MEMORANDUM

April 16, 1998

TO: Chris and Jen

FR: Sarah B.

RE: Expanding Medicaid to Women in CDC Breast Cancer Screening Program

The National Breast Cancer Coalition has called to ask for the Administration to support legislation that would extend Medicaid coverage to women who have been diagnosed as having breast or cervical cancer by having been screened by the National Breast and Cervical Cancer Early Detection Program run by the CDC. The bill is scheduled to be introduced next Wednesday by Senators D'Amato, Snowe, Miluski, and Moynihan as well as Representative Kennelly and possibly others on the House side.

The CDC program, started in 1990, will receive $140 million in 1997 to screen low-income women (up to 250 percent of poverty) for breast and cervical cancer. So far it has screened over 500,000 women, found over 32,218 abnormal mammograms, and diagnosed 2,918 cases of breast cancer. Of those who have been diagnosed, 2,327 were under the age of 65 and therefore ineligible for Medicare. It has also provided 612,008 Pap tests and 24,434 were abnormal and 19,166 cases of cervical cancer were diagnosed.

How Women Diagnosed With Cancer Currently Receive Treatment

While there are currently no funds available in this program to treat women diagnosed with cancer, most of the women who have been diagnosed up to now have received treatment. In fact, CDC's data shows that 96 percent of positively diagnosed women have received treatment, usually in a timely manner. States have cobbled together various ways to extend treatment for these women. Because of the popularity of the CDC program, there have been private donations from organizations such as the Susan B. Komen Foundation as well as local efforts to raise money for these programs, such as Sororities and local businesses holding fundraisers, or providers agreeing to treat these women.

However, there are adverse consequences from this piecemeal approach. First, the states and the program itself are spending an inordinate amount of resources finding treatment for women with cancer. In fact, many doubt that as the program grows it will not be able to find a way to identify funds for all of women who need treatment. Moreover, a recent MMWR report released by CDC noted that some providers and many women have been reluctant to participate in the program because they fear they will not be able to pay for treatment if cancer is identified.

Legislative Proposal

This legislation provides Medicaid coverage for women who are diagnosed with breast or cervical cancer through the NBCCP program. This would be a state option and would allow the state to make treatment available during a period of presumptive eligibility. As you may recall, the National Breast Cancer Coalition did ask us to support this late in the balanced budget process. However, their request came during the final days of negotiations, and we were able to say no on the basis that we were not supporting any new provisions at that time because it would undermine the deal. The proposal has been scored by CBO as costing $100 million over five years.

Pros/Cons

Extending Medicaid coverage to these women would certainly ensure a more stable funding source to ensure that the women who enter this program receive treatment. CDC believes that it would free up many resources that are currently spent trying to find treatment for the women identified. There is also some precedence for this. Apparently, (I am still checking out) in 1993, we enacted the Tuberculuous Optional Benefit Program, which allowed states the option of expanding Medicaid to people with TB.

However, you are obviously well aware of the implications for the Medicaid program and the extent to which this would create a precedent to open up Medicaid disease by disease. While most of CDC's programs focus on education and outreach rather than screening for chronic diseases that sometimes require long term follow up care, there are other programs, such as cardiovascular and diabetes treatment programs (although much smaller than the breast cancer screening program), that could benefit from a link to the Medicaid program. There are also other Federal programs, such as Ryan White, that expend a great deal of resources

treating people with HIV/AIDS. While Ryan White, unlike the CDC program, does not have any legislative barriers to providing treatment, clearly it could help more people if they could guarantee Medicaid as the payor of care. Moreover, there are many others diseases that do not have specific Federal public health programs associated with them but still would benefit from extending Medicaid. The current controversy over whether to extend Medicaid to people with HIV at an earlier stage in their disease is currently the most visible example.

There is also the question of whether it is good public policy to extend Medicaid only to women who have participated in a particular Federal program. While the CDC program does have a presence in all fifty states, it is certainly not available to all women who fit the income criteria. This policy would extend Medicaid to some women with breast cancer who are in a certain income bracket but not others who are at the same or perhaps at an even lower income bracket. The NBCC and CDC have explored (although I believe only briefly) other ways of assuring treatment for women in this program. One idea is to expand the funding for the program to assure treatment services. The program is currently not equipped to provide breast cancer treatment and while they could develop links to local providers, CDC is not currently equipped to be a payor for these women. That being said, there are probably creative ways that could be explored to create a more stable source of funding. The NBCC is interested in the Medicaid option in part because it is a stable source of funding that does not fall under discretionary caps.

The NBCC is coming into town in early May and they believe (from Audrey Haynes) that the First Lady may do something on their behalf while they are in town. How do we want to respond both to their request for support as they unveil the legislation next week as well as when (and if) the First Lady chooses to do something when they are in town? You should note that this issue is one of the three highest priorities for the NBCC. The first two are eliminating genetic discrimination and expanding coverage of cancer clinical trials. We have supported legislation and been highly visible on both of these issues and, as you well know, went out of our way to develop a cancer clinical trials proposal that was acceptable to the group. Please advise how you would like to proceed.