

DEPARTMENT OF FINANCE BILL ANALYSIS

AMENDMENT DATE: Original
POSITION: Oppose

BILL NUMBER: AB 1640
AUTHOR: N. Evans

BILL SUMMARY: Breast and Cervical Cancer Screening

This bill would express the intent of the Legislature that breast and cervical cancer screening services meet the demand based on eligibility requirements in place as of December 31, 2009, effectively reestablishing services for women age 40 to 49.

This bill would require the Department of Public Health (DPH) to notify the Joint Legislative Budget Committee at least 90 days prior to changing service eligibility requirements or reducing access to breast and cervical cancer screening services.

This bill also would appropriate an unspecified amount to the DPH to fund the breast and cervical cancer early detection program.

FISCAL SUMMARY

This bill would appropriate an unspecified amount to fund the breast and cervical cancer early detection program, however, DPH estimates an additional \$25 million General Fund would be needed annually starting in 2010-11, to meet the increased level of service proposed by this bill.

The 2010-11 Governor's Budget includes a contingency proposal that redirects Proposition 99 revenue to the Medi-Cal program if a certain level of federal funding is not awarded to California. If Proposition 99 revenue for this program is redirected for other purposes as proposed in the Governor's Budget, the cost to implement this bill would increase to \$47 million General Fund in 2010-11.

Currently, breast cancer screening costs for 2009-10 have increased by 19 percent since 2008-09. DPH estimates ongoing funding must be increased by approximately 19 percent annually to meet this level of demand.

COMMENTS

The Department of Finance opposes this bill because it would put additional pressure on the General Fund. Additionally, a federal advisory group, the U.S. Preventative Services Task Force, recently issued recommendations that women at average risk for breast cancer wait until age 50 for routine mammography screening and then be screened every other year until age 74. In this study, the statistics showed that one life would be saved for every 1,900 women ages 40-49 screened for 10 years. The task force concluded that those survival benefits did not outweigh the potential risks associated with screening. The harm resulting from screening includes anxiety associated with testing, unnecessary imaging tests and biopsies in women without cancer, and inconvenience due to false-positive screening results.

As of January 1, 2010, the DPH made an administrative policy change to its eligibility requirements for the Every Woman Counts breast and cervical cancer screening program by increasing the minimum age of service eligibility from women age 40 and above to women age 50 and above. Additionally, the DPH imposed a temporary six-month freeze on the enrollment of new patients. These policy changes were a

Analyst/Principal Date Program Budget Manager Date
(0551) J. Kapoor Lisa Ann L. Mangat

Department Deputy Director Date

Governor's Office: By: Date: Position Approved
Position Disapproved

BILL ANALYSIS Form DF-43 (Rev 03/95 Buff)

AUTHOR

AMENDMENT DATE

BILL NUMBER

N. Evans

Original

AB 1640

result of a decline in available resources to sustain a full year of services at that level of demand. Current funding sources are expected to continually decline throughout the next fiscal year, likely resulting in another freeze on enrollment.

Code/Department Agency or Revenue Type	SO	(Fiscal Impact by Fiscal Year)							Fund Code
	LA	(Dollars in Thousands)							
	CO	PROP							
	RV	98	FC	2009-2010	FC	2010-2011	FC	2011-2012	
4265/PublicHealth	LA	No		--	C	\$25,000	C	\$29,750	0001