

American Cancer Society Cancer Action Network
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February 14, 2013

To: Chair Monnes-Anderson, Senate Committee on Health Care and Human Services

From: Jason Parks, Government Relations Director, American Cancer Society Cancer Action Network

RE: Senate Bill 362

The American Cancer Society Cancer Action Network (ACS CAN), the nonprofit, nonpartisan advocacy partner of the American Cancer Society, supports evidence-based policy and legislative solutions designed to eliminate cancer as a major health problem. We fully support the Oregon Breast and Cervical Cancer Program (BCCP) and the life-saving treatment services that have detected over 250 invasive breast cancers and nearly 250 cervical cancers and precancerous lesions since 2006.

After reviewing Senate Bill 362, we would like to express our concerns about the introduced language, specifically the requirement that the program screen a specified number of women. If the intent of the legislation is to evaluate the performance of the program and (subject to approval) its use of state funds, we would encourage the committee and stakeholders to consider requiring the program to submit an annual report that includes performance indicator data consistent with reporting required by the Centers for Disease Control and Prevention (CDC). The CDC requires all states, tribes and territories participating in the National Breast and Cervical Cancer Early Detection Program (NBCCEDP) to submit performance indicator data and evaluation reports on a semi-annual basis. These reports require states to document their utilization of program resources, program performance and services delivery. The collection of this data allows CDC to provide feedback, technical assistance and program planning support to state programs.

We suggest that the committee consider working with the staff and leadership at the Oregon BCCP and key stakeholders, to determine the most appropriate data and/or information that should be included a program evaluation report to effectively document the performance and utilization of state, federal and private funding by the BCCP. This criteria could include: a description of Oregon's rate of breast cancer morbidity (incidence) and mortality; the screening priorities of the program; the extent to which women participate in the cancer screening program and strategies being employed to reach target populations and, consistent with the CDC's reporting requirements, information on program performance, resource allocation and service delivery.

We believe that this approach will allow the members of the legislature to conduct a comprehensive evaluation and analysis of Oregon's BCCP goals, priorities, objectives and accomplishments.

Currently, the State of Oregon provides no state funding for the BCCP, greatly limiting the number of women who can be screened through the program. We fully support the sponsors' efforts to secure state appropriations for the program, which will greatly improve access to screening, diagnostic and treatment services for low-income, uninsured/under-insured Oregon women. ACS CAN recommends that state's match the grant amount provided by the CDC and at a minimum appropriate \$1 in state funds for every \$3 in federal funds from the CDC. We look forward to working with the members of this committee and key stakeholders to secure FY14 program funding.

In Oregon, we estimate 3,310 women will be diagnosed with breast cancer and 120 will be stricken with cervical cancer this year, but only a fraction of these women will receive their screening and diagnosis through the BCCP program. ACS CAN is in agreement that current funding for the program is woefully inadequate and is a situation that needs to be addressed by the legislature. However, we see potential pitfalls contained in the current draft of Senate Bill 362 which could be alleviated by considering some of the above mentioned approaches to evaluate and report on the program's performance.

On behalf of ACS CAN I would like to thank you for the opportunity to comment on SB 362 and we would like to work with the committee, the staff and leadership in the Breast and Cervical Cancer Program and other key stakeholders to draft language that will provide the program with state funding and evidence of program efficiency and cost effectiveness.

Thank you for your time and consideration of this important issue.