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Co-Chair Senator Lee Beyer  
Co-Chair Representative Rob Nosse  
Joint Committee on Ways and Means Subcommittee on Human Services  
Emailed to: [jwmhs.exhibits@oregonlegislature.gov](mailto:jwmhs.exhibits@oregonlegislature.gov)

March 21, 2019

Dear Senator Beyer, Representative Nosse, and members of the Joint Committee on Ways and Means Subcommittee on Human Services –

We would like to show our support of funding the Oregon ScreenWise program at \$1.3 million, the level proposed by Susan G. Komen Oregon & SW Washington and American Cancer Society Cancer Action Network. This amount, which is more than the \$822k proposed by the Oregon Health Authority in HB5525, will provide ScreenWise enough funding to provide much-needed breast and cervical cancer screening and diagnostic exams to women 40 and over.

The Oregon ScreenWise (Breast and Cervical Cancer) Program provides critical breast and cervical cancer screening and diagnostic services to low-income (at or below 250% FPL), uninsured or underinsured, women who do not qualify for Medicaid. ScreenWise is funded, federally, by the Centers for Disease Control (CDC) and, locally, by the State of Oregon General Fund and Susan G. Komen Oregon & SW Washington.

Due to 2018 reductions in federal and state funding, the ScreenWise program needed to create cost-containment strategies which included limiting breast and cervical cancer screening services to women over 50, with diagnostic services to women over 21. We are concerned that this could potentially leave high risk women under 50 without access to breast and cervical cancer screening services that could save their lives.

We know that early detection saves lives. The Affordable Care Act ensures that breast cancer screenings be covered for insured women, beginning at age 40, as a preventive service. Without access to breast cancer early detection programs, many uninsured and underserved women are forced to delay or forego screenings, which could lead to late-stage breast cancer diagnoses. This delay could mean that a woman might not seek care until the cancer is advanced, making it up to five times more expensive and much harder to successfully treat.

For these reasons, we would like to see the Oregon ScreenWise program funded at \$1.3 million in HB5525 for the 2019-2021 biennium, and we respectfully request your support, as well.

Sincerely,

Dr. Nathalie Johnson  
Medical Director of Legacy Cancer Institute  
Legacy Medical Group Surgical Oncology

# High-Deductible Insurance Associated With Delayed Breast Cancer Care

By **Kaitlyn D'Onofrio** - March 5, 2019



*Nurse With Patient About To Have A Mammogram*

A study published in *Health Affairs* found that high out-of-pocket costs for patients with breast cancer are delaying diagnosis and treatment. “Policies may be needed to reduce out-of-pocket spending obligations for breast cancer care,” according to the researchers.

Researchers assessed time to first breast cancer **diagnostic testing**, diagnosis, and chemotherapy among women whose employers switched their insurance from low-deductible health plans (\$500 or less) to high-deductible health plans (\$1,000 or

more) between 2004 and 2014.

The cohort included 54,403 low-income and 76,776 high-income women continuously enrolled in low-deductible plans for a year who were switched to high-deductible plans for up to four years. These patients were matched with a control cohort that had low-deductible plans for comparison.

## High- and Low-Income Earners Impacted by High Deductibles

Women with both high and low incomes in the high-deductible cohort experienced increases in overall out-of-pocket medical spending that ranged from 47% to 72% for each follow-up year compared with baseline relative to control participants.

Low-income women in high-deductible plans experienced relative delays of 1.6 months to first breast imaging, 2.7 months to first biopsy, 6.6 months to incident early-stage **breast cancer diagnosis**, and 8.7 months to first chemotherapy. High-income women in high-deductible plans had shorter delays in breast cancer care, but the delays were not significantly different from the low-income cohort. High-income women in high-deductible plans experienced relative delays of less than one month to first breast imaging, 1.9 months to first biopsy, and 5.4 months to first chemotherapy.

These delays in breast cancer care persisted in the high-deductible plan cohort regardless of area in which they lived or predominant race of the area.

Researchers did not assess reasons for the delays, which is a limitation of the study.

### Kaitlyn D'Onofrio

Kaitlyn D'Onofrio is a digital medical writer. She is interested in musculoskeletal health, the effect of exercise on health, and mental health awareness. When she's not writing for DocWire, Kaitlyn is teaching yoga classes in her community, promoting wellness to her students.