76th OREGON LEGISLATIVE ASSEMBLY – 2011 Regular Session MEASURE:

STAFF MEASURE SUMMARY

Joint Committee on Ways and Means Carrier - House: Rep. Tomei

Carrier - Senate: Sen. Rosenbaum

SB 433

Revenue: No revenue impact Fiscal: Fiscal statement issued

Action: Do Pass **Vote:** 24-0-1

<u>House</u>

Yeas: Beyer, Buckley, Cowan, Freeman, Garrard, Komp, Kotek, McLane, Nathanson, Richardson,

G. Smith, Thatcher, Whisnant

Nays:

Exc: Nolan

Senate

Yeas: Bates, Devlin, Edwards, Girod, Johnson, Monroe, Nelson, Thomsen, Verger, Whitsett, Winters

Nays: Exc:

Prepared By: Linda Ames, Legislative Fiscal Office

Meeting Date: June 8, 2011

WHAT THE MEASURE DOES: Expands eligibility for medical assistance for low-income and uninsured women diagnosed with breast or cervical cancer. Allows the Oregon Health Authority (OHA) to establish eligibility criteria for the Oregon Breast and Cervical Cancer Program (BCCP).

ISSUES DISCUSSED:

Fiscal impact of the bill is included in SB 5529, the budget bill for OHA

EFFECT OF COMMITTEE AMENDMENT: No amendment.

BACKGROUND: BCCP is part of the National Breast and Cervical Cancer Early Detection Program. Administered by the Public Health Division, BCCP helps low-income, uninsured, and medically underserved women gain access to lifesaving screening programs for early detection of breast and cervical cancers. Each year, approximately 7,000 eligible individuals receive screening services. BCCP is funded by the Centers for Disease Control and Prevention, the Susan G. Komen for the Cure Oregon and SW Washington Affiliate, and the American Cancer Society.

Low-income, uninsured women under the age of 65 who are diagnosed with breast or cervical cancer may be eligible to enroll in the Breast and Cervical Cancer Medical Program. These women get the full Oregon Health Plan Plus benefit package for the term of their cancer treatment. Current law limits eligibility for this program to women who were screened by a BCCP provider. SB 433 would allow OHA to set by rule the eligibility criteria for medical assistance. The Division of Medical Assistance Programs estimates that this would result in an average caseload increase of 67 clients for the 2011-13 biennium.