# 2019 Current Fiscal Year Report: Breast and Cervical Cancer Early Detection and Control Advisory Committee

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			2. Fiscal
1. Department or Agency			Year
Department of Health and Human Services			
Department of F	leaith and Human	Services	2019
		3b. GSA	
3. Committee or Subcommittee		Committee	
			No.
Breast and Cervical Cancer Early Detection			1952
and Control Adv	isory Committee		
4. Is this New D	uring 5. Current	6. Expected	7. Expected
Fiscal Year?	Charter	Renewal Date	Term Date
No	09/12/2018	09/12/2020	05/08/2019
Termination		8c. Actual Term Date	
Yes			05/08/2019
9. Agency Recommendation for Next FiscalYear  10a. Legislation Req to Terminate?			10b. Legislation Pending?
Terminate	Not Applicable		Not Applicable
11. Establishme	ent Authority Aut	thorized by Law	
12. Specific	13.	14.	
Establishment	Effectiv	e Commitee	14c.
Authority	Date	Type	Presidential?
42 U.S.C. 217a	12/14/19	993 Continuing	No
15. Description	of Committee N	_	gram Advisory
Board			,
16a. Total Number of Reports	No Reports for this FiscalYear		
17a. 0 17b. Closed 0 17c. Partially Closed 0 Other Activities 0 17d. Total 0 Open			

**Meetings and Dates** 

No Meetings

	Current FY	Next FY
18a(1). Personnel Pmts to	\$0.0	0\$0.00
Non-Federal Members	ψ0.0	ο φοίου
18a(2). Personnel Pmts to	\$0.0	0\$0.00
Federal Members	40.0	
18a(3). Personnel Pmts to	\$31,432.0	0\$0.00
Federal Staff	<b>,</b> , , , ,	
18a(4). Personnel Pmts to	\$0.0	0\$0.00
Non-Member Consultants		
18b(1). Travel and Per Diem to	\$0.0	0\$0.00
Non-Federal Members	•	·
18b(2). Travel and Per Diem to	\$0.0	0\$0.00
Federal Members		
18b(3). Travel and Per Diem to	\$0.0	0\$0.00
Federal Staff		
18b(4). Travel and Per Diem to Non-member Consultants	\$0.0	0\$0.00
18c. Other(rents, user charges,	\$0.0	0\$0.00
graphics, printing, mail, etc.) 18d. Total	¢21 /22 0	ሰ ቀሰ ሰሰ
	\$31,432.0	υ φυ.υυ
19. Federal Staff Support	1.0	0.00
Years (FTE)		

## 20a. How does the Committee accomplish its purpose?

The committee made recommendations regarding national program goals and objectives, implementation strategies, program priorities including surveillance, epidemiologic investigations, education and training, information dissemination, professional interactions and collaborations, and policy.

## 20b. How does the Committee balance its membership?

Members were knowledgeable in the field of medicine including public health, epidemiology,

endocrinology, family medicine, health education, oncology, and obstetrics and gynecology.

Membership included representatives of the general public, American Cancer Society, and ex-officio's representing the Food and Drug Administration, the Indian Health Service, National Institutes of Health and additional officials to add expertise when necessary.

### 20c. How frequent and relevant are the Committee Meetings?

The committee usually met annually.

### 20d. Why can't the advice or information this committee provides be obtained elsewhere?

The Breast and Cervical Cancer Early Detection and Control Advisory Committee provided advice and guidance to the Secretary, HHS, and the Director, CDC, regarding the early detection and control of breast and cervical cancer. The committee made recommendations regarding national program goals and objectives; implementation strategies; program priorities, including surveillance; epidemiologic investigations; education and training; information dissemination; professional interactions and collaborations; and policy.

# 20e. Why is it necessary to close and/or partially closed committee meetings?

#### 21. Remarks

The committee did not meet in FY19 and no formal recommendations were made. The committee was terminated in accordance with Executive Order 13875 effective 5/8/2019.

### **Designated Federal Officer**

### Jameka R Character DFO, BCCEDCAC

Committee	Ctout	End	Occupation	Member
Members	Start	Ena	Occupation	Designation
Allen, Jennifer	05/22/2018	05/08/2019	Professor and Chair, Tufts University	Special Government Employee (SGE) Member
Coronado, Gloria	11/02/2016	05/08/2019	Mitch Greenlick Endowed Senior Investigator in Health Disparities Research, Kaiser Permanente	Special Government Employee (SGE) Member
Garcia, Francisco	10/10/2016	05/08/2019	Assistant County Administrator for Health Services and Chief Medical Officer	Special Government Employee (SGE) Member
Hannon, Peggy	10/03/2016	05/08/2019	Associate Professor, University of Washington	Special Government Employee (SGE) Member
Lee, Carol	10/12/2016	05/08/2019	Attending Physician, Memorial Sloan-Kettering Cancer Center	Special Government Employee (SGE) Member
Lerner, David	04/04/2014	05/08/2019	Medical Officer, Food and Drug Administration	Ex Officio Member
Liburd, Leandris	03/25/2016	05/08/2019	Director, Office of Minority Health and Health Equity	Ex Officio Member
Matoff-Stepp, Sabrina	10/01/2013	05/08/2019	Director, HRSA Office of Women's Health	Ex Officio Member
Mormann, Susan	10/07/2016	05/08/2019	Director, North Dakota Department of Health	Special Government Employee (SGE) Member
Nicholson, Wanda	12/09/2016	05/08/2019	Professor, University of North Carolina at Chapel Hill	Special Government Employee (SGE) Member
Schottinger, Joanne	04/01/2017	05/08/2019	Assistant Medical Director for Quality and Clinical Analysis	Special Government Employee (SGE) Member

Wild, Richard 10/01/2013 05/08/2019 Chief Medical
Officer, Centers for Ex Officio
Medicare and Member
Medicaid Services

Zell, Bethany 04/01/2017 05/08/2019 Program Director,
Healthy You

Chief Medical

Program Director,
Healthy You

Government
Employee
(SGE)
Member

**Number of Committee Members Listed: 13** 

#### **Narrative Description**

The Breast and Cervical Cancer Early Detection and Control Advisory Committee (BCCEDCAC) provides advice and guidance to the Secretary, HHS, and the Director, CDC, regarding the early detection and control of breast and cervical cancer. The committee makes recommendations regarding national program goals and objectives; implementation strategies; program priorities, including surveillance; epidemiologic investigations; education and training; information dissemination; professional interactions and collaborations; and policy.

### What are the most significant program outcomes associated with this committee?

	Checked	if
	Applies	
Improvements to health or safety		✓
Trust in government		✓
Major policy changes		✓
Advance in scientific research		
Effective grant making		
Improved service delivery		✓
Increased customer satisfaction		✓
Implementation of laws or regulatory		
requirements		
Other		

#### **Outcome Comments**

#### What are the cost savings associated with this committee?

	Checked if Applies
None	✓
Unable to Determine	
Under \$100,000	
\$100,000 - \$500,000	
\$500,001 - \$1,000,000	
\$1,000,001 - \$5,000,000	
\$5,000,001 - \$10,000,000	
Over \$10,000,000	
Cost Savings Other	

#### **Cost Savings Comments**

n/a

What is the approximate <u>Number</u> of recommendations produced by this committee for the life of the committee?

17

#### **Number of Recommendations Comments**

The committee made no recommendations in FY19. The committee was terminated on May 8, 2019. The committee made two key recommendations to CDC in FY18, however, 13 of the 17 recommendations have been considered by the Program and have been fully implemented as of FY18.

What is the approximate <u>Percentage</u> of these recommendations that have been or will be <u>Fully</u> implemented by the agency?

76%

#### % of Recommendations <u>Fully</u> Implemented Comments

Committee recommendations have been considered by the Program and 13 of the 17 recommendations have been implemented. As of FY 18 the program fully implemented one additional recommendation made in FY15:9) The NBCCEDP must follow national guidelines for cervical cancer screening recommended by the USPSTF and clinical societies. CDC is currently supporting a current project to explore alternative cervical cancer screening modalities for geographically hard to serve women in the Pacific Island Jurisdiction. The remaining recommendations continue to be fully implemented as of

FY17:1) Priority populations for the NBCCEDP nationally include low income women (at = 250% of the Federal Poverty Level) and women who are uninsured or underinsured. 2) Patient navigation (PN) and community health workers are now allowed costs in the NBCCEDP. A PN program policy has been developed and a method to measure PN services is under development.3) A requirement of the FOA funding a new 5-year cycle of the NBCCEDP (2017-2022) includes the implementation of evidenced-based interventions (EBIs) proven effective in increasing breast and cervical cancer screening as recommended in the Community Guide. Grantees partner with health systems' clinics in to implement EBIs and improve practice. 4) A well thought out comprehensive plan to evaluate the NBCCEDP (2017-2022) has been developed. 5) CDC funds the CRCCP (Colorectal Cancer Control Program) which is focused on implementing EBIs to increase colorectal cancer screening in partnership with health systems' clinics. In particular, grantees partner with FQHCs that serve a high-risk, low income, low-screened population. The NBCCEDP's efforts to implement EBIs in health system clinics will mirror the successful approach of the CRCCP and build on their lessons learned over the past two years on how to effectively engage health systems partners. Additionally, CDC funded several states to pilot projects to collaborate with Medicaid Programs. Those lessons learned are in review and will be disseminated to NBCCEDP and CRCCP grantees.7) NBCCEDP eligibility criteria has been maintained at = 250% of the FPL.

What is the approximate <u>Percentage</u> of these recommendations that have been or will be <u>Partially</u> implemented by the agency? 24%

#### % of Recommendations Partially Implemented Comments

Committee recommendations are being considered by the Program as to their feasibility or implementation. 4 of the 17 recommendations have been partially implemented. As of FY19 the following FY18 Recommendations were partly implemented: 1) NBCCEDP staff have engaged with HRSA regarding developing a breast cancer screening UDS measure. HRSA published a federal registry notice on proposed changes to the UDS measures for 2020. It includes adding Breast Cancer Screening (CMS125v8). 2) CDC staff are exploring the use of shared decision making with assistance of external subject matter experts and are planning to collect surveillance data on its use and outcomes. CDC staff have proposed surveillance questions on shared decision making that will go out to primary care providers on the next Doc Styles survey In Fall 2019. As of FY17 the following FY15 Recommendations were partly implemented with additional activities taking place in FY18: 6) CDC has not evaluated the capacity of NBCCEDP to improve health equity, however, addressing health disparities is a program priority. Grantees are required to target outreach to low income, un- or underinsured women for screening and

they are required to partner with health systems that serve high-risk, low income, low-screened populations to implement systems-level improvements in cancer screening. CDC began to collect data on the reach of the program through systems-level interventions once OMB approval was obtained in November 2018. Grantees are currently submitting data on systems-level interventions. 8) Risk assessment and decision-making guides were more appropriately developed for the general population of women who are age-appropriate for screening versus just for NBCCEDP providers or women.

	ropriately developed for the general population of reening versus just for NBCCEDP providers or	
Does the agency provide the commit implement recommendations or advi	ttee with feedback regarding actions taken to ice offered?	
Agency Feedback Comments		
Feedback is given at official Advisory C	ommittee Meetings.	
What other actions has the agency ta recommendation?	aken as a result of the committee's advice or	
	Checked if Applies	
Reorganized Priorities		
Reallocated resources		
Issued new regulation		
Proposed legislation		
Approved grants or other payments		
Other		
Action Comments n/a		
Is the Committee engaged in the revi	ew of applications for grants?	
<b>Grant Review Comments</b> n/a		
How is access provided to the inform	nation for the Committee's documentation?  Checked if Applies	
Contact DFO	<b>√</b>	
Online Agency Web Site	<b>✓</b>	

Online Committee Web Site	✓
Online GSA FACA Web Site	✓
Publications	
Other	

#### **Access Comments**

n/a