

HOUSE OF REPRESENTATIVES STAFF ANALYSIS

BILL #: HB 1269

Breast Cancer Detection and Screening

SPONSOR(S): Homan and others

TIED BILLS:

IDEN./SIM. BILLS: SB 1880

	REFERENCE	ACTION	ANALYST	STAFF DIRECTOR
1)	Health Care Services Policy Committee	5 Y, 0 N	Preston	Schoolfield
2)	Health & Family Services Policy Council			
3)	Human Services Appropriations Committee			
4)	Full Appropriations Council on General Government & Health Care			
5)				

SUMMARY ANALYSIS

The bill provides for the establishment, within existing appropriations, of a breast cancer early detection and treatment referral program within the Department of Health (DOH or department). The bill creates new definitions for the terms, "breast cancer screening and referral services" and "unserved or underserved populations."

The bill requires DOH to provide, clinical breast examinations and screening mammograms to unserved or underserved populations as recommended in the most current breast cancer screening guidelines established by the United States Preventive Services Task Force.

The bill requires the breast cancer early detection and treatment referral program to include:

- The establishment of a public education and outreach initiative.
- The development of a professional education program.
- The establishment of a tracking and follow-up system.
- The establishment of a monitoring system for participating providers.
- A reporting system to facilitate recoument of expenditures by insurers.

The bill requires the State Surgeon General to submit an annual report to the Legislature and specifies requirements for the report.

This bill is estimated to have a significant fiscal impact on state government.

HOUSE PRINCIPLES

Members are encouraged to evaluate proposed legislation in light of the following guiding principles of the House of Representatives

- Balance the state budget.
- Create a legal and regulatory environment that fosters economic growth and job creation.
- Lower the tax burden on families and businesses.
- Reverse or restrain the growth of government.
- Promote public safety.
- Promote educational accountability, excellence, and choice.
- Foster respect for the family and for innocent human life.
- Protect Florida's natural beauty.

FULL ANALYSIS

I. SUBSTANTIVE ANALYSIS

A. EFFECT OF PROPOSED CHANGES:

Background on Breast Cancer and Screening

In 2008, across the nation, 182,460 women 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 40-59. In Florida, an estimated 11,850 new cases of breast cancer in women will be diagnosed and 2,760 will die from this disease.¹

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:

- 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. Having regular mammograms can lower the risk of dying from breast cancer.² If you are age 40 years or older, be sure to have a screening mammogram every one to two years.
- 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.³
- Breast self-exam. A breast self-exam is when you check your own breasts for lumps, changes in size or shape of the breast, or any other changes in the breasts or underarm.

Having a clinical breast exam or a breast self-exam has not been found to decrease risk of dying from breast cancer.⁴

The United States Preventive Services Task Force

The U.S. Preventive Services Task Force (USPSTF), which was first convened by the U.S. Public Health Service in 1984, is the leading independent panel of private-sector experts in prevention and primary care. The USPSTF conducts rigorous, impartial assessments of the scientific evidence for the

¹ Florida Breast Cancer Coalition Research Foundation at: <http://www.fbccrf.org/statistics/>

² U.S. Preventive Services Task Force. Screening for Breast Cancer: Systematic Evidence Review. Rockville, Maryland: Agency for Healthcare Research and Quality, 2002.

³ Centers for Disease Control and Prevention. Available at: http://www.cdc.gov/cancer/breast/basic_info/screening.htm#2

⁴ U.S. Preventive Services Task Force. Screening for Breast Cancer: Systematic Evidence Review. Rockville, Maryland: Agency for Healthcare Research and Quality, 2002.

effectiveness of a broad range of clinical preventive services, including screening, counseling, and preventive medications. Its recommendations are considered the "gold standard" for clinical preventive services.⁵

The USPSTF recommendations related to screening for breast cancer are as follows:

- Screening mammography, with or without clinical breast examination is recommended every 1-2 years for women aged 40 and older.
- Evidence is insufficient to recommend for or against routine clinical breast examination alone to screen for breast cancer.
- Evidence is insufficient to recommend for or against teaching or performing routine breast self-examination .⁶

The Effects of the Bill:

Unserved or Underserved Populations

The bill creates new definitions for the terms, "breast cancer screening and referral services" and "unserved or underserved populations." The DOH reports a minimum of 725,000 women would be eligible for screening services (aged 19 – 64, below 200 percent of the federal poverty level and uninsured⁷. The number of women in this category who have insurance, but no coverage for breast cancer screenings is not available. Based on current the Breast and Cervical Cancer Early Detection and Prevention Program (BCCEDP) data, approximately eight percent of the eligible population (58,000 women) obtains screening services. Of this number, approximately 0.6 percent of the women screened (348) are diagnosed with breast cancer.⁸

Breast Cancer Screening

The bill creates a breast cancer early detection and treatment referral program which requires the Department of Health to provide unserved or underserved populations, within existing appropriations, clinical breast examinations and screening mammograms as recommended in the most current breast cancer screening guidelines established by the United States Preventive Services Task Force.

Currently many DOH clinics offer clinical breast examinations as appropriate. The department administers the Breast and Cervical Cancer Early Detection and Prevention Program (BCCEDP), which is primarily funded through the Centers for Disease Control and Prevention (CDC) through a grant. The state provides 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 BCCEDP has agreements with over 600 providers to conduct breast and cervical cancer screenings at the Medicare B reimbursement rate. The program serves approximately 8 percent (10,150 women) of Florida's eligible population between 50 - 64 years of age who are at or below 200 percent of the federal poverty level (household) and do not have health insurance that pays for these services.

The DOH provides that the bill would require additional staff at all 67 county health departments and central office. In addition an expansion of the provider network will be required to meet the provisions of the bill.⁹

⁵ U.S. Department of Health and Human Services. Agency for Health Research and Quality. Available at:

<http://www.ahrq.gov/clinic/uspstfab.htm>.

⁶ Id.

⁷ Source of data attributed to US Census Bureau in Florida Department of Health Bill Analysis HB 1269, March 11, 2009..

⁸ Florida Department of Health Bill Analysis. HB 1269, March 11, 2009.

⁹ IBID

Data Tracking Systems

The bill requires the establishment of a tracking and follow-up system and a monitoring system for participating providers. In addition, the tracking system requires reporting to DOH to facilitate recoupment of expenditures by insurers. DOH clinics currently track service data in the Health Management System (HMS) data system. BCCEDP uses a database provided by the CDC that tracks the federally required data elements of women screened using federal program funds. Screening services that are not paid for by the federal grant funds are not tracked in this system.

DOH provides that the bill would require the development of a centralized data system to track all women who have received screenings, results of all exams, follow-up care of women with abnormal exam results, and treatment of women with breast cancer in the referral program. This tracking system would need to be able to receive data from all public and private providers that participate in the program, and perform breast cancer screenings, diagnostics, and treatment. The system would also need to receive fiscal information to facilitate recoupment of the cost of services for the underinsured women tested through the program. DOH also projects the need for a third party claims processor for the processing of insurance claims.¹⁰

Education and Outreach

The bill requires the creation of a public education and outreach initiative; and the development of a professional education program. Currently, DOH and private providers educate women during visits according to their clinical practice guidelines. The American Cancer Society (ACS) and the Susan G. Komen for the Cure have ongoing extensive education campaigns about the importance of regular breast screenings that include the benefits of early detection and treatment. In addition, BCCEDP 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.

DOH provides that the bill would require the ability to maintain coverage information for breast cancer screening services by health insurers. DOH would be required to develop a public education and outreach initiative as well as education programs to publicize early detection services for breast cancer. The information would need to include the extent of coverage for such services by health insurers, the benefits of early detection of breast cancer, and the recommended frequency of screening services, including clinical breast exams and mammography. While current BCCEDP providers have been educated on the breast cancer screening guidelines, DOH would need to expand professional education programs to all breast cancer screening providers throughout the state regarding the benefits of early detection of breast cancer and the recommended frequency for receiving a mammogram.¹¹

Annual Report

The Bill Requires the State Surgeon General to submit an annual report to the Legislature and specifies that the report shall include, at a minimum, rates of breast cancer morbidity and mortality and data on participation in breast cancer screening.

B. SECTION DIRECTORY:

Section 1. Creates s. 381.932, Florida Statutes, relating to breast cancer early detection and treatment referral program.

Section 2. Provides an effective date of July 1, 2009.

¹⁰ Florida Department of Health Bill Analysis. HB 1269, March 11, 2009.

¹¹ Florida Department of Health Bill Analysis. HB 1269, March 11, 2009.

II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

A. FISCAL IMPACT ON STATE GOVERNMENT:

1. Revenues:

None.

2. Expenditures:

The bill requires the program to be implemented, "within existing appropriations." However, the department reports that the total cost to provide the required services for the breast cancer early detection, treatment and referral program *for eight percent* of the eligible population would be \$19,346,612 for year one and \$20,345,045 for year two and beyond. DOH estimates the cost to fully implement the program to the eligible population to be \$90.6 million (See fiscal comments section below.)

B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

1. Revenues:

None.

2. Expenditures:

None.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

None.

D. FISCAL COMMENTS:

The Department of Health reports the breakdown of expenditures as follows¹² to serve *8 percent of the eligible population* identified in the bill:

County Health Department (CHD) Staffing and Administration Expenses: \$5,437,500

DOH estimates that additional CHD staff will be required to establish relationships with service providers, educate existing providers regarding the program, and assure women are enrolled and receive screening, information and referrals for additional care.¹³

Central Office Staffing Expenses:(Salaries, Expense, OCO) \$674,942

DOH estimates that additional central office staff will be required to direct the program activities. The current BCCEDP has one nursing consultant per 5,000 women screened. Building on this foundation and assuming economies of scale, six additional nursing consultants are proposed. In addition, a program manager would be required to oversee this expansion of the BCCEDP Program, a compliance coordinator would be required to assure collection and follow up of the various quality assurance/compliance efforts, liaison with insurers, AHCA, DCF, Department of Insurance, and other agencies involved in identifying and serving eligible women. A program analyst would also be required to evaluate program data, ensure local data input, provide statewide technical assistance and assess the quality of program data. One administrative assistant would be required to support these additional staff.

¹² Florida Department of Health Bill Analysis. HB 1269, March 11, 2009.

¹³ CHD staff provide interviewing, enrollment, scheduling, invoicing to the third party payer, data collection, tracking, follow-up, case management and provider recruitment and training. Department of Health Bill Analysis HB 1269, March 11, 2009.

Third Party Claims Processor: \$1,363,000

DOH estimates that a third party processor of medical claims may need to be procured. The BCCEDP cost for its third party payer is \$240,000 for processing claims incurred by 10,150 women or \$23.50 per woman served. Applying this cost per woman, the administrative costs for claims processing for 58,000 is \$1,363,000.

Direct Service Cost for Screening \$10,923,720

DOH estimates the direct service cost per woman screened for breast cancer is \$188.34, and includes screening and re-screening office visits; diagnostic visits; and counseling at the Medicare B reimbursement rate. The cost for screening 58,000 women is \$10,923,720 at the Medicare B rate.

Educational Media Campaign \$800,000

DOH estimated the cost of an educational campaign based on a recent chronic disease prevention campaign that served two major markets for six weeks at a cost of \$100,000. A Request for Proposal would be issued to procure a vendor at an approximate cost of \$800,000 to serve 16 regional markets for six weeks during year one.

Data Tracking Systems:¹⁴ \$147,450

The DOH, Division of Information Technology (IT) has estimated the costs of the Health Management System (HMS) to satisfy the requirements of this bill. This includes \$30,000 for analysis and design; \$45,000 for development, \$22,500 for testing, \$49,950 for implementation, \$55,474 for infrastructure (servers), in year one.

III. COMMENTS

A. CONSTITUTIONAL ISSUES:

1. Applicability of Municipality/County Mandates Provision:

This bill does not appear to require counties or municipalities to take an action requiring the expenditure of funds, reduce the authority that counties or municipalities have to raise revenue in the aggregate, nor reduce the percentage of state tax shared with counties or municipalities.

2. Other:

None.

B. RULE-MAKING AUTHORITY:

None.

C. DRAFTING ISSUES OR OTHER COMMENTS:

None

IV. AMENDMENTS/COUNCIL OR COMMITTEE SUBSTITUTE CHANGES

¹⁴ This tracking system would need to be able to receive data from all public and private providers that participate in the program and perform breast cancer screenings, diagnostics, and treatment. The system would also need to receive fiscal information to facilitate recoupment of the cost of services for the "underinsured" women tested through the program. Department of Health Bill Analysis HB 1269, March 11, 2009.