



## Mary Brogan Breast & Cervical Cancer Early Detection Program



### Background

In 1994, the Florida Department of Health received a federal grant to establish the Florida Breast and Cervical Cancer Early Detection Program (BCCEDP), and on May 23, 2001 then-Governor, Jeb Bush, signed the Mary Brogan Breast and Cervical Cancer Early Detection Program Act into law, thus providing a treatment option to medically-needy women diagnosed with breast and cervical cancer.

Breast cancer is the second leading cause of cancer death for women. Florida ranks second in the U.S. in the number of new breast cancer cases per year and second in the number of deaths, an estimated 18,170 Floridian women will receive a breast cancer diagnosis and an estimated 2,910 are expected to die from this disease in 2017<sup>1</sup>.

### Key Points

- Mammography remains the single most effective method of early detection since it can identify cancer several years before physical symptoms develop. When cancer is discovered early, treatment is more successful. The five-year survival rate for breast cancers diagnosed at an early stage is 99%.<sup>2</sup>
- Delays in treatment can be critical, as decreased survival rates are often considered to be associated with waiting more than 90 days after an abnormal mammogram to begin treatment<sup>3</sup>.
- The 2012-13 Fiscal Year was the first year Florida contributed state general revenue to the program to match the federal dollars:
  - The \$1,236,473 in funding provided for 2,950 additional women to be screened<sup>4</sup>.
- In 2013-14, the legislature appropriated a first ever reoccurring amount of \$300,000. For the current fiscal year, the program received a record amount of \$ 2.1 million in state funding.
- Even with the additional state funding, the program is only able to serve approximately 6.7% of the priority population. More than 197,766 of the priority population who need these lifesaving screenings are not able to access the program due to funding limitations<sup>3</sup>.

### Our Position

The Mary Brogan Breast and Cervical Cancer Early Detection Program provides lifesaving cancer screenings for medically underserved women between the ages of 50 and 64 who have incomes below 200% of the federal poverty level. For 2017, ACS CAN asks that the state fund the program at a level equal to one-half of the U.S. Centers for Disease Control's current program investment in Florida, approximately \$2.6 million. Recurring state funds would provide a dedicated funding source and help build the long-term viability of the program.

## Why is breast cancer screening important?

Public policy around breast cancer has focused on early detection through screening and effective treatment of diagnosed cases. Evidence from other states shows that expanding BCCEDP screening coverage results in improved access to treatment through the program<sup>4</sup>. Early detection of breast cancer by mammography may lead to a greater range of treatment options, including less aggressive surgery and adjuvant therapy. Efforts to increase screening should specifically target those who are most likely to have the lowest rates of screening, such as low-income women.

## How is the Mary Brogan Program funded?

### TOTAL FUNDING FOR PROGRAM (FY 2016-17)

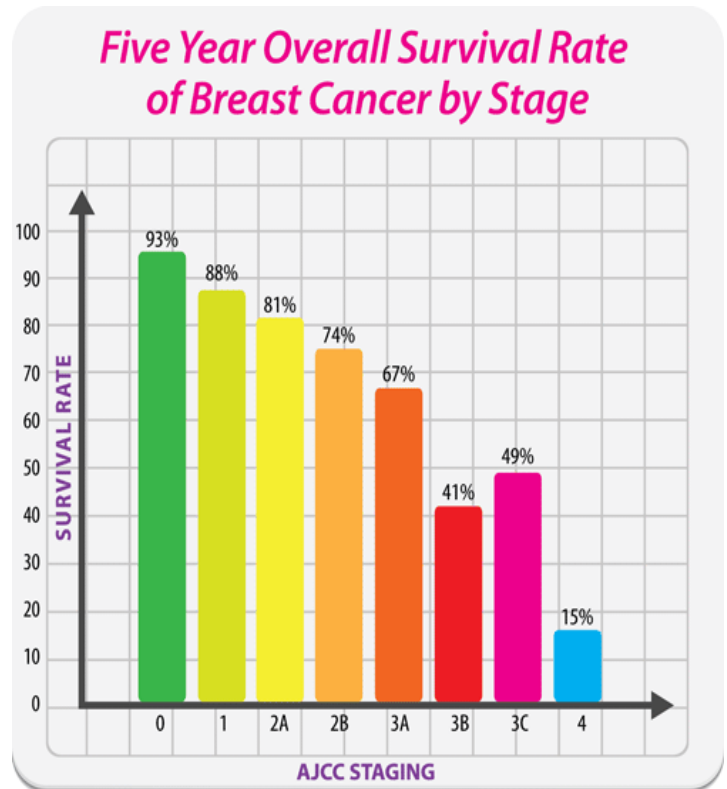
- \$7,356,111 in combined state and federal funding
- 14,118 screening mammograms (projected)
- 340 women projected to be diagnosed with breast or cervical cancer

### FEDERALLY-FUNDED PORTION

- \$5,256,111 in funding
- All regions spend funds on outreach, education, and Evidence Based strategies to increase screening rates both among program women and the general population.

### STATE-FUNDED PORTION

- \$2,100,000 in funding (\$300,000 recurring; \$1,800,000 non-recurring)



Adapted from American Cancer Society and National Cancer Data Base

## How is the Mary Brogan Program administered?

16 lead County Health Departments (CHDs) manage services to assure statewide access.

A portion of every mammogram must be paid in federal funds for clients to be eligible for Treatment Act Medicaid. There are administrative costs for every service provided. Both federal and state funds are used for medical services and administrative costs.

The 729-member BCCEDP provider network accepts Medicare Part B reimbursement rates rather than much higher usual and customary rates that other uninsured patients would need to pay.

197,766 (93.3%) of the priority population remain eligible to be screened if adequate funding is provided.

<sup>1</sup> American Cancer Society. (2016). *Breast Cancer Facts and Figures 2016-2017*, Atlanta, GA.

<sup>2</sup> American Cancer Society. (2016). *Breast Cancer Facts and Figures 2016-2017*, Atlanta, GA.

<sup>3</sup> Florida Department of Health, Breast & Cervical Cancer Early Detection Program; The Florida Breast Cancer Early Detection and Treatment Referral Program Report, March, 2015.

<sup>4</sup> Adams, E.K. and Chein, L. (2011). Racial disparities in breast and cervical cancer: can legislative action work? *Cancer Disparities: Causes and Evidence-Based Solutions*, Elk and Landrine, Eds. Springer Publishing, NY.