and uninsured women diagnosed with breast or cervical cancer.

**ISSUES DISCUSSED:**

- Most restrictive option allowed under federal laws for determining eligibility
- Medicaid treatment options and eligibility for screening and treatment
- Qualification requirements and family income federal poverty levels.

**EFFECT OF COMMITTEE AMENDMENT:** No amendment.

**BACKGROUND:** Oregon ranks in the top five of states with regard to the incidence of breast cancer, with 2,444 women diagnosed with breast cancer, and 134 women diagnosed with cervical cancer in 2008. Low-income and uninsured women often do not have access to screening for breast and cervical cancers and are therefore more likely to wait to seek medical assistance until a cancer is symptomatic.

Oregon's Breast and Cervical Cancer Medical Program (BCCM) lets women diagnosed with breast or cervical cancer enroll in Medicaid for treatment if they have limited income and no insurance. Unfortunately, an unnecessarily restrictive eligibility rule blocks many low-income, uninsured women from the program. The rule bars women, who would otherwise qualify for the BCCM if their screening and diagnostic services were not paid through a companion screening program. If the cancer sufferer receives her screening services from a doctor who is not part of the breast cancer program, the patient pays for the services out of her own pocket, or gets diagnosed in an emergency room, and she is ineligible for treatment under the BCCM.

Senate Bill 891 opens a way for women to receive treatment through the BCCM regardless of who provides their screening and diagnostic services. In doing so, the measure would potentially allow an estimated 128 more Oregon women to receive cancer treatment during an average month in the 2009-11 budget cycle and 400 more in the 2011-13 biennium. Three-quarters of the funds to pay for the expansion would come from the federal government.