

Building on What Works in Health Care

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The words “you have cancer” are some of the most feared in the English language. But at a time when patients should be spending all of their energy fighting to get well, too many are fighting to figure out how they will afford costly medical treatment because they are uninsured or have insurance that simply isn’t adequate. As a United States Senator and the chief executive of the advocacy affiliate of the nation’s largest voluntary health organization, we each hear thousands of disheartening stories every year from people who do not have access to prevention services and treatments due to the lack of adequate, affordable health insurance.



As Congress works to reform the broken health care system, we need a uniquely American solution that builds on what works and fixes what doesn’t. What’s working are programs such as the National Breast and Cervical Cancer Early Detection Program that reduce the unequal burden of cancer among low-income and medically underserved women.

This year, an estimated 203,640 women will be diagnosed with breast or cervical cancer in the United States and 44,240 women will die from these diseases. If every woman in the United States had access to early detection and timely treatment, we could save more lives.

The NBCCEDP brings breast and cervical cancer screenings and post-screening diagnostic services to low-income, uninsured and underinsured women. Since its establishment in 1991, the program has been implemented in all 50 states, the District of Columbia, four U.S. territories, and 13 American Indian/Alaska Native organizations, providing 8 million screening exams to more than 3.3 million medically underserved women. Women who are found to have cancer through the program have access to a Medicaid option that provides cancer treatment.

A new report by the United States Government Accountability Office highlights the success of this program, which is the nation’s only federal-state cancer screening and treatment program. But the GAO report also reveals that the program is grossly underfunded and thus unable to serve all women eligible for the program. In fact, nationally, the program serves fewer than 15 percent of eligible women aged 40 to 64. The report clearly illustrates the need for comprehensive health care reform so that no woman has to go without critical breast and cervical cancer screenings or treatment because of her income or insurance status.

The inability of millions of women to access proven preventive services such as Pap tests and mammograms that can help save lives is a failure of our health care system. Breast cancer is one of the few cancers that can be detected early, and cervical cancer can be prevented altogether in many cases through screening. Without access to these tools, women are at risk of being diagnosed at later stages of the disease, when it is harder and more expensive to treat and the chance of survival worsens. These facts illustrate why all Americans should have access to preventive services as part of health care reform.

We must transform our current “sick care” system into one that focuses on prevention and ensures access to the full continuum of quality, affordable care necessary to screen for and treat

cancer and other chronic diseases. We should make a commitment as a nation to remove any and all barriers to evidence-based prevention services by making them affordable and accessible.

We must also fully invest in effective programs like the NBCCEDP that have helped reduce barriers to screening and treatment. All women must have access to existing and future detection methods and treatments so that we can reach a day when breast and cervical cancer will no longer steal years of life from our mothers, sisters, daughters, wives and friends. To help accomplish this — to achieve a world with less cancer and more birthdays for everyone — health care reform must happen now. The cost of waiting to take action, both financially and in lives lost every year, is just too high.

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