

HOUSE OF REPRESENTATIVES STAFF ANALYSIS

BILL #: CS/HB 1269 Breast Cancer Detection and Screening
SPONSOR(S): Health & Family Services Policy Council, Health Care Services Policy Committee, 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	23 Y, 0 N, As CS	Lowell	Gormley
3)				
4)				
5)				

SUMMARY ANALYSIS

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

- Promoting referral for the screening, detection, and treatment of breast cancer among unserved or underserved populations;
- Educating the public regarding breast cancer and the benefits of early detection; and
- Providing referral services for persons seeking treatment.

Components of the program include:

- Establishment of a public education and outreach initiative.
- Development of professional education programs.
- Establishment of a tracking and follow-up system.

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 no fiscal impact on state or local 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, during 2008, 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:²

- 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.
- 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 you check your own breasts for lumps, changes in size or shape of the breast, or any other changes in the breasts or underarm.

While regular mammograms can lower the risk of dying from breast cancer, having a clinical breast exam or a breast self-exam has not been found to decrease breast cancer mortality.³

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 effectiveness of a broad range of clinical preventive services, including screening, counseling, and

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

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

³ U.S. Preventive Services Task Force. Screening for Breast Cancer: Systematic Evidence Review. Rockville, Maryland: Agency for Healthcare Research and Quality, 2002.

preventive medications. Its recommendations are considered the "gold standard" for clinical preventive services.⁴

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 .⁵

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."

Breast Cancer Screening

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 bill creates a breast cancer early detection and treatment referral program to:

- Promote referral for the screening, detection, and treatment of breast cancer among unserved or underserved populations;
- Educate the public regarding breast cancer and the benefits of early detection; and
- Provide referral services for persons seeking treatment.

Data Tracking Systems

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.

The bill requires the establishment of a tracking and follow-up system on all women screened for breast cancer in the program. The system is required to include the followup of abnormal screening tests and referral to treatment when needed and to track women to be screened at recommended intervals.

⁴ U.S. Department of Health and Human Services. Agency for Health Research and Quality. Available at: <http://www.ahrq.gov/clinic/uspstfab.htm>.

⁵ Id.

Education and Outreach

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.

The bill requires the creation of a public education and outreach initiative and development of professional education programs to publicize services related to early detection of breast cancer, the benefits of early detection, and the recommended frequency for receiving screening services in guidelines established by the United States Preventive Services Task Force.

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.

II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

A. FISCAL IMPACT ON STATE GOVERNMENT:

1. Revenues:

None.

2. Expenditures:

None.

B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

1. Revenues:

None.

2. Expenditures:

None.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

None.

D. FISCAL COMMENTS:

None.

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

On April 1, 2009, the Health and Family Services Policy Council adopted a strikeall amendment that does the following:

- Changes the bill from a breast cancer detection and treatment to a detection and referral program.
- Removes counseling services as a purpose of the program.
- Removes public education about health insurance coverage from the program.
- Removes establishment of a system to monitor provider compliance with standards for breast cancer screening.
- Removes requirement for DOH to provide examinations and screening mammograms within existing appropriations to un-served or underserved populations defined in the bill.
- Removes requirement for provider organizations to report to DOH the names of insured women tested to facilitate insurance recoupment.

The bill was reported favorably as a CS and the analysis reflects the bill as amended.