



Ohio's Breast and Cervical Cancer Project Modernization Bill (Bill Number Pending)

Proposed Legislation (Sponsored by Senator Lehner)

The goal of this legislation is to expand access to a demonstrably successful program already positioned to address a statewide health priority. As a critical access point for the underserved, the program needs modernized after the effects of the Affordable Care Act. There is a misperception that the population served by this program no longer needs assistance. In fact, they need different assistance.

- The program has seen declining numbers of individuals served as many of the past clients gained access to expanded Medicaid; however, there is still a large population that is eligible and not being served. In 2014, the last year for which full data is available, the program served only 6-10 percent of the eligible population and diagnosed 200 breast cancers.
- There is no funding ask related to this bill other than maintaining current funding levels in the 2018-2020 budget. Instead, the bill allows Ohio's current relatively small investment of \$823,217 to be fully spent on a targeted population with documented needs that have emerged after the Affordable Care Act, while also bringing a 3:1 match from the CDC which brings over \$4 million into Ohio. This investment is critical, since Ohio has the 4th highest mortality rate of any state in the U.S.
- BCCP has adjusted their strategies to focus on population based education to recruit eligible clients, regionalize for more efficiency, and provide patient navigation services. When eligible, clients are enrolled in Medicaid, making BCCP a portal for patients with no medical home. BCCP shows itself to be a sustainable way to engage the newly insured and empower them to take a stake in their own healthcare.
- BCCP can build on its years of experience, capacity, and an extensive network to help in-need populations and complement the expanded coverage of the Affordable Care Act.
- Ohio's taxpayers have demonstrated their support for the program by contributing over \$169,000 to the program since the BCCP tax check-off option was made available in 2014.
- A 2015 study found BCCP participants experienced earlier breast cancer stage at diagnosis, shorter time to treatment initiation, and survival benefits when compared to non-participants. (Siran Koroukian, 2015)

Expanding Access is Common Sense

The program works, and it has funding. It simply needs adjustments to be available to those who need it.

Federal law requires BCCP grantees to prioritize screening services to low income women, defined as at or below 250 percent of the FPL. However, eligibility requirements pertaining to FPL are below this baseline in some states, including Ohio, which caps off at 200 percent. The proposed legislation will expand eligibility for Ohio women up to 250 percent FPL, allow women 25-39 with a physician noted abnormality to access the program, allow women 40-49 to access regular screenings through the program, and help women who have insurance but face high out of pocket costs for diagnostic testing.

- Under current eligibility guidelines, 57,866 Ohio women are eligible for the program.
- Under the proposed changes, 850,815 Ohio women would be newly eligible for the program, according to Ohio Medicaid Assessment Survey data from 2015.
- A portion of newly eligible women (25-39) will only utilize the program upon detection of symptoms.
- The number of uninsured women below 250 percent FPL gaining access to the program is 91,755.
- Under this change, the racial and ethnic diversity of those eligible for assistance is also increased, thus improving our chances of decreasing health disparities in Ohio.

The Promise of Patient Navigation

As evidenced by Ohio's poor breast cancer outcomes, even with adequate health insurance many women still face substantial barriers to obtaining breast and cervical cancer screening, such as geographic isolation, limited health literacy or self-advocacy, lack of provider recommendation, inconvenient times to access services, and language barriers.

We now have an unprecedented opportunity to build on the existing capacity and extensive clinical network of BCCP by focusing on population-based approaches to ensure women overcome barriers to getting screened for breast and cervical cancer. For example, in 2015 the program expanded to offer patient navigation services for all women 21 and older, helping them find specialists, interpret tests, establish primary care, and learn how to utilize their insurance benefits.

Expanding Help to the Underinsured

These expansions would allow access to the program for women who have been screened under insurance but face significant out of pocket costs for follow-up testing to determine if a detected abnormality is breast cancer. These costs can range from \$160 (diagnostic imaging) to \$965 (biopsy) and have emerged as one of the largest barriers to quick diagnosis and care. For those eligible for BCCP, the average cost of diagnostics would represent about 3% of an individual's total annual income.

An Ohio Medicaid Assessment Survey recently observed that the impact of having private insurance is much less in low-income populations. These populations still face significant barriers and need additional support to fully resolve breast health symptoms with timely and high quality care, ultimately saving the state, health providers, and health insurers' money (Lisa Raiz, 2015). If expanded, the BCCP can provide this assistance.

Addressing Health Disparities

Recent analysis of breast cancer incidence and mortality data in Franklin County found that uninsured or self-pay women and women with Medicaid coverage were more likely than women with private insurance to be diagnosed at a regional or distant stage. This results in higher mortality and healthcare costs among both the uninsured and Medicaid clients. Women who have Medicaid, on average, have 14.7 more days between their initial breast cancer diagnosis and the beginning of treatment than those with private insurance.

The patient navigation services offered by BCCP help uninsured and insured, low-income and underserved women by aiding the newly insured and uninsured to navigate the health care system, understanding test results and overcoming barriers such as transportation. This is also a way for this program to help women utilize their existing benefits and access to insurance for the rest of their health care needs, including diabetes, heart disease, etc.

Breast Cancer in Ohio

- In 2017, 9,430 Ohio women will be diagnosed with breast cancer (slightly up from 2016) and 1,690 will die of the disease. That's 5 women each day.
- Women in Ohio diagnosed with breast cancer are more likely to die from the disease than almost anywhere else in the country. Ohio has the fourth highest mortality rate of any state in the U.S. Breast cancer mortality is a local public health crisis.
- Early detection is a key to survival. When breast cancer is detected early, before it spreads beyond the breast, the five-year survival rate is 98 percent. Once the cancer spreads to other parts of the body, survival rates plummet to 23 percent.
- Early detection saves Ohio money. When breast cancer is detected at later stages, treatment is up to 5 times more expensive than when it is detected early.
- African American women are 34% more likely to die from breast cancer than white women in Ohio. This population is disproportionately affected by social determinants of health such as low-income, low-education, low-insurance and other barriers to preventive care that may contribute to this disparity, and may be addressed by improvements to BCCP.

Organizational Support



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