



April 10, 2015

Memo: Senate Health and Welfare Committee

Re: FY16 House-passed Budget with language for Ladies First program

The American Cancer Society Cancer Action Network urges the Senate Health and Welfare Committee to include in its recommendations to the Senate Committee on Appropriations on the FY2016 Budget, a request for state funds to be invested in the **Ladies First** Cancer screening and prevention program.

Vermont is one of four states that allocate **zero** state dollars for the National Breast and Cervical Cancer Early Detection Program (NBCCEDP), even though it is estimated that over **5,025** Vermont women continue to lack access to cervical cancer screenings, and **2,103** women lack access to breast cancer screenings. Vermont's NBCCEDP, the Ladies First program, provides free pap tests to women aged 21 to 64 and mammograms to women 40 to 64 who are uninsured or underinsured and have income below 250% of the federal poverty line. This important program also provides heart healthy screening and free referrals to programs for women to help quit smoking, for nutritional counseling and health coaching, and by paying for certain weight loss programs.

The current version of **H.490** does not authorize an appropriation but includes the following language:

E.312.1. (a). The Commissioner of health shall develop a marketing plan for Ladies First, a health screening program for women, to increase awareness of the available services provided to eligible women. In addition, the Commissioner shall provide a plan to be submitted to the Joint Fiscal Committee on or before September 15, 2015, that details how the Ladies First program will be implemented."

This important program, which is funded entirely by a federal grant from the Centers for Disease Control (CDC), is currently being underutilized by Vermont women who do not know the program exists. This is due in part to the CDC rule that requires the Department of Health to spend 60 percent of this year's approximate \$800,000 grant for direct services, leaving only 40 percent for outreach and administration. Unfortunately, that 40 percent is almost entirely needed for staff and administration costs. Other than the Ladies First website, and information provided to hospitals and primary care providers, the Department cannot conduct outreach, advertising, marketing or evaluation to encourage and assist women to enroll in the program.

Finally, in addition to the critical services this program provides for uninsured and underinsured Vermont women, the CDC also allows this funding to be used to assist in cost-sharing for women insured through Vermont's Health Exchange that are between 138-250% fpl. These low-income Vermonters may be insured, but they face high deductibles and often will skip life-saving diagnostic screenings because of the inability to pay \$1,000 or more in out-of-pocket costs. Keeping these women insured by providing minimal funding for

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preventive cancer screenings can save the state valuable healthcare dollars, save a Vermont woman from a cancer diagnosis and save lives.

Please let me know if you have any questions.

Thank you for your consideration.

Jill

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