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FISCAL IMPACT REPORT

ORIGINAL DATE
SPONSOR Gutierrez **LAST UPDATED** 1/21/08 **HB** 35

SHORT TITLE Breast & Cervical Cancer Screening **SB** _____

ANALYST Wilson

APPROPRIATION (dollars in thousands)

Appropriation		Recurring or Non-Rec	Fund Affected
FY08	FY09		
	\$1,000.0	Recurring	General Fund

(Parenthesis () Indicate Expenditure Decreases)

Duplicates/Relates to an Appropriation in the General Appropriation Act: Both the LFC's Budget Request and the Executive Budget Recommendation include \$500,000 for the Breast and Cervical Cancer Program.

SOURCES OF INFORMATION

LFC Files

Responses Received From
 Department of Health (DOH)

SUMMARY

Synopsis of Bill

House Bill 35 appropriates \$1,000,000 from the general fund to DOH for expenditure to fund screening and treatment of breast cancer and cervical cancer.

FISCAL IMPLICATIONS

The appropriation of \$1,000,000 contained in this bill is a recurring expense to the general fund. Any unexpended or unencumbered balance remaining at the end of fiscal year 2009 shall revert to the general fund.

The BCC Program is required by the Centers for Disease Control and Prevention (CDC) to provide a 1-to-3 match of other funds for each federal dollar. Funding allocated through this legislation to the Breast and Cervical Cancer (BCC) Program will contribute to this match requirement.

SIGNIFICANT ISSUES

Screening may detect cancerous conditions at early stages when treatment is most effective. Of all cancers, cervical cancer is one of the most amenable to prevention and early detection through screening. When women are diagnosed early through Pap tests, their five-year survival for local stage cervical cancers is 88%. Survival drops sharply – to less than 50% – if the cancer has spread by the time it is detected. Just over 40% of cervical cancers diagnosed in New Mexico between 2000 and 2004 were local stage. The most effective strategy for detecting early-stage breast cancer is undergoing a screening mammogram every one or two years beginning at age 40. Only slightly over 50% of all breast cancers diagnosed in New Mexico are detected at early stages. In New Mexico, the five-year survival rate among women diagnosed with early-stage breast cancer between 1999 and 2003 was 98 %. The survival rate fell to 81 % when the cancer was detected at a regional stage, and 25% when detected at a distant stage.

The BCC Program provides screening and diagnosis for women ages 30 – 64 who are uninsured or underinsured, and who live at or below 250% of the federal poverty level. Based on recent analyses of census data 90,804 New Mexican women, between the ages of 30 and 64, are eligible to receive services from the BCC Program. However, current federal and state funding levels are sufficient to serve only about 15% of those eligible women. Last year, the BCC Program served 13,182 New Mexican women. The BCC Program does not provide treatment services, although women diagnosed through the BCC Program are eligible for full Medicaid, Category 052, to pay for medical services.

ADMINISTRATIVE IMPLICATIONS

The BCC Program can provide these services without additional FTEs. The BCC Program can use its existing network to allocate additional funds beginning July 1, 2008.

RELATIONSHIP

Both the LFC's Budget Request and the Executive Budget Recommendation include \$500,000 for the Breast and Cervical Cancer Program.

OTHER SUBSTANTIVE ISSUE

Differences in breast and cervical cancer screening rates in New Mexico are seen based on age, race/ethnicity, health care coverage, educational attainment, and household income. Women with health care coverage were almost twice as likely to report that they had a mammogram within the past two years compared to women without coverage. Similarly, women whose household income was under \$15,000 annually were more than three times as likely to report never having had a mammogram compared to women with incomes over \$50,000 per year. For cervical cancer screening, women without health care coverage were 2.5 times more likely to report never having had a Pap test compared to women with coverage. Women reporting the lowest household income levels reported either having never had a Pap test or not having had one within the past five years, about twice as often as women reporting the highest income levels.

DW/mt