



PUBLIC HEALTH DIVISION
Center for Prevention and Health Promotion

John A. Kitzhaber, MD, Governor

Oregon
Health
Authority

800 NE Oregon St., Ste. 730
Portland, OR 97232-2195
Voice: 971-673-0982
FAX: 971-673-0994

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TO: The Honorable Laurie
Monnes Anderson, Chair
Senate Health Care and Human Services Committee

FROM: Bruce Gutelius, MD, MPH
Interim Center Administrator,
Center for Prevention and Health Promotion
Oregon Public Health Division
Oregon Health Authority

SUBJECT: SB 362 – Expanding Breast and Cervical Cancer Screening Services

Chair Monnes Anderson and members of the committee; I am Dr. Bruce Gutelius, Interim Administrator for the Center for Prevention and Health Promotion of the Public Health Division in the Oregon Health Authority.

I am pleased to be here today to give information regarding Senate Bill 362, requiring the Oregon Health Authority (OHA) to provide medical assistance for a specified number of breast and cervical cancer screenings through the Oregon Breast and Cervical Cancer Program (BCCP).

Compared with other states, the rate of new breast cancer cases among women in Oregon is one of the five highest in the nation. Additionally, one in five women in Oregon aged 21-65 years have not had a Pap test within the past 3 years. Early breast and cervical cancer screening has been proven to help save lives. Women with breast cancer have a 5-year survival rate of 99% if it is caught at Stage 1; that rate drops to 23% for breast cancer that is caught at Stage 4. Insurance also plays a key role, as uninsured women are more than twice as likely to receive a late-stage breast cancer diagnosis as women with insurance. When cervical cancer is found early, it is highly treatable, often curable, and associated with long-term survival and good quality of life.

The BCCP provides breast and cervical cancer screening services to Oregon's medically underserved individuals through a statewide network of clinical providers.

The program is funded by grants from the Centers for Disease Control and Prevention (CDC) and from the Susan G. Komen for the Cure, Oregon and SW Washington Affiliate. The BCCP is part of the CDC's National Breast and Cervical Cancer Early Detection Program (NBCCEDP), which funds programs in all 50 states. The CDC grant requires a match of local or state funds at a rate of \$1 state or local fund to every \$3 of federal funds. Currently, this match requirement is solely met through Komen funding and BCCP provider write-offs. No state funds are currently invested in the program.

Today, approximately 77,000 women in Oregon meet the eligibility requirements for BCCP. Based on data from a 2012 CDC report, we estimate that Oregon's BCCP-eligible population will decrease to about 26,000 in 2014 after more people are covered through the Health Insurance Exchange, CCOs and the Medicaid expansion. These current and anticipated needs exceed the BCCP's capacity to serve approximately 5,200 women per year with available grant funding. Consequently, thousands of low-income Oregon women currently go without the opportunity to be screened for breast and cervical cancer, and there will continue to be significant unmet needs even after expanded health insurance coverage is made available in the coming years.

As the bill is currently written, it is unclear how many additional women are intended to be covered. In addition to the direct cost of screening, there are costs associated diagnostic services that are needed to follow up on abnormal screening results. An increase in the number of women screened through the BCCP will result in a corresponding increase in the number of women diagnosed with cancer and entered into the Breast and Cervical Cancer Treatment Program (BCCTP) for cancer treatment. These treatment services are paid for through the Division of Medical Assistance Programs.

Cancer is one of the leading causes of death in Oregon. Early breast and cervical cancer screening and treatment saves lives and I am encouraged by your interest in this issue.

I am available to answer any questions you might have regarding the BCCP program. Thank you for the opportunity to testify here today.