



Oklahoma  
State  
Senate

# Legislative Brief

August 2004

## BREAST and CERVICAL CANCER

### Issue Background

Statistics on breast and cervical cancer are alarming at both the national and state level:

- The National Cancer Society estimates that in any given year, one-fifth of women diagnosed with breast cancer will die of the disease
- Oklahoma's cervical cancer death rate is among the highest in the nation
- Oklahoma is also among the states with the highest numbers of newly diagnosed cases of cervical cancer annually
- One of the most effective ways to combat cancer, early detection can reduce breast cancer deaths by 30% and can reduce cervical cancer deaths by 95%
- Nationally, 1,500 men were diagnosed with breast cancer in 2002 and nearly 400 men die from it annually. Black men are twice as likely as white men to have breast cancer
- As Oklahoma's population ages in the next five years, it is estimated that more than 2,700 women will be diagnosed with breast and cervical cancer and another 2,000 women will have pre-cancerous conditions of the cervix or cervical cancer.

Current Age	Risk
20	1 in 2,500
30	1 in 233
40	1 in 65
50	1 in 41
60	1 in 29

American College of Obstetricians and Gynecologists

### Summary of Actions

In 2004, Legislators introduced nine measures related to breast and cervical cancer: Senate Bills 587, 978, 1433, 1448, 1599 and 1609; and House Bills 1994, 2552 and 2660. SB 1433 (Horner) would have mandated insurance coverage for a routine low-dose mammography screening for men, and SB 1448 would have provided for an Oklahoma Central Cancer Registry special license plate.

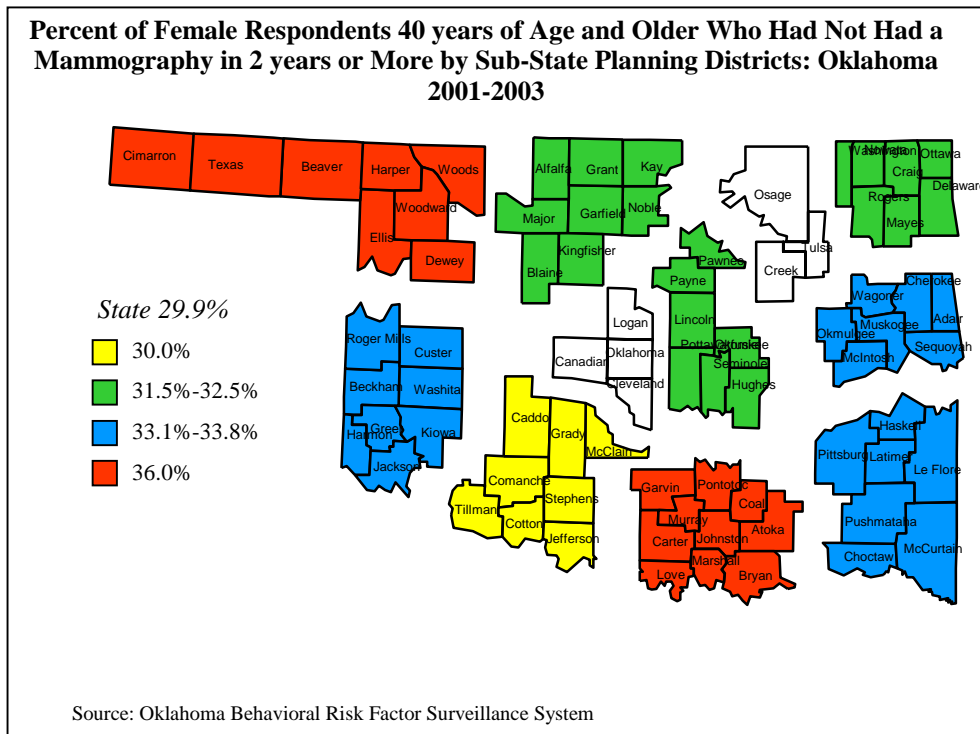
### Legislative Measures

**SB 1609** (Monson/Winchester) adds cervical cancer to all references in the renamed Oklahoma Breast and Cervical Cancer Prevention and Treatment Advisory Committee. The Act clarifies provisions related to advisory committee member appointments, membership and terms, and meeting schedules and frequency. The Act clarifies certain dates for Breast and Cervical Cancer Act Revolving Fund income tax check-off purposes. Effective 5-4-04.

**Legislative Measures SB 1609 (Cont'd.)**

**HB 2552** (Hilliard/Leftwich) creates the Belle Maxine Hilliard Breast and Cervical Cancer Treatment Fund, to be budgeted and expended by the Oklahoma Health Care Authority pursuant to the provisions of the Oklahoma Breast Cancer Act, to provide screening, diagnosis and treatment of breast and cervical cancer for uninsured, Medicaid eligible women in Oklahoma. Effective 11-1-04.

**SB 587** (Cain/Hamilton) adds routine annual obstetrical/gynecological exams to mandated health insurance coverage. It further provides that such coverage shall not diminish or limit any other diagnostic benefits of a plan. The Act specifies that coverage is not contingent upon the examination’s performance by an obstetrician, gynecologist or an obstetrician/gynecologist. It defines the term “health benefit plan,” and makes the Act’s provisions inapplicable to group coverage for fewer than 50 employees. Effective 11-1-04.



**HB 1994** (Mitchell/Morgan) provides for issuance of a variety of special license plates, including:

- ◆ a “Fight Breast Cancer” license plate, to demonstrate support for the prevention and treatment of breast cancer. A portion of the collected fee will go into the Belle Maxine Hilliard Breast and Cervical Cancer Treatment Fund, and
- ◆ a “Fight Cancer” license plate, a portion of the proceeds from which will go to the Oklahoma Central Cancer Registry Revolving Fund in the State Health Department, also created in the bill.

## Appropriations Measures

**SB 978** appropriates \$2.5 Million to the Oklahoma Health Care Authority. This state appropriated amount will be eligible for a 4-to-1 federal match, and result in \$12.5 Million for breast and cervical cancer screening, diagnosis and treatment. Available funding will mean services for an estimated 88 breast, 8 cervical and 35 pre-cancer cases.

**HB 2660** sends State Question 713, the tobacco tax, to a November 2004 vote of the people. Passage could mean an additional \$1 Million in funding to further enhance breast and cervical cancer treatment to under- and uninsured, low income women in Oklahoma.

## Historical Legislative Overview

**2002-2003:** State Board of Health created the Take Charge! Program for 50-65 year old, uninsured women whose incomes are below 185% of the federal poverty level. Oklahoma focused on this age group due to marked increases in incidence rates at about age 50. Oklahoma women aged 65 years of age and older also do not get mammograms as frequently as other women in the United States. County public health nurses specially trained in screening procedures provide the screenings. The Oklahoma Health Care Authority pays for services under Medicaid. *Previously, Oklahoma was the only state in the nation that did not participate in the National Breast and Cervical Cancer Early Detection Program (NBCCEDP).*

### 2001:

- ◆ SB 741 (Dunlap/Askins) expanded Medicaid program eligibility to include individuals in need of breast or cervical cancer treatment; provided presumptive eligibility for applicants and continuation of assistance throughout the period required for treatment of the individual's breast or cervical cancer; mandated implementation of the Centers for Disease Control-sponsored *NBCCEDP* by July 1, 2002, contingent upon funding availability. Subsequent additional funding in HB 1570 (2001-*See Below*) enabled the state to receive an enhanced match equal to the 80/20 or 4 to 1 Federal Medical Assistance Percentage (FMAP) used in the State Children's Health Insurance Program (SCHIP), in contrast to the standard 3 to 1 match. *Background: SB 741 related to federal Public Law 106-354 (2000-See Below) which provides treatment for women diagnosed with either breast or cervical cancer, or pre-cancerous conditions of either the breast or cervix, who are uninsured, meet state income guidelines, and who have been screened by the state breast and cervical cancer early detection program. In Oklahoma, the program is administered by the Chronic Disease Service within the State Department of Health. The program targets women 50-64 years of age, who are uninsured or underinsured, who meet age and income eligibility requirements, and who have never or who have rarely been screened for either breast or cervical cancer;*
- ◆ SB 711 (Dickerson/Askins) included the State and Education Employees Group Insurance Board (OSEEGIB) in the mammography screening coverage mandate for women of specified ages; increased reimbursement to up to \$115; prohibited conditioning coverage payment on receiving the screening at a specified time; provided for coverage for an annual low dose mammography screening at no charge for women 40 years of age and older; and provided coverage for one low dose mammography screening within a five-year period for women 35-39 years of age; and
- ◆ HB 1570 appropriated \$500,000.00 for additional breast and cervical cancer detection screenings. The funding maintained dysplasia clinics and provided diagnostic services for women with abnormal pap smears, a federal requirement.

**Historical Legislative Overview - HB 1570 (cont'd)**

**2000:** The Federal Breast and Cervical Cancer Prevention and Treatment Act of 2000 (Public Law 106-354), allowed states to apply for a Medicaid waiver to provide medical assistance to eligible women screened through the Centers for Disease Control and Prevention's (CDC) National Breast and Cervical Cancer Early Detection Program (NBCCEDP), and found to have breast or cervical cancer, including pre-cancerous conditions.

**1994:** SB 772 deleted the state's mammography coverage mandate's applicability to self-insurers and prohibited a patient's being subject to any policy deductible, copayment or coinsurance. *Self-insured companies are exempt from state mandates by the federal Employee Retirement Insurance Security Act (ERISA).*

**1989:** HB 1157:

- ◆ lowered the age for mandated annual low-dose mammography screening coverage from 45 to 35;
- ◆ clarified language related to the screening;
- ◆ limited reimbursement to no more than \$75;
- ◆ removed language specifying that the procedure be not less favorable than for other radiological examinations and subject to the same dollar limits, deductibles and coinsurance factors;
- ◆ specified coverage as one low-dose mammography screening for women 35-39 years of age, and an annual low-dose mammography screening for females 40 and older; and
- ◆ required any entity advertising mammography services to include the total cost of the procedure in its advertising.

*The Legislature overrode then Governor Henry Bellmon's veto of the bill.*

**1988:** SB 612 required all individual and group health insurance policies providing coverage on an expense-incurred basis, all individual and group service or indemnity type contracts issued by a nonprofit corporation, and all self-insurers providing coverage for a female forty-five (45) years of age or older to include coverage for an annual, low-dose mammography screening for occult breast cancer. (OS 36/Sec. 6060).

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