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Opening Statement of Rep. Henry A. Waxman Chairman, Committee on Oversight and Government Reform Addressing the Screening Gap: The National Breast and Cervical Cancer Early Detection Program January 29, 2008

Almost everyone in this room has been touched by cancer, either directly or via a friend or family member. Great medical advances have been made over the last few decades, but cancer continues to be a cruel and difficult opponent. We still can't prevent most cancers, and there are a number of cancers we can't cure.

But in the case of breast and cervical cancers, we have a very effective tool — early detection. For the many women, and some men, who will be diagnosed with breast cancer, the earlier the cancer is detected, the better the chance of survival. For cervical cancer, tests let doctors find abnormal cells before they even become cancerous. In other words, for cervical cancer, early detection *is* prevention.

The basic tools to give women a fighting chance against breast and cervical cancer — the mammogram and the pap smear — have been around for many years. But what we have seen over the last several decades is that many women were not getting screened at the recommended intervals — or at all.

Women who were poor, women who were uninsured, and, often, women of color, were not getting tested at the same rates as other women. These women were left to get cancer diagnoses at later stages — often once it was too late to be treated effectively. Many women in the United States who have died of cervical cancer never had a pap test.

In 1990, Congress stepped in to give women access to early cancer detection. With strong bipartisan support and after hearing testimony of the Vice President's wife, Marilyn Quayle, Congress passed a law that created a program to cover breast and cervical cancer screenings for low-income uninsured and underinsured women. By passing this law, we sent the message that no woman should have to forgo life-saving tests because she can't afford them. In 2000, we strengthened this program by passing a law allowing states to cover these women, if a cancer is detected, within their Medicaid programs. Since that time, all states have elected this Medicaid option.

We're here today to talk about what the National Breast and Cervical Cancer Early Detection Program has accomplished and what is left to be done. Over the past 16 years the program has served over three million women. In 2006 alone, the program detected over 4,000 cases of breast cancer, and over 5,000 cervical cancers and pre-cancerous lesions. Every single one of those cases represents a woman who might otherwise not have known she had cancer, and might not have had the opportunity to fight it. For these women, the program has been successful.

But overall, the women served only represent less than 15% of the eligible population. There are so many more women whose lives this program could save if only the federal budget provided greater resources. It is ironic that we spend money to create cancer awareness and urge women to get mammograms, but then have clinics with long waiting lists for actually getting them. It is tragic that this underfunding and these waiting lists undoubtedly mean that women whose cancers could have been caught early and treated instead find out when their disease has progressed and spread.

This program has worked hard to address a particularly vexing problem — the issue of racial and ethnic disparities. This is critical because disparities in screening contribute to disparities in survival rates. For example:

- While screening rates for African-American women have recently equaled those of white women, African-American women face a higher mortality rate, possibly because their cancer is detected at later stages.
- A Hispanic woman diagnosed at the same age and at the same stage of cancer as a non-Hispanic white woman is 20% more likely to die within five years.
- And for both cancers, women without insurance are screened at far lower rates than women who are insured.

These disparities mirror countless disparities in health care and health outcomes in the United States, disparities that we as Congress and as a nation have to continue to investigate and address.

Today, we have the opportunity to focus on an area where an existing government program is working hard to address these disparities, but which faces a serious challenge because of limited funding. We have some outstanding witnesses who are here to share their expertise about breast and cervical cancer and about the national screening program.

I know that on both sides of the aisle, we care deeply about this issue. I look forward to an interesting and constructive discussion.