



Department of Health
2023-25 Regular Budget Session
Policy Level - PK - Cancer Screening & Prevention

Agency Recommendation Summary

The Department of Health (DOH) requests funds to address a federal grant shortfall and the widening gaps in access to care and socio-economic and health disparities across the state. The pandemic created a large drop in cancer screenings, diagnoses, and treatment which can lead to adverse health outcomes and financial impacts. Funding would allow DOH to maintain existing services, enhance data systems, and increase work in addressing inequities around services related to cancer treatment.

Fiscal Summary

Fiscal Summary <i>Dollars in Thousands</i>	Fiscal Years		Biennial	Fiscal Years		Biennial
	2024	2025	2023-25	2026	2027	2025-27
Staffing						
FTEs	0.6	0.2	0.4	0.2	0.2	0.2
Operating Expenditures						
Fund 001 - 1	\$5,501	\$5,179	\$10,680	\$5,179	\$5,179	\$10,358
Fund 001 - 2	(\$3,298)	(\$3,290)	(\$6,588)	(\$3,290)	(\$3,290)	(\$6,580)
Total Expenditures	\$2,203	\$1,889	\$4,092	\$1,889	\$1,889	\$3,778
Revenue						
001 - 0393	(\$3,298)	(\$3,290)	(\$6,588)	(\$3,290)	(\$3,290)	(\$6,580)
Total Revenue	(\$3,298)	(\$3,290)	(\$6,588)	(\$3,290)	(\$3,290)	(\$6,580)

Decision Package Description

People who earn low incomes, are uninsured or underinsured have experienced increased difficulty in accessing affordable cancer screenings. Gaps in access to care across the state have widened during the COVID-19 pandemic and existing health and community support networks have struggled to address current challenges. Existing data systems are not adequate to facilitate the partnerships, data collection, monitoring, evaluation, and quality assurance activities that are necessary to help ensure that all people in Washington are connected to appropriate care regardless of where they live or their ability to pay. Over the last decade, Washington state’s population grew by an additional million people. This budget request addresses this population growth by expanding service capacity, current federal funding shortfall, improve necessary data systems, and cancer programming. The department requests funding for three programs to address these gaps and improve access to cancer screenings throughout the state.

Breast, Cervical and Colon Health Program (BCCHP)

The department’s Breast, Cervical and Colon Health Program (BCCHP) provides funding for life-saving breast and cervical cancer screening and diagnostic testing for the state’s most vulnerable populations, including clients with incomes at or below 250% of the Federal Poverty Level who are not eligible for Medicaid coverage. These funds will cover the direct clinical cost for uninsured and underinsured clients as well as client navigation, case management and program administration.

Over the last several years there has been a widening federal and private local funding gap leading to the inability to meet the needs of eligible people of Washington. There continues to be an estimated 64,000 people with income, age and insurance status eligible for this program. The programs overall funding has declined over the years and is now at a level that threatens program operation and sustainability. This program is challenged to meet existing and growing need. At historical funding levels BCCHP has only been able to serve less than a quarter of the estimated eligible population. The state’s population has grown approximately a million people over the last decade. Over the last few years, regions of the state have had to routinely slow or stop cancer screening services before the end of the program year due to the lack of funds and in some cases had to rely on local dollars and hospital foundational funds have had to cover program overages. The COVID-19 pandemic exacerbated delays in screening and diagnostic services that the program lacks funding to support. Funds will be used to provide screening, diagnostic, navigation, and case management services as well as program administration.

Comprehensive Cancer Program

Currently, cancer upstream prevention thru cancer survivorship heavily relies on community-based organizations to help the most vulnerable populations. The comprehensive cancer program focuses on community-based solutions to address patients’ cancer journeys from prevention to survivorship. The program funds community organizations to perform vital services, such as helping patients navigate clinical care, cancer prevention education, and patient support programs at tribal health clinics. The comprehensive cancer program is the state’s only source of funds to address HPV infections by encouraging vaccinations. Washington state is down 13% overall in number of vaccines administered compared to pre-pandemic levels. Based on studies, the National HPV Roundtable estimates that it may take 10 years to catch up on cancer preventing HPV immunizations. In addition, the federal funding has been significantly reduced and without state funds community organizations who support the comprehensive cancer work cannot continue.

Washington State Cancer Registry Data Modernization

The Washington State Cancer Registry (WSCR) receives, compiles, and reports information regarding cancer diagnoses that are sent from health care providers and facilities around the state. The cancer registry serves as a centralized information center for all cancer diagnoses and treatment without which cancer surveillance and informed policies, preventions, and interventions would not exist. State funding is necessary to modernize WSCR to a cloud-based platform to ensure efficiency and timely customer service to cancer researchers to

support lifesaving studies. Improved data collection helps with improved decision-making capabilities and be able to communicate to external funding opportunities of the needs of the state when applying for grants.

What is your proposal? What are you purchasing and how does it solve the problem?

Investing in chronic disease programs that have been greatly underserved not only due to the pandemic but also growing inequities and disparities on cancer incidences in Washington state. The proposal addresses the following solutions:

The Breast, Cervical, Colorectal Cancer Program

This budget request will help address service gaps in breast and cervical cancer screenings for people with low incomes who do not qualify for Apple Health coverage. Declining funding, sustained demand and impacts of COVID-19 have greatly diminished capacity for routine screenings and created gaps in coverage for those who are underinsured and uninsured.

The cancer screening program requires \$4,646,000 in state funds annually to maintain high quality equitable access to cancer screening and diagnostics to the state's regional prime contractors to provide a safety net system for individuals that could otherwise not afford these cancer screening and diagnostic services. In operation since 1994, BCCHP has had significant success in providing services. If funded, funds can quickly be added to existing contracts without delay and without the need for additional program administration. Funds will be used for direct client services; DOH estimates over 7,000 people will be served. [\$2,828,000 for grant shortfall and \$1,818,000 is for loss of settlement funds and other funding sources (e.g. Komen Puget Sound)]

Regular cancer screening can result in earlier stage diagnosis, when the costs to treat are less and the health outcomes are better. The program serves Washington residents who do not have health insurance or have a high deductible, have a low-income, and meet the age guidelines. Services include breast cancer screenings (breast exams and mammograms), cervical cancer screenings (Pap and HPV tests), follow-up tests as needed, based on screening results, and assistance with navigating resources for treatment if needed.

Comprehensive Cancer Program

DOH requests \$232,000 annually to fund the current work being done for community-based Comprehensive Cancer strategies for Washingtonian's cancer work through community engagement and culturally appropriate messaging and outreach by helping facilitate linkages to appropriate resources to serve all Washingtonians from their cancer journey from prevention to cancer treatment. These funds will support current work and partnerships. Community based solutions help drive patients to get screened, receive care, apply for benefits, complete cancer treatment, and help with treatment recovery for those most disenfranchised by cancer.

Comprehensive cancer work focuses on community-based solutions to address the cancer journey from prevention to survivorship. COVID19 has created significant challenges in health care settings and currently, cancer upstream prevention thru cancer survivorship heavily relies on community-based organizations to help the most vulnerable populations.

Expected results are strengthened community-based interventions that will lead to increased HPV vaccination uptake, increased cancer screenings, provide patient navigation, and promoting healthy behaviors for cancer survivors to ensure quality of life. Improved outcomes for cancer prevention through survivorship while also lessening strains on traditional clinic level health systems approaches. Increased innovative intervention strategies through creative community-based solutions to help address specific focused populations at risk for cancers.

Washington State Cancer Registry Program

The Department requests \$238,000 annually to fund the current staffing necessary to maintain the WSCR program. The cancer registry is vital to all cancer programs and studies and without which, advancements in treatment, population health, trends cannot be possible.

The Department also requests \$456,000 in the biennium to enhance and modernize the Washington State Cancer Registry's data system with the Surveillance, Epidemiology, and End Results Data Management System (SEER DMS) to better align with the data reported by health care facilities. This cost includes a one-time investment of \$385k in FY2024 to upgrade to SEER DMS and an annual maintenance cost of \$71,000 beginning in FY2025.

Modernizing WSCR will ensure quality data for research that will inform on policies and prevention in public health. The Surveillance, Epidemiology, and End Results (SEER) program is an initiative sponsored by the National Cancer Institute (NCI) to collect cancer incidence and related information from population-based cancer registries. The SEER Data Management System (SEER DMS) provides support for all core cancer registry functions, including data importation, editing, linkage, consolidation, and reporting.

Continued quality cancer data in Washington state to provide surveillance and evaluation, opportunities for cancer prevention. The modernization of the system will ensure long-term viability for cancer research and implications that can save lives.

The Surveillance, Epidemiology, and End Results (SEER) program improves cost efficiency and reduces duplication of effort in the state central registry and would allow the Department to use the same system as Fred Hutchinson Cancer Center, which collects approximately 70% of the cancer cases in Washington before submitting those data to WSCR. Aligning DOH's data system with the system used by the Fred Hutchinson Cancer Center, will also improve data quality and consistency and increase the sharing of knowledge and experience between the two registries. SEER DMS allows the user to interact with the WSCR database through an interface displayed in a web browser. This design reduces maintenance of individual workstations by providing a mechanism for simultaneously delivering system upgrades to all WSCR desktops. The application and database are hosted at an Information Management Services (IMS) computer center, thereby allowing all application updates to

be managed by the IMS technical support team. No system maintenance would be required by DOH HTS staff. Each SEER DMS customer has a separate network isolated from other registries and isolated from IMS's computer operations. A current web browser is the only software required of all users. The Department will also have the VPN client software. Registry staff or IT staff may be required to provide ad hoc programming support. The extent of ad hoc programming varies by registries and may include writing scripts or programs to manage data files and generating registry-specific reports.

Assumptions and Calculations

Expansion, Reduction, Elimination or Alteration of a current program or service:

Breast, Cervical and Colon Health Program: BCCHP partners have requested local and private foundation support but have not secured needed funding. Over the last several years there has been a widening funding gap leading to the inability to meet the needs of eligible people of Washington. Prior to the Affordable Care Act, the program received roughly \$2.1 million per biennium. It now receives \$570,000 per year. For a portion of that period, the program was sustained with Settlement funds, but these are now depleted. The program is currently reaching about 19% of the estimated eligible population, and partners in some regions of the state prepare to stop cancer screening services before the end of the program year due to the lack of funds to cover existing unmet patient needs. Since the program is expected to deplete existing funding, clients eligible for the program will need to be turned away from breast and cervical cancer early detection services, likely leading to more late-stage cancer diagnosis and poorer health outcomes.

Comprehensive Cancer Community Partnerships: if no action is taken, community organizations can no longer support cancer support for vulnerable populations which lead to increased cancer incidences, decreased cancer screenings, and decreased treatment uptake due to lack of support.

Washington State Cancer Registry: If no action is taken, there is not enough funds to support staffing to maintain the Washington State Cancer Registry which would nearly eliminate the program all together. By not funding SEER DMS, the only other alternative is to continue the ineffective methods to maintain WSCR data with Fred Hutch using SEER DMS and WSCR using the software package offered by NPCR, CDC which continues to be time intensive and less efficient. Without WSCR, Washington state would not be able to collect cancer data, measure progress, drive actions, prevent cancers, or improve treatment for all people.

Detailed Assumptions and Calculations:

Direct Clinical Services for those in the Breast and Cervical Cancer Screening program to maintain the services for BCCHP patients. . DOH requests \$4,464,000 annually for direct services, patient navigation and program administration and quality improvement for breast and cervical cancer screenings. This figure was determined by previous program year clinical costs. These funds are distributed to regional contractors and include:

- \$2,828,000 annually **to maintain** current levels of direct clinical services client navigation and program administration (ongoing number—first year is lower due to carry over to address the unexpected shortfall)
- \$1,818,000 **increased funding for** client clinical services to priority population and **maintain** quality improvement

Grant Activities to **maintain** Comprehensive cancer's current work

\$232,000 FY 2024 and ongoing for current programs and partners in the form of grants for activities related to cancer prevention education, importance of cancer screenings, commercial tobacco cessation. State funding is critical to continue community programs. Grant activities may include but are not limited to include:

HPV Statewide task force to improve rates for HPV immunizations in Washington state's adolescent age groups. WA State is down 13% overall for HPV vaccines since the beginning of the pandemic. Based on studies, the National HPV Roundtable estimates it will take 10 years to catch up unless aggressive interventions occur. This vaccine prevents several cancers.

Statewide Cancer Survivorship Provider work group working to provide education to providers on the needs of cancer patients as they transition out of specialty care and into primary care. There are an estimated 386,540 cancer survivors in Washington according to last estimate made in 2019.

Sun safety interventions to address the very high rates of melanoma in the Puget Sound area. State rate is 53.2 cases of melanoma of the skin per 100,000. Spokane county has a rate of 14.6 per 100,000 and Jefferson County has a rate of 81.8 per 100,000. The National rate is 22.7 per 100,000.

Partner with National, state and local LGBTQIA+ organizations to address health care needs and cancer prevention activities.

Washington State Cancer Registry

\$238,000 for 1.0 FTE for HSC3 CTR and 0.6 FTE for HSC2 CTR in FY 24 and ongoing to **maintain** currently employed WSCR staff. State funding is critical to continue the WSCR program.

The current staff maintains and provides support for WSCR, abstract cancer patient records, work with pathology labs and healthcare systems across the state

\$385,000 **increased** funding for SEER DMS Program for FY 24 for WSCR system modernization. \$334,000 and \$51,000 for Health Technology Systems (HTS)

SEER is the main program that the National Cancer Institute uses to support cancer surveillance activities. It is the authoritative source of information on cancer incidence and survival in the United States.

The platform currently used by other state cancer registries and Washington's largest cancer care provider, Fred Hutch. Adopting

SEER will align Washington state’s cancer registry with health care systems and modernize and streamline performance. \$71,000 **increased** funding for SEER DMS maintenance in FY 25 and ongoing
 SEER is a cloud-based platform and requires fees for maintenance and updates to the program to ensure security and performance over time

Federal CDC Funding Level Overview

	Last year’s funding level	Requested	Awarded	Shortfall
Cancer Screening	\$5,700,000	\$5,900,000	\$3,100,000	\$2,800,000
Comp Cancer	\$354,234	\$538,000	\$333,807	\$204,193
Cancer Registry	\$972,654	\$1,562,000	\$760,000	\$802,000
Total	\$7,026,888	\$8,000,000	\$4,193,807	\$3,806,193

Workforce Assumptions:

Workforce Assumptions						
FTE	Job Classification	Salary	Benefits	Startup Costs	FTE Related Costs	
-	HEALTH SERVICES CONSULTANT 3	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
-	HEALTH SERVICES CONSULTANT 2	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
0.2	IT APPLICATION DEVELOPMENT - SENIOR/SPECIALIST	\$27,000.00	\$9,000.00	\$1,000.00	\$2,000.00	\$2,000.00
0.3	FISCAL ANALYST 2	\$15,000.00	\$7,000.00	\$0.00	\$0.00	\$0.00
0.1	HEALTH SERVICES CONSULTANT 3	\$3,000.00	\$2,000.00	\$0.00	\$0.00	\$0.00
0.6		\$45,000.00	\$18,000.00	\$1,000.00	\$2,000.00	\$2,000.00

Estimated expenditures include salary, benefit, and related costs to assist with administrative workload activities. These activities include policy and legislative relations; information technology; budget and accounting services; human resources; contracts; procurement; risk management, and facilities management.

Strategic and Performance Outcomes

Strategic Framework:

This proposal aligns with the Governor’s Results Washington Goal # 4 Healthy and Safe Communities by doing the following:

- increasing access to healthcare services
- ensuring culturally competent care for all patients
- increasing quality of life for those affected by cancer diagnoses and recovery by supporting community organizations to provide support for those recovering from cancers. [\[A\(1\)\]](#)

This proposal aligns with department’s Transformational Plan for I. Health and Wellness and II. Health Systems and Workforce Transformation. This budget requests is to give residents the opportunity to attain their full potential physical, mental and social health and well-being. That they are served by a health ecosystem that is robust and responsive, while promoting transparency, equity and trust.

Performance Outcomes:

Breast, Cervical and Colon Health Program (BCCHP): BCCHP expects these funds to maintain breast and cervical cancer screening and diagnostic services for 7,000 clients per year and reduce the burden of late-stage cancer. Regional prime contractors have established contractual relationships with Federally Qualified Health Centers and other healthcare providers and community serving organizations in their respective regions to provide the clinical services client navigation and support.

Comprehensive Cancer: These funds will be used to continue to the state's partnership with community organizations that help serve focused populations at risk or suffering from cancer. Performance outcomes include:

Increase the percent of adolescents, both male and female, aged 11 to 12 years that have completed the 2-dose HPV vaccination series from 29.1% to 55% by June 2023 and Decreased HPV related cancer diagnoses

Increase BRFSS rate of CRC screening from 75% to 80% by June 2028.

Increased age-appropriate cancer screenings by reducing structural barriers to increase community access to cancer screening services

Increase Colorectal Cancer provider competency to deliver quality care and services to all, especially in Rural Communities and provide patient centered navigation services,

Increase number of providers delivering Survivorship Palliative Care Services in Rural Communities

Promote sun safety and awareness of UV Index particularly in the Puget Sound area

Tobacco cessation with a focus on cancer treatment center patients and promoting healthy behaviors for cancer survivors.

Washington State Cancer Registry: Modernizing WSCR will ensure Washington state's cancer data continues to remain a centralized information center for all cancer diagnoses and treatment. This information remains vital in understanding communities with cancer and provide insight into the social determinants of health that play a role in cancer incidence in communities. the importance of cancer registries lies in the fact that they collect accurate and complete cancer data that can be used for cancer control and epidemiological research, public health program planning, and patient care improvement. Ultimately, all these activities reduce the burden of cancer. Registry data is used to make important decisions that maximize the effectiveness of public health funds, such as the implementation of screening programs.

Equity Impacts

Community outreach and engagement:

The 3 cancer programs have worked with clinics and community organizations for numerous years. Partnerships are with community-based organizations who serve the most marginalized communities such as people who are undocumented, low-income, non-English speaking, and LGBTQ+. The above programs also continuously provide stakeholder engagement opportunities through workshops and meetings.

Disproportional Impact Considerations:

We cannot identify any communities that may be marginalized or disproportionately impacted by this proposal.

Target Populations or Communities:

People who live in communities with poor access to healthcare providers and facilities, people who earn low incomes, and communities of color historically have disproportionately been impacted by cancer burdens such as barriers to screening and cancer treatment. The solutions proposed in this request will contribute to narrowing health equity gaps by ensuring more people have access to needed screening services, supporting the agency's health strategies, and improving the efficiency of data collected by the agency via modernization improvements. The Cancer programs in Washington state have historically partnered and engaged with over 400 Federally Qualified Health Clinics, tribal organizations such as South Puget Intertribal Planning Agency (SPIPA), and community-based organizations such as the Migrant Seasonal Agricultural Worker Program, Utopia, the Queer and Trans Pacific Island group (QTPI), and Key Center who provides medical services in rural Western Washington to help improve access, navigate services, and educate priority communities and medical providers.

BCCHP: This proposal focuses on equity by increasing access to healthcare services for marginalized communities. The clients served by this program face inequities in access to care given insurance status and income. In addition, the demographics of clients served indicate a diverse group of clients with languages preferred other than English or Spanish. According to survey results from 2017-2020, the Washington State Department of Health and Center for Disease Control and Prevention (CDC) survey the Behavioral Risk Factor Surveillance System (BRFSS) reports that among women in Washington between ages 18-64, 9.9% reported no health insurance. In this age group, 36.3% of Latina women in WA reported being uninsured (compared with 5.6% of white women). 10.9% of Black women in this age group reported being uninsured, and 6.8% of Asian women. This highlights the continued inequity in insurance rates and barriers to accessing preventive health care for people from communities of color in Washington, that BCCHP directly alleviates with its program that supports care for people who otherwise would not receive cancer screening.

Comprehensive Cancer: This proposal focuses on equity by working with community-based organizations to help increase access to healthcare services and cancer survivorship programs for marginalized communities. The program engages over 300 individuals from more than 100 institutions across Washington State. These programs also serve communities by bridging the community trust and healthcare clinical settings. These partnerships also include work with nontraditional partners which helps provide additional touch points and education for communities all over the state. In addition, comprehensive cancer program can help address health equity by addressing social determinants of health.

Washington State Cancer Registry: This effort will help to reduce cancer disparity gaps across the board by increasing the analysis of data and the overall impact that cancer has on a variety of populations. Cancer health disparity data is uncovered by utilizing statistics from the SEER Program because of the inclusion of specific racial and ethnic populations as well as gender, age, and geography. By modernizing WSCR to adopt the SEER Program, WSCR will reduce the percentage of cancer case data in which race or ethnicity is not identified, allowing for better geocoding of the data, and having more real time data so the registry can meet the necessary standards for 12-month data are all examples of how a conversion to the SEER DMS will impact WSCR data

Other Collateral Connections

Puget Sound Recovery:

N/A

State Workforce Impacts:

N/A

Intergovernmental:

Tribal nations may benefit from the increased funding opportunity for direct cancer screening services.

Comprehensive cancer has partnered with tribal clinics to try to improve cancer screening outcomes and develop strategic plans to support AIAN communities.

WSCR partners with tribal organizations to share data on cancer cases for tribal communities.

Stakeholder Response:

The following organizations are anticipated to support this proposal:

- American Cancer Society
- American Indian Cancer Foundation
- BCCHP Medical Advisory Committee
- Federally Qualified Health Centers
- Foundation for Health Generations
- Fred Hutchinson Cancer Research Center
- Health Promotions Research Center at University of Washington
- HOPE School
- Komen Breast Cancer Foundation
- Leaders of Women's Health
- Local Health Jurisdictions
- Seattle Cancer Care Alliance
- South Puget Intertribal Planning Association
- University of Washington ARC-NW
- University of Washington Office of Research
- University of Washington School of Medicine
- Washington Association of Community Health
- Washington Healthcare Access Alliance
- Washington State Tumor Registrars Association
- Washington Chapter of American Academy of Pediatrics
- Washington State Hospital Association
- Washington State University College of Pharmacy and Pharmaceutical Sciences

State Facilities Impacts:

N/A

Changes from Current Law:

N/A

Legal or Administrative Mandates:

N/A

Reference Documents

[Cancer - DP.docx](#)

[Cancer - FNCal ver24.3.xlsm](#)

[Cancer - WSCR IT Addendum.docx](#)

IT Addendum

Does this Decision Package include funding for any IT-related costs, including hardware, software, (including cloud-based services), contracts or IT staff?

Yes

Objects of Expenditure

Objects of Expenditure <i>Dollars in Thousands</i>	Fiscal Years		Biennial	Fiscal Years		Biennial
	2024	2025	2023-25	2026	2027	2025-27
Obj. A	\$46	\$11	\$57	\$11	\$11	\$22
Obj. B	\$19	\$5	\$24	\$5	\$5	\$10
Obj. E	\$5	\$3	\$8	\$3	\$3	\$6
Obj. J	\$1	\$0	\$1	\$0	\$0	\$0
Obj. N	\$2,130	\$1,870	\$4,000	\$1,870	\$1,870	\$3,740
Obj. T	\$2	\$0	\$2	\$0	\$0	\$0

Agency Contact Information

Kristin Bettridge

(360) 236-4126

kristin.bettridge@doh.wa.gov