

The Florida Senate
BILL ANALYSIS AND FISCAL IMPACT STATEMENT

(This document is based on the provisions contained in the legislation as of the latest date listed below.)

Prepared By: The Professional Staff of the Health Regulation Committee

BILL: CS/SB 1880

INTRODUCER: Health Regulation Committee and Senator Peaden

SUBJECT: Breast Cancer Detection and Screening

DATE: April 16, 2009 REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Hankins/Stovall	Wilson	HR	Fav/CS
2.	_____	_____	HA	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____

Please see Section VIII. for Additional Information:

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|------------------------------|-------------------------------------|---|
| A. COMMITTEE SUBSTITUTE..... | <input checked="" type="checkbox"/> | Statement of Substantial Changes |
| B. AMENDMENTS..... | <input type="checkbox"/> | Technical amendments were recommended |
| | <input type="checkbox"/> | Amendments were recommended |
| | <input type="checkbox"/> | Significant amendments were recommended |

I. Summary:

This bill requires the Department of Health (DOH) to create a breast cancer early detection and treatment referral program, within existing or specific appropriations, to promote referrals for screening, detection, and treatment, educate the public regarding breast cancer and the benefits of early detection, and provide referral services for persons seeking treatment of breast cancer. The program will focus on women aged 19-64 who are at or below 200 percent of the federal poverty level for individuals and who do not have health insurance that covers breast cancer screening services.

The bill creates one unnumbered section of law.

II. Present Situation:

Breast cancer is cancer that forms in tissues of the breast, usually the ducts (tubes that carry milk to the nipple) and lobules (glands that make milk). It occurs in both men and women, although

male breast cancer is rare.¹ In 2008, 182,460 women across the nation will be diagnosed with breast cancer (1 every 3 minutes); 40,480 will die (1 in every 13 minutes). Breast cancer is the leading cause of cancer deaths in women between the ages of 40 and 59. It is estimated that 13,430 new cases of breast cancer in women will be diagnosed in 2008 in Florida and that 2,570 will die of this disease. When breast cancer is confined to the breast, the 5-year survival rate is over 95 percent.²

Breast cancer screening means checking a woman's breasts for cancer before there are signs or symptoms of the disease. Three main tests are used to screen the breasts for cancer:^{3 4}

- *Mammogram.* A mammogram is an X-ray of the breast. Mammograms are the best method to detect breast cancer early, when it is easier to treat and before it is big enough to feel or cause symptoms. There are several types of mammograms:⁵
 - Screening mammograms are done for women who have no symptoms of breast cancer.
 - Diagnostic mammograms are done when a woman has symptoms of breast cancer or a breast lump. This mammogram takes longer than screening mammograms because more pictures of the breast are taken.
 - Digital mammograms take an electronic image of the breast and store it directly in a computer. Current research has not shown that digital images are better at finding cancer than X-ray film images.
- *Clinical breast exam.* A clinical breast exam is an examination by a doctor or nurse, who uses his or her hands to feel for lumps or other changes.
- *Breast self-exam.* A breast self-exam is when a woman checks her own breasts for lumps, changes in size or shape of the breast, or any other changes in the breasts or underarm.

The DOH Activities Related to Breast Cancer⁶

The DOH clinics offer clinical breast examinations as appropriate, in the family planning, primary care, and prenatal clinics.

The DOH currently administers the Breast and Cervical Cancer Early Detection and Prevention Program (BCCEDP) through many of its clinics. The major funding for this program is received from the Centers for Disease Control and Prevention (CDC) through a grant. The state provides

¹ National Cancer Institute – Breast Cancer, found at: <<http://www.cancer.gov/cancertopics/types/breast>> (Last visited on April 11, 2009).

² Florida Breast Cancer Coalition Research Foundation, found at: <<http://www.fbccrf.org/statistics/>> (Last visited on April 11, 2009).

³ Centers for Disease Control and Prevention, found at: <http://www.cdc.gov/cancer/breast/basic_info/screening.htm#2> (Last visited on April 11, 2009).

⁴ For certain women at high risk for breast cancer, a screening MRI is recommended along with a yearly mammogram. It is not generally recommended as a screening tool by itself, because although it is a sensitive test, it may still miss some cancers that mammograms would detect. Source: American Cancer Society Detailed Guide: Breast Cancer found at: <http://www.cancer.org/docroot/CRI/content/CRI_2_4_3X_Can_breast_cancer_be_found_early_5.asp> (Last visited on April 11, 2009).

⁵ Women's Health page within the DOH website found at: <<http://www.doh.state.fl.us/Family/wh/lifespan/Middleage/mammograms.html>> (Last visited on April 11, 2009).

⁶ Department of Health Bill Analysis, Economic Statement and Fiscal Note for SB 1880, dated March 11, 2009.

funding for a limited number of breast and cervical cancer screenings through two Closing the Gap grants (Office of Minority Health), and one general revenue project. The federally-guided BCCEDP has agreements with over 600 providers to conduct breast and cervical cancer screenings at the Medicare Part B reimbursement rate. The program serves approximately 8 percent (10,150 women) of Florida's eligible population between 50 and 64 years of age who are at or below 200 percent of the federal poverty level for the household and who do not have health insurance that pays for these services.

The DOH clinics track service data in the Health Management System (HMS) data system. Medicare and Medicaid have separate data tracking systems. The BCCEDP program uses a database provided by the CDC that tracks the federally required data elements of women screened using the federal program funds. Screening services not paid for by the federal grant funds are not tracked in this system.

The Florida Cancer Data System⁷ is a cancer registry that tracks information on patients diagnosed with cancer, their demographics, type of cancer and stage at diagnosis to provide accurate data for trending and analysis. These data are used, in aggregate form, to inform all sectors, especially health and policy leaders, regarding cancer trends.

The DOH and private providers educate women during visits according to their clinical practice guidelines. The BCCEDP program distributes educational materials and educates providers who educate women about the importance of regular breast screenings that include the benefits of early detection and treatment. Very minimal outreach or recruitment is conducted by BCCEDP because the demand for screening services far exceeds available funding. However, the American Cancer Society (ACS) and the Susan G. Komen for the Cure organization have ongoing extensive education campaigns about the importance of regular breast screenings that include the benefits of early detection and treatment.

United States Preventive Services Task Force

The U.S. Preventive Services Task Force is an independent panel of experts in primary care and prevention that systematically reviews the evidence of effectiveness and develops recommendations for clinical preventive services.⁸

With respect to screening for breast cancer, the U.S. Preventive Services Task Force recommends screening mammography, with or without clinical breast examination, every 1-2 years for women aged 40 and older; concludes that the evidence is insufficient to recommend for or against routine clinical breast exams alone to screen for breast cancer; and concludes that the evidence is insufficient to recommend for or against teaching or performing routine breast self-examinations.

⁷ The Florida Cancer Data System is Florida's statewide, population-based cancer registry that has been collecting incidence data since 1981. The University of Miami Miller School of Medicine has been maintaining the data system since that time. It is wholly supported by the DOH, the National Program of Cancer Registries of the CDC, and the Sylvester Comprehensive Cancer Center at the University of Miami Miller School of Medicine.

⁸ U.S. Department of Health and Human Services, Agency for Healthcare Research and Quality, found at: <<http://www.ahrq.gov/CLINIC/uspstfix.htm>> (Last visited on April 11, 2009).

Insurance for Screening Mammograms

Florida law requires insurance companies to provide screening mammograms under the following statutes:

- Section 627.6699(12)(b)4.f., F.S., related to small group insurance,
- Section 641.31095, F.S., related to health maintenance organizations,
- Section 627.6418, F.S., related to individual health plans,
- Section 627.6613, F.S., related to large group plans, and
- Section 627.6515, F.S., related to out of state groups.

The Behavioral Risk Factor Surveillance System (BRFSS)⁹

The BRFSS is a state-based system of health surveys that collects information on health risk behaviors, preventive health practices, and health care access primarily related to chronic disease and injury. For many states, the BRFSS is the only available source of timely, accurate data on health-related behaviors.

The BRFSS was established in 1984 by the Centers for Disease Control and Prevention; currently data are collected monthly in all 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and Guam. More than 350,000 adults are interviewed each year, making the BRFSS the largest telephone health survey in the world. States use the BRFSS data to identify emerging health problems, establish and track health objectives, and develop and evaluate public health policies and programs. Many states also use the BRFSS data to support health-related legislative efforts.

III. Effect of Proposed Changes:

The bill creates a breast cancer early detection and treatment referral program within the DOH. The purpose of the program is to promote referrals for screening, detection, and treatment of breast cancer among unserved or underserved populations; educate the public; and provide referral services for persons seeking treatment.

The bill defines unserved or underserved populations to mean women who are aged 19–64, have incomes at or below 200 percent of the federal poverty level for individuals, and who do not have health insurance that covers breast cancer screenings.

This program is to include, but is not limited to:

- A public education and outreach initiative to publicize early detection services for breast cancer, the benefits of early detection of breast cancer, and the recommended frequency of screening services, including clinical breast examinations and mammography guidelines established by the United States Preventive Services Task Force;
- Professional educational programs that include information about the benefits of early detection of breast cancer and the recommended frequency of having a mammogram; and

⁹ Centers for Disease Control and Prevention BRFSS website found at: <<http://www.cdc.gov/brfss/about.htm>> (Last visited on April 16, 2009).

- A tracking and follow-up system for all women who are screened for breast cancer in the referral program who receive an abnormal screening test, referral of women to treatment when needed, and tracking women to be screened at recommended screening intervals.

The bill requires the State Surgeon General to submit an annual report to the Legislature describing the rate of breast cancer morbidity and mortality in Florida and the extent of participation by women in breast cancer screening as reported by the BRFSS.

The effective date of the bill is July 1, 2009.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

The provisions of this bill have no impact on municipalities and the counties under the requirements of Article VII, Section 18 of the Florida Constitution.

B. Public Records/Open Meetings Issues:

The provisions of this bill have no impact on public records or open meetings issues under the requirements of Article I, Section 24(a) and (b) of the Florida Constitution.

C. Trust Funds Restrictions:

The provisions of this bill have no impact on the trust fund restrictions under the requirements of Article III, Subsection 19(f) of the Florida Constitution.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

Increased screening will identify breast cancer in the early stages of the disease which will facilitate timely treatment, reduce over-all health care costs, and increase healthy outcomes.

C. Government Sector Impact:

The fiscal impact to the DOH to establish a public education and outreach initiative, develop professional educational programs, and establish a system to track and monitor women in the program is not known at this time. However, the bill provides that these functions are to be accomplished within existing or specific appropriations.

VI. Technical Deficiencies:

None.

VII. Related Issues:

The BCCEDP eligibility criteria and the eligibility criteria in this bill differ. The BCCECP includes women with *household* incomes at or below 200 percent of the federal poverty level while this bill includes women with *individual* incomes at or below 200 percent of the federal poverty level. The DOH commented that this difference may be confusing to the DOH staff, providers, and women seeking breast cancer screening services through one or both programs.

VIII. Additional Information:

- A. **Committee Substitute – Statement of Substantial Changes:**
(Summarizing differences between the Committee Substitute and the prior version of the bill.)

CS by Health Regulation Committee on April 15, 2009:

The substantive changes in the committee substitute include:

- Changing the focus of the bill to providing referral services for screening, detection, and treatment of breast cancer;
- Removing the requirements:
 - To provide certain clinical breast examinations and screening mammograms,
 - To provide education and outreach to publicize the extent of insurance coverage for early detection services,
 - To monitor health care providers of breast cancer screening for compliance with quality assurance mandates, and
 - For organizations that provide testing and treatment services in the program to report to the DOH the insurer of each underinsured woman who is tested.

- B. **Amendments:**

None.