

Budget Detail Request - Fiscal Year 2016-17

Your request will not be officially submitted unless all questions and applicable sub parts are answered.

1. Title of Project: Mary Brogan Breast & Cervical Cancer Early Detection Program
2. Date of Submission: 01/13/2016
3. House Member Sponsor(s): Heather Fitzenhagen

4. DETAILS OF AMOUNT REQUESTED:

- a. Has funding been provided in a previous state budget for this activity? Yes
If answer to 4a is ?NO? skip 4b and 4c and proceed to 4d
- b. What is the most recent fiscal year the project was funded? 2015-16
- c. Were the funds provided in the most recent fiscal year subsequently vetoed? No
- d. Complete the following Project Request Worksheet to develop your request (Note that Column E will be the total of Recurring funds requested and Column F will be the total Nonrecurring funds requested, the sum of which is the Total of the Funds you are requesting in Column G):

FY:	Input Prior Year Appropriation for this project for FY 2015-16 (If appropriated in FY 2015-16 enter the appropriated amount, even if vetoed.)			Develop New Funds Request for FY 2016-17 (If no new Recurring or Nonrecurring funding is requested, enter zeros.)			
	Column: A	B	C	D	E	F	G
Funds Description:	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated (Recurring plus Nonrecurring: Column A + Column B)	Recurring Base Budget (Will equal non-vetoed amounts provided in Column A)	INCREASED or NEW Recurring Requested	TOTAL Nonrecurring Requested (Nonrecurring is one time funding & must be re-requested every year)	Total Funds Requested Over Base Funding (Recurring plus Nonrecurring: Column E + Column F)
Input Amounts:	300,000	1,800,000	2,100,000	300,000	700,000	1,600,000	2,300,000

- e. New Nonrecurring Funding Requested for FY 16-17 will be used for:
 Operating Expenses Fixed Capital Construction Other one-time costs
- f. New Recurring Funding Requested for FY 16-17 will be used for:
 Operating Expenses Fixed Capital Construction Other one-time costs

5. Requester:

- a. Name: Heather Youmans
- b. Organization: American Cancer Society
- c. Email: heather.youmans@cancer.org
- d. Phone #: (850)251-2111

6. Organization or Name of Entity Receiving Funds:

- a. Name: Florida Department of Health, Bureau of Chronic Disease Pre
- b. County (County where funds are to be expended) Statewide
- c. Service Area (Counties being served by the service(s) provided with funding) Statewide

7. Write a project description that will serve as a stand-alone summary of the project for legislative review. The description should summarize the entire project's intended purpose, the purpose of the funds requested (if request is a sub-part of the entire project), and most importantly the detail on how the funds requested will be spent - for example how much will be spent on positions and associated salaries, specifics on capital costs, and detail of operational expenses. The summary must list what local, regional or statewide interests or areas are served. It should also document the need for the funds, the community support and expected results when applicable. Be sure to include the type and amount of services as well as the number of the specific target population that will be served (such as number of home health visits to X, # of elderly, # of school aged children to receive mentoring, # of violent crime victims to receive once a week counseling etc.)

The Mary Brogan Breast & Cervical Cancer Early Detection Program is a statewide program administered through the Department of Health, Bureau of Chronic Disease Prevention which provides lifesaving cancer screenings for medically underserved women between the ages of 50 and 64 with incomes below 200% of the federal poverty level. These are women who otherwise would not have access to cancer screenings. All women diagnosed with cancer through the program are eligible to apply for a special category in the Florida Medicaid program for treatment. The program is a jointly funding program by both the federal and state government.

The National Breast and Cervical Cancer Early Detection Program (NBCCEDP) as administered by the Centers for Disease Control and Prevention (CDC) funds Florida's Mary Brogan Breast and Cervical Cancer Early Detection Program. The NBCCEDP was created in response to the Breast and Cervical Cancer Mortality Act of 1990; Public Law 101-354. The Florida BCCEDP has been awarded funding by the CDC since 1994. The grant is administered through the Department of Health's central office and 16 lead County Health Department (CHD) regional coordinators manage service provision in the counties across the state to assure statewide access. The lead counties are: Brevard, Broward, Duval, Escambia, Gadsden, Hillsborough, Jackson, Leon, Manatee, Miami-Dade, Osceola, Pasco, Pinellas, Putnam, Seminole and Volusia.

Services provided include: Breast and cervical cancer screening exams (clinical breast exams, mammograms, and Pap tests); Diagnostic funds are reserved for women screened through the program; Care coordination to all clients with abnormal exams; Women screened through the program and diagnosed with breast or cervical cancer are referred to the Florida Medicaid Program for eligibility determination; Paid breast and cervical cancer treatment through Medicaid for eligible women screened through the program. Other program expenses (including outreach, recruitment, navigation, data collection, quality assurance, billing, case management through Medicaid (as noted above) are allocated to the County Health Departments per screening provided. With additional GR funding the

local cost per screening was discounted by over half, from \$125 (Federal funding) to \$61.32 (State funding) but providing the same high quality program services. Because of the potential gains in economies of scale using the existing 16 sites, the GR allocated was used to increase the screening rates at the current sites. No funding was allocated to the state health office and no new BCCEDP CHD sites were established. The vendor who receives and processes the bills charges \$8 per claim-terms of a competitively negotiated contract.

8. Provide the total cost of the project for FY 2016-17 from all sources of funding:

Federal: 4,987,634

State: 0 (Excluding the requested Total Amount in #4d, Column G)

Local: 0

Other: 0

9. Is this a multi-year project requiring funding from the state for more than one year?

Yes