THE WHITE HOUSE

Office of the Press Secretary

For Immediate Release February 5, 2000

PRESIDENT CLINTON ANNOUNCES NEW INSURANCE OPTION FOR WOMEN WITH BREAST AND CERVICAL CANCER
February 5, 2000

Today, in his weekly radio address, President Clinton will announce a new health initiative to cover more uninsured women who have breast and cervical cancer. Specifically, his FY 2001 budget will include a new Medicaid option to provide insurance to the thousands of uninsured women whose breast and cervical cancer was detected through federally-supported screening programs. This investment of $220 million over 5 years will help bring down current and frequently overwhelming financial barriers to treatment. The Vice President and the First Lady, as well as national leaders in the prevention, diagnosis, and treatment of breast cancer, have been strong advocates for this initiative. Similar legislation has received broad bipartisan support under the leadership of the late Senator Chafee, Sen. Mikulski, Sen. Snowe, and Representatives Eshoo and Lazio, and the President today will call on Congress to act swiftly on his proposal.

FOR LOW-INCOME UNINSURED WOMEN DIAGNOSED WITH BREAST OR CERVICAL CANCER, TREATMENT OPTIONS ARE LIMITED. The National Breast and Cervical Cancer Early Detection Program provides breast and cervical cancer screening to over 360,000 women without access to these services annually. Typically, Federal government-sponsored screening programs make every effort to assist individuals diagnosed with disease to access treatment. However, thousands of women still face financial barriers to care, and those that receive some help frequently do not receive comprehensive coverage for services they need.

- Early detection saves lives. An estimated 2 million American women will be diagnosed with breast or cervical cancer in this decade, and half a million women will lose their lives to these diseases. According for the Centers for Disease Control, approximately 15 to 30 percent of all deaths from breast cancer among women over the age of 40 and virtually all deaths from cervical cancer could have been prevented with early screening. When breast cancer is diagnosed early, the 5-year survival rate is 97 percent; but when it is diagnosed after it has spread, the 5-year survival rate is only 21 percent.

- Uninsured women with breast and cervical cancer face barriers to receiving lifesaving treatment. Women who are uninsured are 40 percent more likely to die from breast cancer than those with insurance. Not only are these women less likely to be screened, but the scope of treatment they receive is often limited by their ability to pay.

- Finding treatment for women without other options diverts scarce resources from crucial screening activities. The time and effort required to ensure that low-income, uninsured women with cancer receive the lifesaving treatment they need diverts scarce resources from critical screening activities and reduces the number of women being screened. Because of changes in the health care market, identifying sources of free or low-cost care for these women is also becoming steadily more difficult.

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budget will invest $220 million over 5 years in a new Medicaid option that allows states to provide low income, uninsured women with access to critical treatment services. It will:

- Provide comprehensive health insurance to low income, uninsured women diagnosed with breast and cervical cancer. States will have the option to provide the full Medicaid benefit package to those uninsured women who were diagnosed with breast or cervical cancer through the National Breast and Cervical Cancer Early Detection Program. Coverage would extend for the duration of their treatment, eliminating financial barriers to care for these women. These women will be able to receive critical services necessary to treat their cancer, including radiation treatment, chemotherapy, and basic laboratory and palliative care services.

- Allow women to access life saving treatment without delay. States would also have the option to allow health care providers and other qualified entities to provide critical health care services to women pending official enrollment in Medicaid. This will increase the chances of survival for these women.

- Result in increased state spending on breast and cervical cancer screening. Some states currently supplement the federal funds they receive for breast and cervical cancer with their own funds for diagnosis and treatment of these diseases. Estimates by the Congressional Budget Office indicate that, under a proposal like the President's, states would redirect funds to supplement their investment in screening for breast and cervical cancer, resulting in a substantial increase in the number of mammograms and pap smears.

BUILDS ON THE CLINTON-GORE ADMINISTRATION'S LONGSTANDING COMMITMENT TO FIGHTING BREAST AND CERVICAL CANCER. The Clinton-Gore Administration has responded to the significant threat posed by breast and cervical cancer with increased efforts in research, prevention and treatment. Fighting the spread of this disease has been a high priority for both Vice President Gore and First Lady Hillary Clinton.

The Vice President successfully fought for historic increases in funding for breast cancer research, prevention and treatment at the National Cancer Institutes during the Clinton-Gore Administration. He has also advocated for access to cancer clinical trials for new cancer drugs for Medicare beneficiaries as Medicare currently does not cover these cutting edge treatments. In 1997, the Vice President unveiled the Cancer Genome Anatomy Project, an effort to unravel the genetics of cancer and help develop new treatments that more effectively target cancer. He has also called for legislation to prevent employers and health insurers from discriminating on the basis of genetic information. Studies show that a leading reason that women choose not to take genetic tests for breast cancer is fear that this information will be used against them.

First Lady Hillary Clinton has championed budget increases for the National Cancer Institute and other agencies to support research on breast cancer detection, treatment, and cures; launched the Medicare Mammography Campaign to urge older women to get mammograms and to promote the use of Medicare coverage for mammography; helped develop and implement the National Action Plan on Breast Cancer, a public-private partnership coordinated at the Department of Health and Human Services; advocated for legislation pending before the Congress to ensure that women who have mastectomies are entitled to sufficient hospital stays from their HMOs.

During the Clinton Administration, funding for breast and cervical cancer research, prevention and treatment increased from approximately

$520 million in FY 1993 to $844 million in FY 2000. President Clinton enacted the Mammography Quality Standards Act to ensure the quality of mammograms. Finally, the President's Medicare reform plan would eliminate all cost sharing for mammograms and pap smears, which should increase the number of older women using these critical services.

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RADIO ADDRESS BY THE PRESIDENT
TO THE NATION

The Oval Office

THE PRESIDENT: Good morning. Today, I want to talk about what we can and must do to help more women get the lifesaving treatment they need to fight breast and cervical cancer. More than 180,000 American women will be diagnosed with these diseases this year. Each of us has a sister, a daughter, a friend, or in my case a mother, who has struggled against them.

These cancers can be treated and cured -- if we catch them early and fight them aggressively. But more than 40,000 women will die from breast and cervical cancer this year. Many are women whose cancer was detected or treated too late because they had no health insurance and no hope of paying for treatment.

In fact, older women with breast cancer are 40 percent more likely to die from the disease if they're uninsured. With strong leadership from the First Lady, we've worked hard over the past seven years to increase free and low-cost cancer screenings, and to help women catch these diseases in time.

We've expanded the National Breast and Cervical Cancer Early Detection Program to serve hundreds of thousands of women a year in all 50 states. And Vice President Gore has led us to make a dramatic increase in our commitment to cancer research and treatment. But, still, it's true that every year, thousands of women are told they have cancer and must cope without insurance.

This is especially troubling, given the stunning progress scientists are making in the fight against cancer. Researchers now can identify genes that predict several kinds of cancers. They're experimenting with therapies that will shut down defective genes so that they can never multiply and grow. New drugs and new combinations of drugs will bring hope to those whose cancer has spread, or who suffer from the side effects of chemotherapy.

These breakthroughs will make a big difference for some of our most prevalent cancers, like breast cancer, which strikes one in eight American women over a lifetime. But these lifesaving new therapies can only help if patients have insurance or other resources that enable them to afford state-of-the-art treatment or any treatment at all.

At a time when we know more about cancer than ever and can fight it better than ever, we must not leave women to face cancer alone. That's why today I'm announcing a proposal to help states eliminate the barriers low-income women face to getting treatment for breast or cervical cancer. The budget I'm sending to Congress on Monday will allow states to provide full Medicaid benefits to uninsured women whose cancers are detected through federally funded screening programs. Too often, uninsured women face a patchwork of care, inadequate care, or no care at all. Many are denied new or better forms of treatment, or wait months to see a doctor.

Judy Lewis was one of the lucky ones. When a screening program

detected her breast cancer, she had no health insurance and no money to spare. Fortunately, she found doctors who would treat her, and 17 months later she's cancer-free. But she and her husband are also $28,000 in debt, with nothing left for their retirement. That is wrong, and it doesn't have to happen.

This initiative will help women get comprehensive treatment, and get it right away. It will make state-of-the-art therapies available to women who need them, not just those who can afford them. And it will free state and federal dollars to be spent on cancer screening and outreach to women at risk.

This proposal has strong bipartisan support in Congress, led by Senators Barbara Mikulski and Olympia Snowe, and Representatives Anna Eshoo and Rick Lazio. It was also strongly supported by the late Senator John Chafee of Rhode Island.

These Senators and Representatives from both parties have put forward legislation to meet our goal, and my budget includes the funds to make it happen. This is an issue that transcends political boundaries, because it touches all of us. Together, we can save lives and bring medical miracles of our time within the reach of every American. We can do it this year, and we ought to do it soon.

Thanks for listening.

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