

RULE IMPACT STATEMENT

(This document may be revised based on comments received during the public comment period.)

TITLE 310. OKLAHOMA STATE DEPARTMENT OF HEALTH CHAPTER 566. COMPREHENSIVE BREAST AND CERVICAL CANCER DETECTMENT AND TREATMENT

1. DESCRIPTION:

The National Breast & Cervical Cancer Early Detection Program started in approximately 1996 and is a cooperative agreement between CDC and the State of Oklahoma. Each grant cycle is 5 years in length. The last time that these rules were updated to follow the grant guidance was 2004. During those 20 years the guidance has changed, but the rules did not. To stay current with each grant iteration we are replacing the rules with publicly available policies and procedures that are substantively the same as the rules in Chapter 566 and use CDC guidance that is supplied with each grant cycle and is updated at intervals during each 5-year grant cycle.

2. DESCRIPTION OF PERSONS AFFECTED AND COST IMPACT RESPONSE:

The Department does not believe that any participants in the Take Charge program will be negatively impacted since the Departments' procedures will substantially mirror Chapter 566 and the rules dictated by the CDC for all of those receiving National Breast & Cervical Cancer Early Detection Program (NBCCEDP) funding. There is no expected cost impact.

3. DESCRIPTION OF PERSONS BENEFITING, VALUE OF BENEFIT AND EXPECTED HEALTH OUTCOMES:

The services provided by Take Charge will continue to reach Oklahomans including those in both urban and rural settings who may work but make too much to purchase insurance through the ACA marketplace at a reasonable rate; Those who can afford a policy may get a policy that does not cover mammograms or Pap Testing as an annual preventative like most standard insurances do. Some of the Oklahoma Counties with the highest percentages of uninsured women include mostly rural counties such as Texas County at 42.9% or 982 individuals, Beaver County with 38.7% is 201 individuals, and Harper County with 38.2% is 130 women. While the highest percentage of uninsured women in urban areas were found in Garfield County at 34.2% equals 2374 women, and Tulsa County at 31.8% equals 24,335 women. While many of the counties with the highest percentages are located in or around the panhandle the whole of Oklahoma has a high number of women eligible to participate in the Take Charge program.

4. ECONOMIC IMPACT, COST OF COMPLIANCE, AND FEE CHANGES: COST OF COMPLIANCE AND FEE CHANGES:

Revoking these rules and instead using internal operating procedures will give the Department the flexibility it needs with Take Charge to help more individuals receive breast and cervical cancer screening and needed diagnostic services. This program is a CDC cooperative agreement. The only piece that would cost any additional funds would occur if the program received additional funding which requires a state match of \$1 dollar to every \$3 dollars contributed by the CDC. As mentioned above early detection leads to reduced treatment costs.

5. **COST AND BENEFITS OF IMPLEMENTATION AND ENFORCEMENT TO THE AGENCY:**

There will be the ability of the program to help more individuals with out any additional cost to the agency or program for the foreseeable future. The program has maintained the same amount of funding for the last 5 years apart from 2021 when there was a reduction in funding due to Covid-19 and a bidding issue.

6. **IMPACT ON POLITICAL SUBDIVISIONS:**

There will be no impact on political subdivisions.

7. **ADVERSE EFFECT ON SMALL BUSINESS:**

There should be no adverse effects or impacts on small businesses. This change could help Federal Qualifying Health Centers, Community Health Centers, and some of the smaller mammogram providers would benefit.

8. **EFFORTS TO MINIMIZE COSTS OF THE RULE:**

The Department believes the rule proposal will have minimal impact on the costs of the Take Charge program. The cost of this change would be incurred by the current CDC funded grant that covers cancers including the National Breast & Cervical Cancer Early Detection Program. This increase in the Federal Poverty Level from 185% to 250% would allow Take Charge/Oklahoma's Breast & Cervical Cancer Early Detection Program to screen more people and catch more cancers at earlier stages. Since cancer is more costly to treat when detected in later stages, this could be a cost savings for the State.

9. **EFFECT ON PUBLIC HEALTH AND SAFETY:**

No negative effect on public health and safety is projected. Ideally, this change will lead to increased positive public health impacts by increased breast and cervical cancer screenings; which will likely help to find cancers earlier and a stage that is more likely to be treated effectively.

10. **DETRIMENTAL EFFECTS ON PUBLIC HEALTH AND SAFETY WITHOUT ADOPTION:**

Not making this change could potentially have a detrimental impact on the health and safety of Oklahoma residents. Currently, Oklahoma's Breast and Cervical Cancer Early Detection Program/Take Charge can help those who qualify at 185% of the Federal Poverty Level, however there are no such programs for those above 185% who do not access to healthcare. The Department will be able to use the higher percentage above the Federal Poverty Level provided in CDC regulations (250% of the Federal Poverty Level).

11. **PREPARATION AND MODIFICATION DATES:**

This rule impact statement was prepared on August 22, 2024.

