



HR0074

LRB101 07445 MST 52487 r

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HOUSE RESOLUTION

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WHEREAS, According to the 2015 National Health Interview Survey, among women aged 40 to 64, those who are uninsured have the lowest prevalence of mammography use in the past two years at only 31 percent compared to 68 percent for women with health insurance; and

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WHEREAS, The five-year survival for breast cancer is much higher when diagnosed at an early stage, and improvements in early detection, screening, and treatment have resulted in a 39 percent reduction in breast cancer deaths; and

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WHEREAS, The costs of treating advanced stage breast cancer are significantly higher than for early stage disease; average costs allowed per patient in the two years following a breast cancer diagnosis can reach up to \$182,655 for stage 4 breast cancer, which is 2.5 times the cost of treating stage 0 breast cancer; and

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WHEREAS, The American Cancer Society reports that breast cancer stage at diagnosis is more advanced in racial and ethnic minorities, lower income, and uninsured women, and the mortality rate for African American women with breast cancer is higher than in white women; and

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1 WHEREAS, The Illinois Breast and Cervical Cancer Program
2 within the Illinois Department of Public Health receives
3 funding from the Centers for Disease Control and Prevention's
4 (CDC) National Breast and Cervical Cancer Early Detection
5 Program (NBCCEDP), a program that provides low-income
6 uninsured and underinsured women access to breast and cervical
7 cancer screening and early detection services, along with
8 patient navigation, case management, and educational
9 information; and

10 WHEREAS, The CDC defines health equity as when every person
11 has the opportunity to "attain his or her full health
12 potential"; and

13 WHEREAS, The Illinois Breast and Cervical Cancer Program is
14 meeting an unmet need in providing recommended breast cancer
15 screening services to low-income uninsured and underinsured
16 women, whose mammography uptake has been significantly lower
17 compared to those who are insured; and

18 WHEREAS, Between 2012-2017, the Illinois Breast and
19 Cervical Cancer Program has served 62,167 women; and

20 WHEREAS, From 2012-2017, the Illinois Breast and Cervical
21 Cancer Program screened 51,795 women for breast cancer with
22 mammography and diagnosed 7,030 breast cancers; and

1 WHEREAS, Despite its proven success, the program remains
2 woefully underfunded; decreased investment at the federal and
3 state level has left low-income, uninsured and underinsured
4 women without access to services; this lack of funding has
5 resulted in less than one in ten eligible women currently
6 receiving screenings through NBCCEDP; and

7 WHEREAS, The Illinois Breast and Cervical Cancer Program
8 raises awareness about the importance of breast cancer
9 screening and provides low-income, uninsured and underinsured
10 women access to critical cancer control and prevention services
11 that they may otherwise not have access to; and

12 WHEREAS, Access to these potentially lifesaving screening
13 and early detection services provided by the Illinois Breast
14 and Cervical Cancer Program should be available to all eligible
15 women, consistent with American Cancer Society
16 recommendations; and

17 WHEREAS, Increased investment for the Illinois Breast and
18 Cervical Cancer Program will help Illinois reduce breast cancer
19 incidence and mortality, save costs through increasing access
20 to screening, diagnostic and treatment services, and reduce
21 expensive treatment for late-stage diagnosis; therefore, be it

1 RESOLVED, BY THE HOUSE OF REPRESENTATIVES OF THE ONE
2 HUNDRED FIRST GENERAL ASSEMBLY OF THE STATE OF ILLINOIS, that
3 Illinois Breast and Cervical Cancer Program eligibility and
4 funding should be broadened to further reduce barriers to
5 breast screening, detection and treatment for underserved
6 women to improve conditions for women to achieve optimal
7 health, regardless of their race, ethnicity, or economic
8 status.