



**WEST VIRGINIA BREAST
AND CERVICAL CANCER
DIAGNOSTIC AND TREATMENT FUND**
FISCAL YEAR 2025
Annual Report



OFFICE OF MATERNAL, CHILD AND FAMILY HEALTH
DIVISION OF WOMEN'S AND FAMILY HEALTH
Jennifer Hancock, PsyD, Director

**West Virginia Breast and Cervical Cancer
Diagnostic and Treatment Fund
Fiscal Year 2025**

In 1996, the West Virginia Legislature established the Breast and Cervical Cancer Diagnostic and Treatment (D&T) Fund (Fund) for the purpose of assisting medically indigent patients with certain diagnostic and treatment costs for breast and cervical cancer. See West Virginia Code §16-33-7(c). The Fund provides resources to offset the cost of diagnostic and treatment services not otherwise available to the West Virginia Breast and Cervical Cancer Screening Program (WVBCCSP) by the U.S. Centers for Disease Control and Prevention (CDC).

The Fund is comprised of state and federal funds as well as privately and community raised donations. These donations are maintained in an account managed on behalf of the West Virginia Department of Health (DH), Bureau for Public Health, Office of Maternal, Child and Family Health (OMCFH) by the Greater Kanawha Valley Foundation. All patients benefiting from the Fund must be financially qualified for assistance and are preapproved for services by the BCCSP Medical Director.

Eligibility

To be eligible for covered services, the patient must:

- Be a resident of West Virginia.
- Have an income at or below 200% of the Federal Poverty Level.
- Have no health insurance coverage, including coverage by Medicaid or Medicare.
- Have a condition strongly suspicious for cancer which requires diagnostic services to confirm the preliminary diagnosis or have a positive pathology report indicating diagnostic or treatment services are needed.
- Have been screened or evaluated for breast cancer, cervical cancer, or both by a BCCSP contracted provider or a West Virginia licensed physician, hospital, or laboratory.

The Fund provides services to participants through physicians, hospitals, and laboratories. Applications are available from the OMCFH. Before performing the service, the provider must complete the application and submit it to the BCCSP. Applications are reviewed and approved based upon eligibility and availability of funds.

Should a participant be diagnosed with breast or cervical cancer, that participant would be eligible for medical coverage under Title XIX as a special option through the Breast and Cervical Cancer Prevention and Treatment Act, funded through the Department of Human Services (DoHS) Bureau for Medical Services.

Medical Advisory Committee (MAC)

The Division of Women’s and Family Health (DWFH) Medical Director, a licensed nurse-practitioner with more than 20 years of clinical experience in oncology, joined the Office of Maternal, Child and Family Health (OMCFH) in June 2024. This position serves as the Medical Director for BCCSP, and in collaboration with the BCCSP Program Director and Epidemiologist, leads the MAC.

The MAC, which establishes procedures and requirements regarding participation in the Fund, convened in January 2025, with representatives from the WV Bureau for Medical Services, Federally Qualified Health Centers (FQHCs), free clinics, cancer centers, imaging facilities, hospitals, and health departments from across the state. Members also included an array of providers including nurses, nurse navigators, physicians, nurse practitioners, surgeons, radiology technicians, oncologists, lymphedema specialist, and behavioral health provider.

Breast Cancer in Men

Breast cancer is often thought to be a female diagnosis; however, men do in fact get breast cancer. Screening for male breast cancer is not generally recommended, however, when men present with symptoms, diagnostic tests are necessary. Due to the low number of cases for male breast cancer, WV does not report prevalence, a measure of how common a disease, condition, or characteristic is within a specific population at a given time, because the statistical uncertainty, or margin of error, is very high. The WV Cancer Registry does collect the number of male breast cancer cases.

Number of Male Breast Cancer Cases and Average Age at Diagnosis in WV 2013-2022:

| Year of Diagnosis | Number of Cases | Average Age at Diagnosis |
|-------------------|-----------------|--------------------------|
| 2013 | 15 | 67.3 |
| 2014 | 9 | 69.0 |
| 2015 | 13 | 66.5 |
| 2016 | 12 | 70.2 |
| 2017 | 12 | 65.3 |
| 2018 | 17 | 70.2 |
| 2019 | 20 | 63.7 |
| 2020 | 16 | 71.6 |
| 2021 | 23 | 65.2 |
| 2022 | 19 | 67.7 |

Men who are medically indigent may not seek needed care, increasing mortality. The 5-year relative survival rate for men with localized breast cancer (no sign that the cancer has spread outside the breast) is 97%. This drops dramatically with a later diagnosis, with distant (cancer has spread to other parts of the body, such as the lungs or brain) 5-year survival rates at 31%. Enabling men who are otherwise unable to pay for diagnostic and treatment services for breast cancer is crucial because male breast cancer is rare, leading to potential delays in diagnosis and treatment. Access ensures that men receive appropriate, timely care to increase their chances of survival, while also addressing the unique psychosocial challenges they face.

In January 2025, the WV BCCSP MAC approved the allocation of funds for males, enabling uninsured males with a strong suspicion of breast cancer to receive diagnostic workups through the Fund and treatment through the Medicaid Treatment Act (MTA) provided that the participants meet eligibility guidelines. To ensure that the applicable CPT codes are available to cover diagnostic services for male breast cancer, the MAC voted to include all current National Breast and Cervical Cancer Early Detection Program (NBCCEDP) approved diagnostic and treatment codes, in addition to the existing approved codes for the D&T Fund.

Lymphedema

Lymphedema is a known complication of cancer, especially breast and cervical cancer. It occurs as a buildup of lymph fluid that happens when a person has damaged or blocked lymph nodes, often due to cancer or the treatment of cancer and is typically long term. It is often seen in the upper extremities of those diagnosed with breast cancer and in the lower extremities of those who have received treatment for cervical cancer. There are a variety of options for the treatment of lymphedema including exercise, compression garments, lymphatic massage, pneumatic pumps, and surgery.

The Lymphedema Treatment Act (LTA) is a federal law passed in 2022, as of January 1, 2024, required Medicare to cover medically necessary compression supplies for lymphedema treatment. The MAC proposed that these compression garments be covered under the D&T Fund for individuals who are unable to access these garments and have lymphedema because of breast and/or cervical cancer treatment. Out-of-pocket co-pay for compression garments is the primary barrier to lymphedema treatment for Medicare recipients.

Upon careful review of the Fund's guidelines, it was confirmed that the Fund only allows services directly related to diagnosis and/or cancer treatment. As lymphedema is a complication of cancer and/or cancer treatment, rather than a diagnostic or direct cancer treatment itself, it does not fall within the Fund's scope.

Breast Magnetic Resonance Imaging (MRI)

The WV BCCSP has historically provided coverage for diagnostic breast magnetic resonance imaging (MRI) as part of its comprehensive services for women with abnormal

or inconclusive screening results. Beginning in FY2025, the program will transition payment for diagnostic MRIs from NBCCEDP funds to the Diagnostic and Treatment (D&T) Fund, as NBCCEDP funding is restricted to screening services while the D&T Fund may be used for diagnostic procedures. This strategic funding realignment allows the program to preserve limited screening resources and sustain access to screening MRIs for women who qualify under updated clinical guidelines.

Recent updates from the American College of Radiology (ACR) and the National Comprehensive Cancer Network (NCCN) recommend the use of screening breast MRI as a supplemental imaging modality for women with dense breast tissue or elevated lifetime risk. Because screening MRIs are not consistently covered by private insurers as preventive services, women often face significant out-of-pocket costs, including deductibles and copayments. These expenses may contribute to increased demand from underinsured women seeking financial assistance through the WVBCCSF. By shifting diagnostic MRI reimbursement to the D&T Fund, the program can better manage growing screening MRI requests and ensure that available NBCCEDP resources remain focused on preventive care.

The WVBCCSF will continue to track the number and type of MRI requests, both screening and diagnostic, to evaluate how new breast density and screening guidelines affect practice patterns, program expenditures, and access to care. These data will inform future program planning, budget forecasts, and legislative updates on emerging breast cancer diagnostic and treatment needs in West Virginia.

Future Directions

In FY2025, WVBCCSF approved nine applications for assistance through the D&T Fund. Looking ahead, the program anticipates a significant increase in D&T Fund requests due to several converging factors. These include the potential loss of health insurance coverage among West Virginians, the program's recent policy change to include coverage for male breast cancer diagnostic services, and the transition of diagnostic MRI reimbursement from NBCCEDP funds to the D&T Fund. The expansion of breast MRI screening, prompted by updated American College of Radiology (ACR) and National Comprehensive Cancer Network (NCCN) guidelines on breast density, is expected to drive higher utilization of screening and diagnostic imaging.

To ensure the integrity and appropriate use of the Fund, the WVBCCSF Medical Director reviews and approves all D&T Fund applications. Each request is evaluated for alignment with clinical guidelines, program eligibility requirements, and funding availability. This process ensures that patients meeting medical and financial criteria receive timely diagnostic and treatment services.

The program will continue to track and analyze D&T Fund utilization, including the number and type of services supported, to better understand emerging trends and forecast future needs. These data will guide program planning, budget development, and ongoing communication regarding the sustainability of diagnostic and treatment resources.

To maximize the impact and awareness of the D&T Fund, the WVBCSP will implement a focused education and outreach initiative to inform healthcare providers, community partners, and referral networks about the eligibility criteria, covered services, and application process. Increasing partner awareness will help ensure that qualified individuals are referred appropriately and that providers understand how to access support for diagnostic and treatment services not covered under the federally-funded CDC program.

References

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