# Legislative Briefing on Breast and Cervical Cancer

Arkansas Cancer Coalition

Susan G. Komen for the Cure Arkansas

UAMS
Winthrop P. Rockefeller Cancer Institute
University of Arkansas for Medical Sciences

American Cancer Society®

# Agenda

## 5th Annual Briefing on Cancer

January 6, 2010
Public Health Welfare and Labor Committee
10 A.M. – 1:00 P.M. Room 130 of the State Capitol.

Lunch will be served at Noon in the Capitol Hill Lounge

## Welcome and Opening Remarks

**Jason L. Brady**
*American Cancer Society*
*Government Relations Director - Arkansas*
*Mid-South Division, Inc.*

**Ronda S. Henry-Tillman, M.D., F.A.C.S**
*Member of Breast Cancer Advisory Board*
*Director of Cancer Control*
*Medical Director of Ladies Oncology Clinic*
*Winthrop P. Rockefeller Cancer Institute, UAMS*

**Glen P. Mays, Ph.D., M.P.H.**
*Professor and Chair of Health Policy*
*Fay W. Boozman College of Public Health, UAMS*

**Cheryl Ashmore-Callahan**
*BreastCare Recipient and Cancer Survivor*

**Sherrye McBryde**
*Executive Director*
*Arkansas Affiliate of Susan G. Komen for the Cure*

# Arkansas Cancer Coalition

Although the Arkansas Cancer Coalition (ACC) serves to fight all cancer diseases, the group was first formed to help support the state's efforts in fighting breast cancer. In 1992, Arkansas' breast cancer control program began, and a year later, the Arkansas Cancer Control Coalition formed to support and monitor the program. At the time, the Coalition joined forces with the Arkansas Department of Health's Breast and Cervical Cancer Control Program to initiate a five-year agreement with the Centers for Disease Control and Prevention to provide services for early detection for breast and cervical cancer. Through partnerships with YWCA EncorePlus, the American Cancer Society, The Witness Project and the Arkansas affiliate of the Susan G. Komen Breast Cancer Foundation, Arkansans were given access to early detection services in 1995. The Coalition led the way for the passage of The Breast Cancer Act of 1997. This act appropriated $3.5 million per year in state general revenue, with backup funding from a tobacco tax in1999, to provide breast cancer education, screening, diagnosis and treatment for eligible Arkansas women. In 2000, the Arkansas Cancer Control Coalition created the state's first comprehensive cancer conference, the Arkansas Cancer Summit. From that summit, a framework for a statewide comprehensive cancer control plan began to emerge. By the end of 2000, the Arkansas Cancer Control Coalition and ADH's comprehensive cancer planning taskforce merged to form the Arkansas Cancer Coalition (ACC). In November 2001, the Arkansas Cancer Plan: A Framework for Action was published and led the way for implementation funding from the CDC.

## How You Can Help

The Arkansas Cancer Coalition is the state's only organization solely focused on bringing together an array of partners to implement the state's cancer plan. The ACC staff, members and volunteers work tirelessly each day to help reduce Arkansas's overall cancer burden. There are many ways in which you can join the fight:

- **Join the coalition** to increase the number of individuals fighting cancer in Arkansas.
- **Make a tax-deductible or in-kind contribution** to support programs such as the Arkansas Cancer Summit.
- **Help develop new information tools** to enhance the ACC's capacity to build new partnerships that will increase awareness and involvement in cancer control.

***For more information on the Arkansas Cancer Coalition, the Arkansas Cancer Summit or to download the Arkansas Cancer Plan, visit www.arcancercoalition.org***

Arkansas Cancer Coalition

# American Cancer Society

The American Cancer Society saves lives and creates a world with less cancer and more birthdays by helping you stay well, helping you get well, by finding cures and fighting back. As the nation's largest non-governmental investor in cancer research, contributing about $3.4 billion, we turn what we know about cancer into what we do. To learn more about us or to get help, call 1-800-227-2345 or visit www.cancer.org.

American Cancer Society®

# Arkansas Cancer Community Network at UAMS

Arkansas is ranked 12th highest for cancer death rates in the United States with severe disparities for breast, prostate, gynecological, and colorectal cancers. The Arkansas Cancer Community Network (AR-CCN) at the University of Arkansas for Medical Sciences (UAMS) Winthrop P. Rockefeller Cancer Institute is working with community partners, academic institutions and junior and senior researchers to address cancer-related disparities to bridge the gaps from discovery to development and from development to delivery of beneficial interventions for underserved communities in Arkansas. Bridging these gaps will significantly improve access to and utilization of beneficial cancer interventions in community's experiencing a disproportionate cancer health burden, thereby reducing these disparities.

Our ultimate purpose is reducing community-level health disparities. This will be accomplished by working with communities, communities-based organizations, and academic institutions to discover ways to 1) reduce disparities; 2) measure disparity reduction; 3) apply this information through dissemination and policy development; and 4) sustain effective interventions at local, state, and possibly national levels by implementing policies and gaining support from varied sources.

Funded by the National Cancer Institute (NCI)
Center to Reduce Cancer Health Disparities (CRCHD)

UAMS
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UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES

# Susan G. Komen for the Cure

Susan G. Komen for the Cure® is the global leader of the breast cancer movement, having invested nearly $1.5 billion since inception in 1982. As the world's largest grassroots network of breast cancer survivors and activists, we're working to save lives, empower people, ensure quality care for all and energize science to find the cures.

Locally, the Arkansas, Ozark and Texarkana Affiliates of Susan G. Komen for the Cure take great pride in hosting three annual races with 75,000 participants for the purpose of investing in the breast health and breast health literacy of the women of Arkansas. Funds from these races totally nearly $15,000,000 have been invested in Arkansas.

Every day, countless family members, friends and co-workers are affected by, battle with, or are lost to breast cancer. That is why the Arkansas, Ozark and Texarkana Affiliates of Susan G. Komen for the Cure are committed to ending breast cancer forever. Because all women are at risk for breast cancer, our grassroots events pull people from all walks of life, backgrounds and ages together for the common goal of finding a cure for breast cancer unlike any other event in our community.

Nothing speaks more clearly to the progress we've made against breast cancer than the 2.5 million breast cancer survivors are living in the United States today. We are saving lives.

susan G. komen FOR THE cure ARKANSAS

## Facts about the Arkansas Department of Health

The Arkansas Department of Health is a unified health department, operating local health units in each of the state's 75 counties. The work of the Arkansas Department of Health affects the state's entire population every day. In urban areas and throughout the most rural parts of the state, employees provide a wide range of services. They investigate diseases and public health threats, provide preventive health services in clinical and in-home settings, and educate and monitor trends that impact the public's health.
BreastCare is located in the Comprehensive Cancer Control Section within the Chronic Disease Branch, Center for Health Advancement. The purpose of BreastCare is to provide outreach, public and professional education, screening, diagnosis, treatment, quality assurance and trend analysis for breast and cervical cancer among women in Arkansas.

BreastCare was established in 1992 with grant funds from the National Breast and Cervical Cancer Early Detection Program. Program eligibility includes Arkansas residency, age 40 to 64 years, and 200% of federal poverty level, and underinsured or uninsured. In 1997, the program began receiving state funds. This allowed the program to expand screening and diagnosis efforts and begin treating diagnosed breast and cervical cancers. In 2001, Arkansas began to participate in Medicaid Category 07 which treats eligible women who are diagnosed with breast or cervical cancer.

BreastCare follows the guidelines of the National Breast and Cervical Cancer Early Detection Program. The program uses a decentralized model to provide services to eligible women statewide. The program's services are available in all 75 counties with locations that include local health units, community health centers and Area Health Education Centers. BreastCare also contracts with private providers and specialists throughout the state.
Since 1999, state funding for BreastCare has depended on statewholesale tobacco tax revenues. While Federal grant funds have remained stable or have increased slightly, state revenue has decreased.

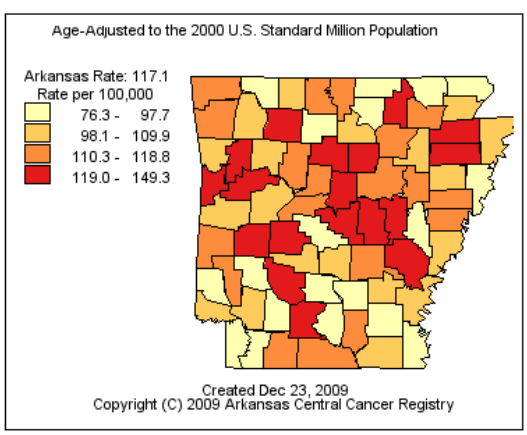
For more information on the services of the Arkansas Department of Health, visit For more information about BreastCare, visit www.arbreastcare.com or phone toll free 877-6702273.

# Facts and Figures about Breast and Cervical Cancer in Arkansas

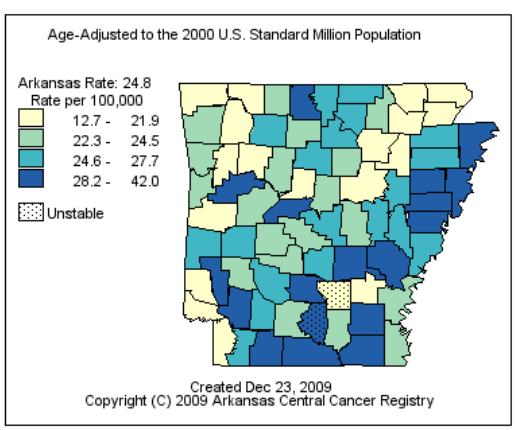
## Breast Cancer

- It is estimated that about 1,790 Arkansas women will be diagnosed with breast cancer and 410 women will die due to breast cancer in 2010.
- In 2005, 58% of Arkansans diagnosed with breast cancer were diagnosed at a localized stage, 36% were diagnosed at a regional stage and 5% were diagnosed at an advanced stage.
- For the period 1997 – 2005, there were 3,111 newly diagnosed cases of insitu breast cancer among females which translates to approximately 345 cases per year in Arkansas. Insitu means a noninvasive cancer in which abnormal cancer cells are found in the breast, but which have not spread to other tissues.
- The age-adjusted incidence rates of insitu breast cancer among females in Arkansas were below the national average from 1997 – 2005.

Age-Adjusted Cancer Mortality Rates in Arkansas, Female Breast, 1997-2005, By County



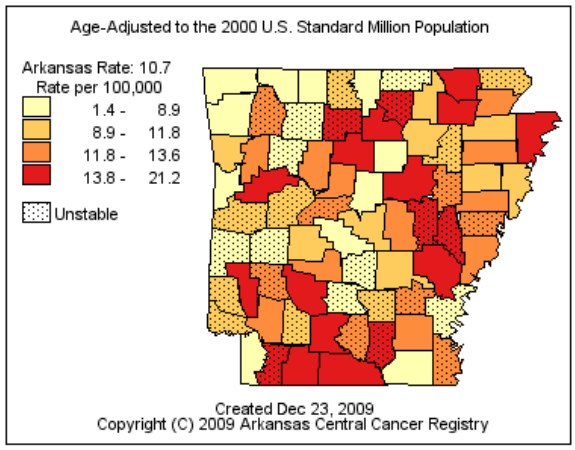

Age-Adjusted Cancer Incidence Rates in Arkansas, Female breast, 1997-2006, By County



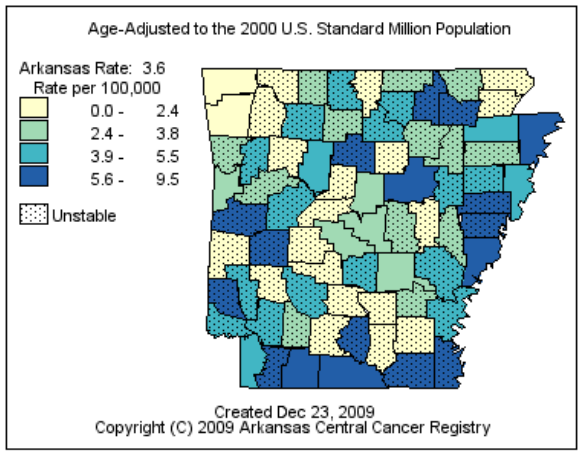

## Cervical Cancer

- It is estimated that about 149 Arkansas women will be diagnosed with cervical cancer and 54 women will die from cervical cancer in 2010.
- In 2005, 49% of Arkansans diagnosed with cervical cancer were diagnosed at a localized state, 33% were diagnosed at a regional stage, and 14% were diagnosed at an advanced stage.
- The age-adjusted mortality rates of cervical cancer in Arkansas were at or above the national average for the 1997 – 2005 period.
- The age-adjusted incidence rates of cervical cancer in Arkansas were at or above the national average for the 1997 – 2005 period.

Age-Adjusted Cancer Incidence Rates in Arkansas, Cervix Uteri 1997-2005, By County




Age-Adjusted Cancer Mortality Rates in Arkansas, Cervix Uteri 1997-2005, By County




**BreastCare, a program of the Arkansas Department of Health**

- Established in 1992 with grant funds from the National Breast and Cervical Cancer Early Detection Program.
- Eligibility includes Arkansas residency, age 40 – 64 years, and 200% of federal poverty level (FPL).
- BreastCare began to receive state funds in 1997. In 2001, Arkansas began to participate in Medicaid Category 07, which treats eligible women who are diagnosed with breast or cervical cancer.
- Since 1999, state funding for BreastCare has depended on statewholesale tobacco tax revenues. While Federal grant funds have remained stable or have increased slightly, state revenue has decreased.
- There are over 48,000 Arkansas women who are eligible for breast and cervical cancer screening through BreastCare. It is estimated that in FY2010 the program will be able to screen only about 10,000 women.
- Data collected on BreastCare women from July, 2008 through June 2009 showed that the percent of women who were screened for breast cancer through the program and diagnosed with lower stage cancers (stages 0 – 2) was 78% as compared to 65% early stage cancers among women who entered the program already diagnosed. For women who were screened for cervical cancer through the program and diagnosed with lower stage cancers (CIS – 2) was 92% as compared with 73% who entered the program already diagnosed.

References:

Arkansas Department of Health, “Arkansas Cancer Facts and Figures.” Published March, 2009.

Arkansas Department of Health, “Treatment Cost-Savings for BreastCare Breast and Cervical Cancer Patients.” unpublished (December, 2009)

# Breast Cancer Screenings Among Women in Arkansas, 2008

Mammograms and clinical breast exams are used to detect breast cancer early. When breast cancer is found early, treatment is most effective, and many women go on to live long and healthy lives. Women should speak with a health care provider to determine what screenings are appropriate. The table shows the percentage of Arkansas women age 40 and over who have not received breast cancer screenings. The 95% confidence intervals are presented in parentheses.

| Breast Cancer Screenings Among Women Age 40 and Over in Arkansas, 2008 | | |
|---|---|---|
| | No mammogram in past two years | No clinical breast exam in past year |
| | Percent (95% Confidence Interval)* | Percent (95% Confidence Interval)* |
| RACE | | |
| Black | 22% (16.6, 27.5) | 34% (28.2, 41.2) |
| White | 29% (27.0, 31.6) | 42% (39.5, 44.4) |
| EDUCATION | | |
| High school or less | 32% (29.5, 35.4) | 48% (44.6, 50.9) |
| Some college or more | 26% (22.9, 28.8) | 35% (31.9, 38.3) |
| MARITAL STATUS | | |
| Married | 26% (23.0, 28.4) | 39% (36.0, 42.0) |
| Not married | 35% (32.2, 38.5) | 46% (42.8, 49.3) |
| HEALTH INSURANCE | | |
| Yes | 25% (23.1, 27.2) | 39% (36.2, 40.9) |
| No | 57% (49.3, 63.4) | 61% (54.2, 68.0) |

*As a general rule, estimates are considered significantly different if the confidence intervals of the groups being compared do not overlap.

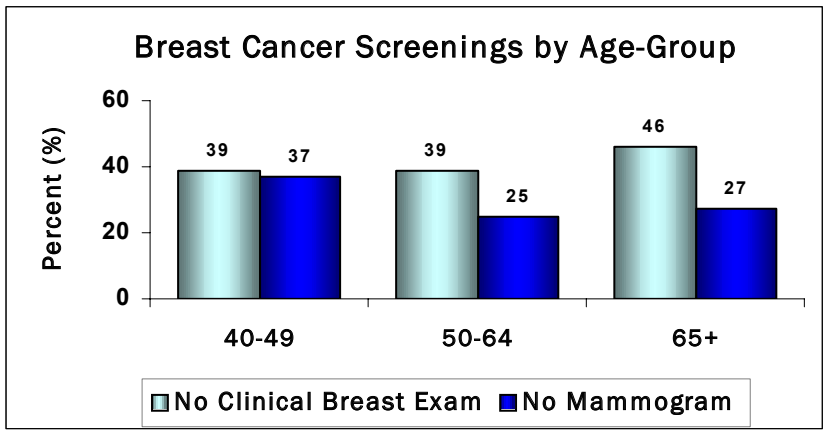
***Mammogram.*** Among women age 40 and over in Arkansas, 29% have not received a mammogram in the past two years. The following women are less likely to have received this breast cancer screening:

- Women with high school education or less.
- Women who are not married.
- Women with no health insurance

***Clinical Breast Exam.*** Among women age 40 and over in Arkansas, 41% have not received a clinical breast exam in the past year. The following women are less likely to have received this breast cancer screening:

- Women with high school education or less.
- Women who are not married.
- Women with no health insurance.

Arkansas women age 40 and over are less likely to have received a breast cancer screening if they do not have health insurance.



| Breast Cancer Screenings Among Women Age 40 and Over in Arkansas, 2008 | | |
|---|---|---|
| | No mammogram in past two years | No clinical breast exam in past year |
| | Percent (95% Confidence Interval)* | Percent (95% Confidence Interval)* |
| INCOME | | |
| Less than $15,000 | 37% (31.8, 43.4) | 54% (47.5, 59.5) |
| $15,000-$24,999 | 36% (31.3, 41.7) | 48% (42.7, 53.4) |
| $25,000-$34,999 | 35% (29.1, 41.7) | 47% (40.4, 53.4) |
| $35,000-$49,999 | 27% (21.7, 33.8) | 45% (38.6, 51.6) |
| $50,000+ | 22% (18.1, 25.3) | 29% (25.4, 33.6) |
| METROPOLITAN vs. Non-METROPOLITAN** | | |
| Metropolitan | 28% (25.4, 31.1) | 38% (35.0, 41.2) |
| Non-Metropolitan | 30% (27.2, 33.3) | 45% (42.0, 48.6) |

*As a general rule, estimates are considered significantly different if the confidence intervals do not overlap. **Metropolitan areas of Arkansas include center cities, counties containing center cities, and suburban counties. Any areas outside of metropolitan areas are considered non-metropolitan.

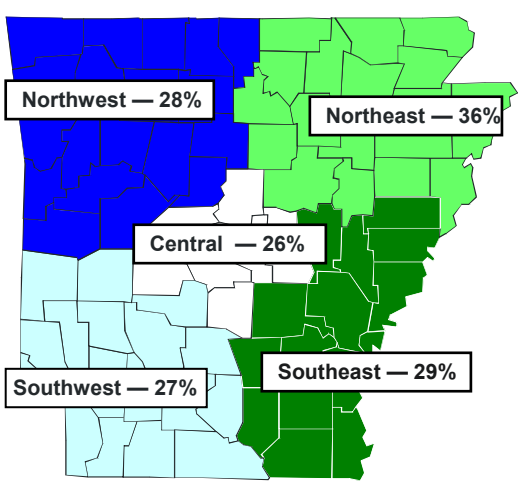
***Mammogram.*** The table shows how mammogram screening rates vary among women age 40 and over in Arkansas.

***Clinical Breast Exam.*** As shown in the table, the following women are less likely to have received a clinical breast exam in the past year:

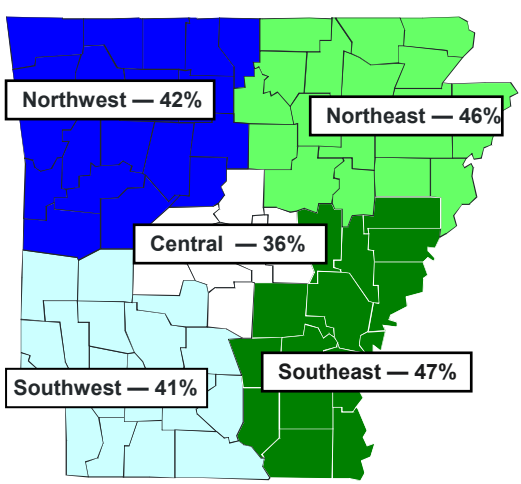
- Women with an annual household income
- less than $50,000.
- Women who live in non-metropolitan areas.

Arkansas women age 40 and over are less likely to have received a clinical breast exam if their annual household income is less than $50,000

No Mammogram in the Past Two Years




No Clinical Breast Exam in Past Year




ARKANSAS DEPARTMENT OF Health
Keeping Your Hometown Healthy

Arkansas Behavioral Risk Factor Surveillance System- **http://brfss.arkansas.gov**
Arkansas Department of Health- **http://www.HealthyArkansas.com**

# Cervical Cancer Screening Among Women in Arkansas, 2008

| Cervical Cancer Screening Among Women Age 18 and Over in Arkansas | |
|---|---|
| No Pap Test in past three years | |
| | Percent (95% Confidence Interval)* |
| RACE | |
| Black | 13% (8.1, 18.9) |
| White | 20% (17.7, 23.0) |
| EDUCATION | |
| High school or less | 26% (22.6, 30.6) |
| Some college or more | 14% (11.0, 16.6) |
| MARITAL STATUS | |
| Married | 13% (11.1, 15.4) |
| Not married | 29% (24.8, 34.4) |
| HEALTH INSURANCE | |
| Yes | 17% (14.8, 19.4) |
| No | 26% (20.3, 33.0) |

*As a general rule, estimates are considered significantly different if the confidence intervals

The Pap Test is performed during a routine pelvic exam and helps identify the presence of abnormal cells on the cervix. Early detection and treatment of these abnormalities can prevent cervical cancer. In recent years, scientists have developed additional screening tests to help doctors assess the risk of cervical cancer. Women should speak with a health care provider to determine what tests are appropriate.

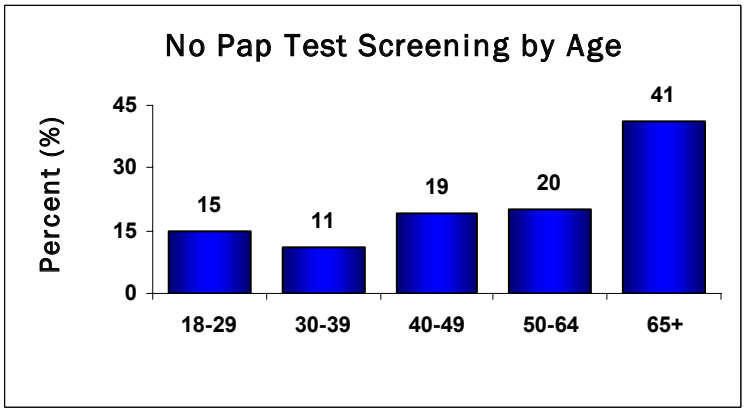
The table shows the percentage of Arkansas women age 18 and over who have not received a cervical cancer screening, along with 95% confidence intervals in parentheses.

Arkansas women age 18 and over are less likely to have received a cervical cancer screening if they do not have health insurance.

***Pap Test.*** Among women age 18 and over in Arkansas, 19% have not received a pap test in the past three years. The following women are less likely to have received this cervical cancer screening:

- Women with a high school education or less.
- Women who are not married.
- Women with no health insurance.

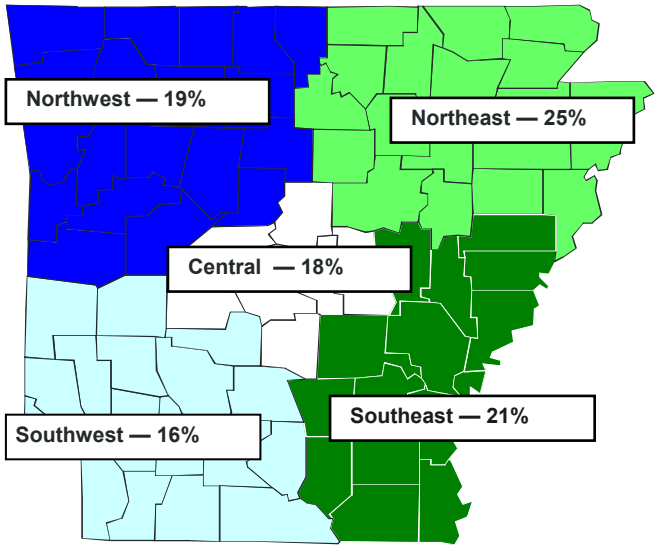
Arkansas women age 18 and over are less likely to have received a cervical cancer screening if their annual household income is less than $15,000.



| Cervical Cancer Screening Among Women Age 18 and Over in Arkansas | |
|---|---|
| No Pap Test in past three years | |
| | Percent (95% Confidence Interval)* |
| INCOME | |
| Less than $15,000 | 38% (29.5, 46.8) |
| $15,000-$24,999 | 23% (17.4, 29.1) |
| $25,000-$34,999 | 19% (13.1, 26.2) |
| $35,000-$49,999 | 14% (9.6, 20.6) |
| $50,000+ | 10% (7.1, 12.7) |
| METROPOLITAN vs. NON-METROPOLITAN** | |
| Metropolitan | 19% (15.8, 22.2) |
| Non-Metropolitan | 20% (16.6, 23.3) |

*As a general rule, estimates are considered significantly different if the confidence intervals do not overlap.*
***Metropolitan areas of Arkansas include center cities, counties containing center cities, and suburban counties. Any areas outside of metropolitan areas are considered non-metropolitan.*

***Pap Test.*** As shown in the table, women with an annual household income less than $15,000 are less likely to have received a pap test in the past three years:




Cervical cancer screening rates vary by public health region, as shown in the map to the right.

Arkansas Behavioral Risk Factor Surveillance System- **http://brfss.arkansas.gov**
Arkansas Department of Health- **http://www.HealthyArkansas.com**

# National Breast and Cervical Cancer Early Detection Program

Facts

FROM THE DIVISION OF CANCER PREVENTION AND CONTROL 2008 / 2009

**Through the National Breast and Cervical Cancer Early Detection Program (NBCCEDP), the Centers for Disease Control and Prevention (CDC) provides low-income, uninsured, and underserved women access to timely breast and cervical cancer screening and diagnostic services.**

## The Burden of Breast and Cervical Cancer

Breast cancer is the most commonly diagnosed cancer among women in the United States, after skin cancer,[1] and the second most common cause of cancer death, after lung cancer, among U.S. women.[1] In 2005, 186,467 women were diagnosed with breast cancer and 41,116 women died from the disease.[1] Based on recent estimates, more than $8.4 billion per year (in 2004 dollars) is spent in the United States on the treatment of breast cancer.[2]

Cervical cancer was once the leading cause of death for women in the United States. However, during the past 50 years, incidence (the number of new cases each year) and mortality (the number of deaths each year) from cervical cancer have declined 75%, largely because of the widespread use of the Papanicolaou (Pap) test to detect cervical abnormalities.[3] In 2005, 11,999 women were diagnosed with cervical cancer and 3,924 women died from the disease.[1]

## Screening

Mammography is the best available method to detect breast cancer in its earliest, most treatable form. Studies show that early detection of breast cancer can save lives. Mammography, performed every 1 to 2 years for women aged 40 years or older, can reduce mortality by approximately 20%–25% over 10 years.[4]

Cervical cancer is highly preventable if precancerous changes are identified and it is highly treatable if cancer is detected early. Regular Pap tests decrease a woman's risk of developing cervical cancer by detecting precancerous cervical lesions, which can be treated effectively.[3] The U.S. Preventive Services Task Force currently recommends a Pap test at least every 3 years, beginning within 3 years of onset of sexual activity or at age 21, whichever comes first.

Deaths from breast and cervical cancers could be avoided if cancer screening rates increased among women at risk. Deaths from these diseases occur disproportionately among women who are uninsured or underinsured. Mammography and Pap tests are underused by women who have no source or no regular source of health care, women without health insurance, and women who immigrated to the United States within the past 10 years.[5]

## The National Program

To improve access to screening, Congress passed the Breast and Cervical Cancer Mortality Prevention Act of 1990, which guided CDC in creating the NBCCEDP. Currently, the NBCCEDP funds all 50 states, the District of Columbia, 5 U.S. territories, and 12 American Indian/Alaska Native tribes or tribal organizations to provide screening services for breast and cervical cancer. The program helps low-income, uninsured, and underinsured women gain access to breast and cervical cancer screening and diagnostic services. These services include:

- Clinical breast examinations.
- Mammograms.
- Pap tests.
- Pelvic examinations.
- Diagnostic testing if results are abnormal.
- Referrals to treatment.

In 2000, Congress passed the Breast and Cervical Cancer Prevention and Treatment Act to give states the option of offering women in the NBCCEDP access to treatment through a special Medicaid option program. All 50 states

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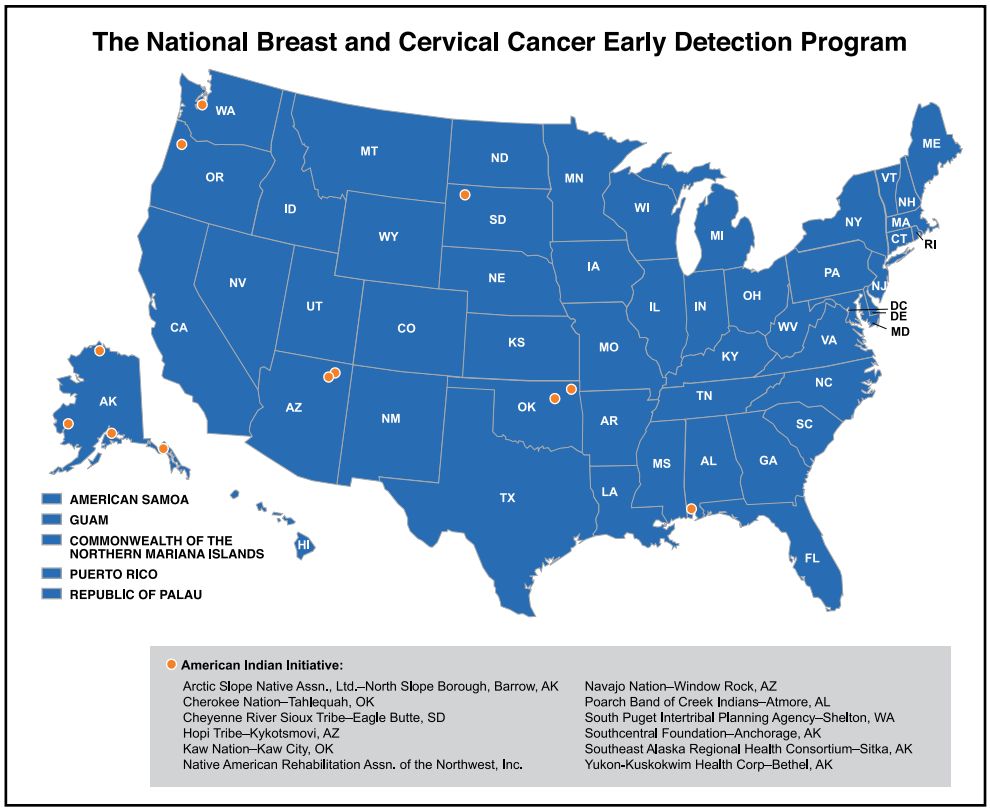
and the District of Columbia have approved this Medicaid option. In 2001, passage of the Native American Breast and Cervical Cancer Treatment Technical Amendment Act by Congress expanded this option to include American Indians and Alaska Natives eligible for health services provided by the Indian Health Service or by a tribal organization.




## Accomplishments

Since 1991, NBCCEDP-funded programs have served more than 3.2 million women, provided more than 7.8 million breast and cervical cancer screening examinations, and diagnosed 35,090 breast cancers, 2,161 cervical cancers, and 114,390 precursor cervical lesions, of which 42% were high grade. Approximately 15.9% of NBCCEDP-eligible women aged 40–64 years are screened for breast cancer and 7.1% of eligible women aged 18–64 years are screened for cervical cancer through the program.

In program year 2007, the NBCCEDP screened 295,338 women for breast cancer with mammography and found 3,962 breast cancers. That year, the NBCCEDP screened 318,220 women for cervical cancer with the Pap test and found 4,996 cervical cancers and high-grade precancerous lesions.

These and other public health efforts that address breast and cervical cancer support CDC's overarching goal of healthy people in every stage of life. They also address the U.S. Department of Health and Human Services' Healthy People 2010 goals of:

- Reducing the breast cancer death rate by 20%.
- Reducing the cervical cancer death rate to 2 deaths per 100,000 women.
- Increasing to 97% the proportion of women who have ever received a Pap test, and to 90% the proportion of women who have received a Pap test in the last 3 years.
- Increasing to 70% the proportion of women aged 40 years and older who have received a mammogram in the last 2 years.

## State Programs

The NBCCEDP has experienced screening successes nationally through the 68 funded programs across the country. Here are some examples:

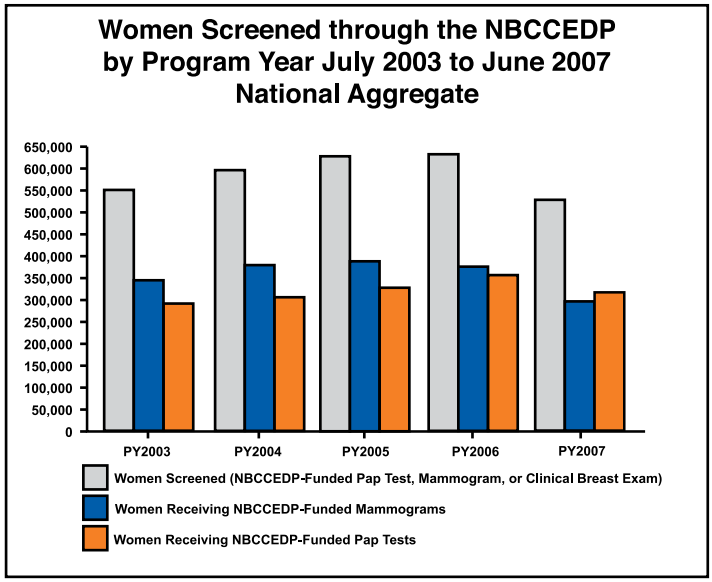
**Alaska: Combined Leadership.** Five programs in Alaska are funded by the NBCCEDP. In 2001, two of the programs drafted a Memorandum of Agreement (MOA) that outlined the basic operating principles where potential program overlap existed. By 2003, all of Alaska's five NBCCEDP grantees agreed to a new, comprehensive MOA, creating the Alaska Breast and Cervical Health Partnership. The Health Partnership began collaborating on many NBCCEDP components—recruitment, professional development, surveillance and evaluation, screening and diagnostic services, and quality assurance and improvement. Through annual meetings, ongoing communication, and consistent collaborative efforts, the Health Partnership has completed the following major projects:

- Development, production, and statewide distribution of new breast cancer screening guidelines.
- Coordination of professional, statewide education opportunities for clinicians that would not be available otherwise.
- Development, production, and statewide distribution of joint, consistent public education messages.
- Eliminating duplication and collaborating to maximize strengths has facilitated enhancement of individual programs and resulted in an integrated statewide infrastructure for training providers and conducting outreach, education, screening, and diagnosis for underserved Alaskan women of all races and ethnicities.

**Florida: Building a Strong Referral Network.** The Florida Breast and Cervical Cancer Early Detection Program (FBCCEDP), *Believe in Miracles,* covers 11 rural counties in northeast Florida. The local program has developed an extensive network of providers that coordinates services through 10 county health departments, 8 federally funded health centers, 2 hospitals, and 10 mammography sites. *Believe in Miracles* also has developed mutually beneficial relationships with partners such as the American Cancer Society (ACS) and the University of Florida. They also started a Cancer Connections information group that meets monthly to share information and resources and collaborate on grant projects. The group includes medical providers, social workers, and university staff, as well as ACS staff. *Believe in Miracles* staff members also serve on the advisory board for a University of Florida project funded by Susan G. Komen for the Cure. Additionally, the program has partnered with hospitals and has sponsored automatic charity eligibility for clients if their Medicaid treatment funds are not approved, opening another avenue for continuity of services. The relationships that *Believe in Miracles'* staff have developed within the health care community have facilitated—through the provision of such services as transportation, prompt registration into other need-based programs, and quick referrals—screening services that NBCCEDP supports.

**New Jersey: Strength of Coalitions.** Several programs have benefited from becoming involved in local coalitions. In New Jersey, the Statewide Cancer Coalition, initiated in 1994, has been instrumental in advocating for increased funding. The Coalition has brought together organizations and individuals with an interest in cancer control issues. The Coalition includes varied cultural and ethnic representation and membership is comprised of grass roots, civic, minority, community-based, and faith-based organizations; cancer service providers; other health care providers; consumers; survivors; pharmaceutical corporations; insurance corporations; and national and local cancer organizations. Since 2000, with the help of coalition partners and the hard work of screening programs, state funding doubled, enabling screening for twice as many women.

**South Dakota: Working Together for Greater Success.** In South Dakota, two NBCCEDP-funded programs are working together to better serve the women in their area. Collaboration between the Cheyenne River Sioux Tribal Project and the state's All Women Count! program continues to grow through recognition and appreciation of the distinct contributions from which both programs can benefit. This relationship took time to evolve, but as the staff from each program got to know each other they identified opportunities to assist, collaborate, and create economies of scale in screening women for breast and cervical cancer. The programs hold joint meetings, provide technical assistance between programs, participate on coalitions, communicate regularly about their programs, and are beginning to share resources for projects that benefit all of the women they serve. The state program serves as the portal for access to Medicaid through the Medicaid Treatment Act for women in both programs, while the tribal program helps resolve issues that affect the Native American women in the state program. They are also moving forward on efforts to develop health messages for American Indian women, with resulting materials to be used by both programs. Women throughout the state have benefited from this collaboration.




**Washington: Maintaining Access.** The Washington program's Medical Advisory Committee (MAC) has helped to ensure access to screening and diagnostic services for women. When a local radiology practice recently refused to perform stereotactic breast biopsies due to low reimbursement rates, women from five counties had to travel as far as 100 miles to access these services. The MAC intervened with persuasive letters to the radiology practice, resulting in the restoration of services for women living in the five-county area.

## Future Directions

The Program Services Branch (PSB) of CDC's Division of Cancer Prevention and Control administers the NBCCEDP and is engaged in strategic planning to set directions and priorities for the future. Achieving program efficiency and effectiveness will continue to be high priorities.

VISION: Healthy women living cancer-free.

MISSION: To lead and support breast and cervical cancer screening to save lives.

GOALS:

- Reduce breast and cervical cancer mortality through public health approaches.

- Address environmental factors* to plan, manage, and communicate priorities.
- Provide the highest level of support to grantees to maximize their performance.

* *Environmental factors are issues that may impact the ability of the PSB to achieve its mission. They include potential reimbursement for more costly new technologies, trends in health care reform and universal coverage, recent evidence of population declines in mammography rates, and increases in the eligible population due to a rise in the number of uninsured women and an aging population.*

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5. Pleis JR, Schiller JS, Benson V. Summary health statistics for U.S. adults: National Health Interview Survey, 2000. *Vital and Health Statistics. Series 10, Data from the National Health Survey.* 2003;(215): 1–132.


## Contact Information


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CDCINFO@cdc.gov ▪ www.cdc.gov/cancer

*"Next to God, I give credit and thanks to the BreastCare program for saving my life."*

*Stella Hart, Breast Cancer Survivor*
*Pine Bluff*

BreastCare
Say Yes to a Mammogram!
*Arkansas Department of Health*

National Cancer Institute

Office of Policy Analysis and Response

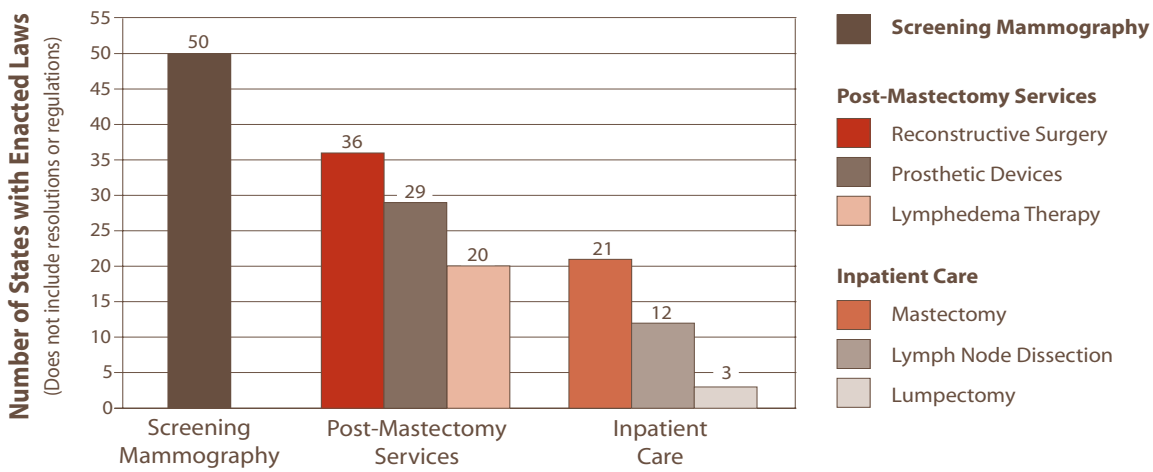
## State Cancer Legislative Database Program Fact Sheet

April 2006

# Breast Cancer

## Coverage By Private Health Insurers

Number of States with Enacted Laws by Type of Service (through December 31, 2005)




All 50 states and the **District of Columbia** (collectively, states) have enacted laws addressing private health insurance coverage for breast cancer screening and/or breast cancer-related services. The bar chart above illustrates the number of states with laws addressing private health insurance coverage for: (1) screening mammography; (2) post-mastectomy services (i.e., reconstructive surgery, prosthetic devices, and therapy for lymphedema); and (3) inpatient care following a mastectomy, lymph node dissection, or lumpectomy.

### Screening Mammography

- All states except **Utah** have enacted legislation addressing mammography coverage.
- Forty-six states require insurers to provide coverage for screening mammography; **Arkansas**, **Michigan**, and **Mississippi** require insurers to offer such coverage.
- **Ohio's** law is unique: it requires certain insurers to *provide* coverage and others to *offer* coverage.

### Post-Mastectomy Services

- Thirty-six states have enacted legislation addressing coverage for post-mastectomy services.
- Thirty-four states require insurers to provide coverage for reconstructive surgery after mastectomy, including surgery to establish breast symmetry. **Kentucky** law mandates that insurers offer such coverage and **Michigan** law mandates that insurers offer or include such coverage.
- Twenty-seven states require insurers to provide coverage for prosthetic devices after surgery; in **Kentucky**, insurers must offer such coverage and in **Michigan**, insurers must offer or include such coverage.
- Twenty-seven states require insurers to provide coverage for both reconstruction and prostheses; **Kentucky** requires insurers to offer coverage for both reconstruction and prostheses; **Michigan** requires insurers to offer or include such coverage.
- Insurers in 19 states must provide coverage for lymphedema therapy. Insurers in **Kentucky** must offer such coverage.
- Nineteen states require insurers to provide coverage for reconstructive surgery, prostheses, and lymphedema therapy. **Kentucky** requires insurers to offer such coverage.

### Inpatient Care

- Twenty-one states have enacted legislation requiring insurers to provide inpatient care following a mastectomy.
- Twelve states require insurers to provide coverage for inpatient care following lymph node dissection.
- Twelve states require insurers to provide coverage for inpatient care following both mastectomy and lymph node dissection.
- Three states—**Maine**, **Montana**, and **New York**—require insurers to provide coverage for inpatient care following mastectomy, lymph node dissection, and lumpectomy.

*The SCLD contains information synthesized from state-level laws. The SCLD does not contain state-level regulations; executive orders; measures implemented by counties, cities, or other localities; case law; Attorneys General opinions; or data addressing the implementation of state laws—all of which vary significantly from the laws reported herein.*

**Source: National Cancer Institute: State Cancer Legislative Database Program, Bethesda, MD, 2006**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U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

# Breast Cancer Coverage by Private Health Insurers

Enacted Laws by Type of Service (as of December 31 , 2005)

| State | Screening | Post-Mastectomy Services | | | Inpatient Care | | |
|---|---|---|---|---|---|---|---|
| | Mammography | Reconstructive Surgery | Prosthetic Devices | Lymphedema | Mastectomy | Lymph Node Dissection | Lumpectomy |
| Alabama | ▲ | | | | | | |
| Alaska | ▲ | | | | | | |
| Arizona | ▲ | ▲ | ▲ | ▲ | | | |
| Arkansas | ● | ▲ | ▲ | ▲ | ▲ | | |
| California | ▲ | ▲ | ▲ | ▲ | ▲ | ▲ | |
| Colorado | ▲ | | | | | | |
| Connecticut | ▲ | ▲ | | | ▲ | ▲ | |
| Delaware | ▲ | ▲ | ▲ | ▲ | | | |
| District of Columbia | ▲ | ▲ | ▲ | ▲ | | | |
| Florida | ▲ | ▲ | ▲ | | ▲ | | |
| Georgia | ▲ | | | | ▲ | ▲ | |
| Hawaii | ▲ | | | | | | |
| Idaho | ▲ | | | | | | |
| Illinois | ▲ | ▲ | ▲ | ▲ | ▲ | | |
| Indiana | ▲ | ▲ | ▲ | | | | |
| Iowa | ▲ | | | | | | |
| Kansas | ▲ | ▲ | ▲ | ▲ | | | |
| Kentucky | ▲ | ● | ● | ● | ▲ | | |
| Louisiana | ▲ | ▲ | ▲ | ▲ | | | |
| Maine | ▲ | ▲ | | | ▲ | ▲ | ▲ |
| Maryland | ▲ | ▲ | ▲ | | | | |
| Massachusetts | ▲ | | | | | | |
| Michigan | ● | ● | ● | | | | |
| Minnesota | ▲ | ▲ | ▲ | ▲ | | | |
| Mississippi | ● | | | | | | |
| Missouri | ▲ | ▲ | ▲ | | | | |
| Montana | ▲ | ▲ | ▲ | | ▲ | ▲ | ▲ |
| Nebraska | ▲ | ▲ | ▲ | ▲ | | | |
| Nevada | ▲ | ▲ | ▲ | | | | |
| New Hampshire | ▲ | ▲ | | | | | |
| New Jersey | ▲ | ▲ | ▲ | | ▲ | | |
| New Mexico | ▲ | ▲ | | | ▲ | ▲ | ▲ |
| New York | ▲ | | | | ▲ | ▲ | |
| North Carolina | ▲ | ▲ | ▲ | ▲ | ▲ | | |
| North Dakota | ▲ | ▲ | ▲ | ▲ | | | |
| Ohio | ■ | | | | | | |
| Oklahoma | ▲ | ▲ | | | ▲ | ▲ | |
| Oregon | ▲ | ▲ | ▲ | ▲ | ▲ | | |
| Pennsylvania | ▲ | ▲ | ▲ | ▲ | ▲ | | |
| Rhode Island | ▲ | ▲ | ▲ | ▲ | ▲ | ▲ | |
| South Carolina | ▲ | ▲ | ▲ | | ▲ | | |
| South Dakota | ▲ | | | | | | |
| Tennessee | ▲ | ▲ | | | | | |
| Texas | ▲ | ▲ | ▲ | ▲ | ▲ | ▲ | |
| Utah | | ▲ | ▲ | ▲ | | | |
| Vermont | ▲ | | | | | | |
| Virginia | ▲ | ▲ | ▲ | ▲ | ▲ | ▲ | |
| Washington | ▲ | ▲ | | | | | |
| West Virginia | ▲ | ▲ | ▲ | ▲ | ▲ | ▲ | |
| Wisconsin | ▲ | | | | | | |
| Wyoming | ▲ | | | | | | |
| **Totals** | 50 | 36 | 29 | 20 | 21 | 12 | 3 |

▲ = requires insurers to provide coverage
● = requires insurers to offer coverage
■ = specifies that certain private insurers must provide coverage while others must offer coverage

Source: National Cancer Institute: State Cancer Legislative Database Program, Bethesda, MD, 2006.

*"It really helps knowing that there is a program like BreastCare out there to support you."*

*Laura Hunt, Breast Cancer Survivor*
*Paris*

BreastCare
Say Yes to a Mammogram!
*Arkansas Department of Health*

# The Good News

According to the Annual Report to the Nation on Cancer, a report released by NCI, CDC, ACS and NAACCR, the rates of new diagnoses and rates of death declined significantly in both men and women and for most racial and ethnic populations. Specifically, the diagnosis rates for breast cancer dropped 2.0 percent, and the death rate for this disease dropped 1.9 percent. Similarly, the diagnosis rate for cervical cancer dropped 3.5 percent. These drops are in part the result of aggressive efforts to provide for early detection of these diseases. While the reduced incidence and mortality percentages are positive, we cannot be content with these numbers. Screening and treatment efforts must be continued, and even accelerated, to reach all eligible Arkansas women.