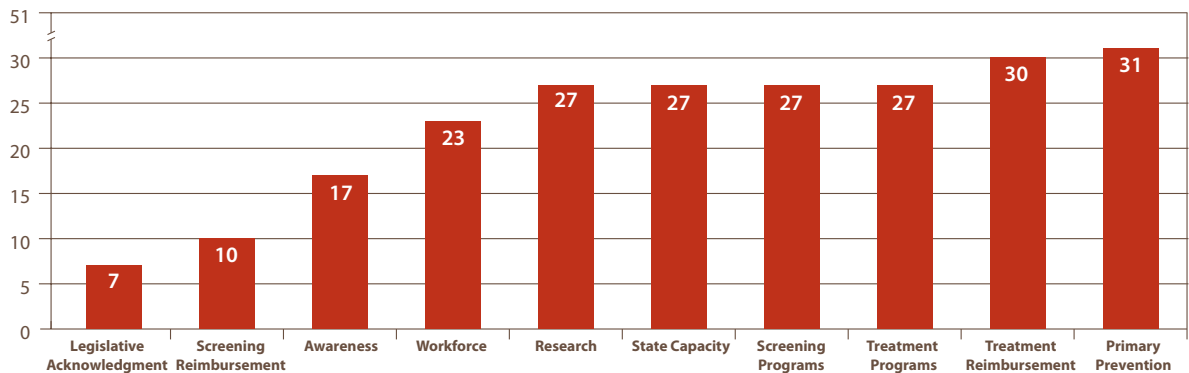




Disparities

Number of States with Laws that Address Cancer Disparities By Type of Legislation (as of September 30, 2007)



Minority and other underserved populations experience disproportionately high rates of cancer incidence, morbidity, and mortality as compared with the general population.¹ These populations also face disparities in access to cancer screening and treatment.

All 50 states and the District of Columbia (collectively, states) have enacted legislation addressing cancer health disparities. State legislative approaches vary according to type and target population. Target populations in health disparities legislation include racial and ethnic minorities;² persons experiencing age- and gender-based disparities; rural and urban populations; persons who are not English-proficient; immigrants; low-income persons; and the uninsured, underinsured, and underserved.

Legislative Acknowledgment. During the first 3 quarters of 2007, seven states adopted resolutions that acknowledge the problem of health disparities or a cancer disparities-related issue, but that do not establish requirements that carry the force of law.

Screening Reimbursement. Ten states have enacted laws addressing third-party insurance coverage or state medical assistance for cancer screening services for populations that experience cancer disparities.

Awareness. Seventeen states have enacted legislation to promote awareness or understanding of cancer health disparities.

Workforce. Twenty-three states have enacted laws addressing state efforts to: (1) increase the number of minorities and other underrepresented populations in biomedical research or health-related careers (e.g., through minority recruitment or retention, or scholarships for underrepresented populations) or (2) improve the ability of the current biomedical and health workforces to adequately address the health needs of underserved populations (e.g., through training for health professionals in a disparities-related competency or incen-

tives to medical providers to practice in underserved areas or populations).

Research. Recognizing the need for accurate data on cancer disparities problems, 27 states have enacted laws addressing investigation, surveillance, or experimentation leading to knowledge or practical applications for reducing cancer health disparities.

State Capacity. Twenty-seven states have enacted legislation addressing the creation of state infrastructure, such as a task force or a commission, dedicated to reducing health disparities or to addressing a disparities-related problem.

Screening Programs. Twenty-seven states have enacted laws addressing programs that provide services for the early detection and prevention of cancer and that have at least one component aimed at reducing cancer disparities.

Treatment Programs. Twenty-seven states have enacted laws addressing programs that provide services for the treatment of cancer and have at least one component aimed at reducing cancer disparities.

Treatment Reimbursement. Thirty states have enacted laws addressing third-party insurance coverage or state medical assistance for the treatment of cancer for populations that experience cancer disparities.

Primary Prevention. Thirty-one states have enacted laws addressing the reduction of behavioral or environmental cancer risk factors (e.g., tobacco use cessation, nutrition, health promotion) in populations experiencing cancer disparities that include provisions to reduce cancer disparities.

1. National Cancer Institute: Center to Reduce Cancer Health Disparities (no date). Health Disparities Defined. Accessed November 16, 2007 from: <http://crchd.cancer.gov/definitions/defined.html>

2. For population categorization, the SCLD Program adheres to the Federal Office of Management and Budget Directive 15: Race and Ethnic Standards for Federal Statistics and Administrative Reporting (1997).

The SCLD contains information synthesized from state-level laws. The SCLD does not contain state-level regulations; executive orders; measures implemented by counties, cities, or other localities; case law; Attorneys General opinions; or data addressing the implementation of state laws—all of which vary significantly from the laws reported here.

Source: National Cancer Institute: State Cancer Legislative Database Program, Bethesda, MD, 2007

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States with Laws that Address Cancer Disparities By Type of Legislation

(as of September 30, 2007)

State	Screening Programs	Treatment Programs	Screening Reimbursement	Treatment Reimbursement	Legislative Acknowledgment	Awareness	Primary Prevention	Workforce	Research	State Capacity
Alabama		•		•		•				
Alaska			•	•						
Arizona				•			•			
Arkansas	•	•	•	•			•	•	•	•
California	•	•	•	•		•	•	•	•	•
Colorado	•	•		•		•	•	•	•	•
Connecticut	•	•		•			•			•
Delaware			•							
District of Columbia	•	•								
Florida	•	•	•	•		•	•	•	•	•
Georgia	•	•				•				
Hawaii		•			•					
Idaho				•						
Illinois	•			•	•	•	•	•	•	•
Indiana	•	•	•	•			•	•	•	•
Iowa				•			•	•		•
Kansas		•			•		•			
Kentucky	•	•				•			•	
Louisiana	•	•			•	•	•		•	•
Maine	•	•		•			•			
Maryland	•	•					•	•	•	•
Massachusetts				•			•	•	•	•
Michigan		•					•	•	•	•
Minnesota		•		•			•	•	•	•
Mississippi				•			•			
Missouri				•					•	•
Montana				•			•			
Nebraska	•	•		•			•	•	•	•
Nevada						•		•		•
New Hampshire							•	•	•	
New Jersey	•		•	•		•	•	•	•	•
New Mexico		•			•			•	•	•
New York	•	•		•			•	•	•	•
North Carolina	•	•					•	•		•
North Dakota				•						
Ohio	•			•			•			•
Oklahoma	•			•	•				•	•
Oregon			•	•		•				
Pennsylvania	•	•				•	•		•	
Rhode Island	•	•				•	•		•	
South Carolina									•	•
South Dakota					•					
Tennessee						•		•	•	•
Texas	•	•		•		•	•	•	•	•
Utah	•	•					•		•	•
Vermont			•	•					•	
Virginia			•	•						
Washington	•			•		•	•	•	•	•
West Virginia	•	•					•	•		
Wisconsin	•	•		•		•		•		
Wyoming	•						•			
TOTALS	27	27	10	30	7	17	31	23	27	27