

**FISCAL IMPACT OF PROPOSED LEGISLATION****Measure: SB 433**Seventy-Sixth Oregon Legislative Assembly – 2011 Regular Session  
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Date: 3/14/2011**Measure Description:**

Expands eligibility for medical assistance for low-income and uninsured women diagnosed with breast or cervical cancer.

**Government Unit(s) Affected:**

Oregon Health Authority (OHA), Department of Human Services (DHS)

**Summary of Expenditure Impact:**Oregon Health Authority (OHA)

	2011-13 Biennium	2013-15 Biennium
General Fund	\$819,163	\$3,036,648
Other Funds	153,462	569,319
Federal Funds	2,772,251	10,281,063
<b>Total Funds</b>	<b>\$3,744,876</b>	<b>\$13,887,030</b>

Department of Human Services (DHS)

	2011-13 Biennium	2013-15 Biennium
General Fund	\$32,993	\$104,922
Other Funds	0	0
Federal Funds	32,817	104,363
<b>Total Funds</b>	<b>\$65,810</b>	<b>\$209,285</b>
Positions	1	2
FTE	0.42	1.46

**Local Government Mandate:**

This bill does not affect local governments' service levels or shared revenues sufficient to trigger Section 15, Article XI of the Oregon Constitution.

**Analysis:**

Senate Bill 433 requires the Oregon Health Authority (OHA) to provide medical assistance to women who meet the eligibility criteria for the Oregon Breast and Cervical Cancer Program (BCCP).

Under current law, a woman who is diagnosed with breast or cervical cancer can only qualify for the BCCP if she received a screening service through the Program. In addition, only a limited number of "certified" medical providers are authorized to diagnose and refer breast and cervical cancer patients to the Program. The BCCP provides screening to women between the ages of 40 and 64, and younger if they meet specific symptomatic criteria. These screenings occur at a limited number of "certified" providers who are reimbursed by the Public Health Department with funds from the Centers for Disease Control. If the results of one of these screenings show breast or cervical cancer, or pre-cancerous conditions, BCCP clients can receive treatment on a fee for service basis through the Oregon Health Plan's Breast and Cervical Cancer Medical (BCCM) program, if the following conditions are met:

1. The client has income no more than 250% of the Federal Poverty Level (FPL); and

2. The client is uninsured or underinsured, including ineligibility for any other Oregon Health Plan programs.

Passage of this bill would expand entry into the BCCP for any woman with breast or cervical cancer who meets the two eligibility criteria above, regardless of whether or not she received screening services through the BCCP. Any medical provider who diagnoses a woman in need of treatment for breast and cervical cancer may make a presumptive eligibility determination and referral to OHA.

#### Oregon Health Authority (OHA)

Using census and Centers for Disease Control data, the Authority estimates that passage of this bill could result in an average caseload increase of 67 clients for the 2011-13 biennium and about 249 new clients by the end of the 2013-15 biennium. Using the 2009-11 pricing model, the Medical Assistance Program estimates the program expenditures increase to be \$3.7 million Total Funds for 2011-13 and \$13.9 million for the 2013-15 biennium. These costs are calculated at the rate of 22% General Fund, 4% Other Funds (Provider Tax) and 74% Federal Funds. Note that these numbers are rough estimates. Medical inflation and policy changes through health care reform, at both the state and federal level, will impact the cost of this program.

#### Department of Human Services (DHS)

To manage the increase in caseload, the Children, Adults and Families Division (CAF) of DHS anticipates establishing positions (\$65,810 Total Funds / 0.42 FTE in 2011-13 and \$209,285 Total Funds / 1.46 FTE in 2013-15) to perform eligibility determination and caseload management activities. These costs are calculated at the Medicaid Administration rate of 50% General Fund and 50% Federal Funds.

This bill requires budgetary action for allocation of General Fund resources and position establishment.