



## The **CALIFORNIA CANCER CARE EQUITY ACT:** An Opportunity to Improve Cancer Care Access for People of Color

### **California's Health Care System Leaves Too Many Californians – Particularly People of Color – Without Access to Optimal Cancer Care:**

Advancements in cancer care are creating more effective treatments that for many patients mean a diagnosis is no longer a death sentence. Despite these advancements, too many patients – particularly those from underserved communities, who don't have commercial insurance, or are people of color – lack access to this latest knowledge and level of care. Access to the optimal cancer care for a Californian's particular diagnosis should be available no matter one's socioeconomic status, insurance coverage, or race.

### **Inequitable Cancer Care Access = Worse Outcomes for People of Color**

The CDC [lists](#) cancer as the second-leading cause of death in California. More than 187,000 Californians are diagnosed with cancer every year, and thousands of them will be misdiagnosed or placed on inappropriate or ineffective treatment. The outlook for people of color gets only grimmer:

- Black men and women have a 111% and 39% higher risk of dying from prostate cancer and breast cancer, respectively, compared with their white counterparts.<sup>i</sup> More broadly, Black people have the highest cancer mortality rate.<sup>ii</sup>
- Hispanic women experience stomach cancer incidence and death rates that are more than twice as high as white women.<sup>iii</sup>
- Cancer is the leading cause of death for Asian Americans.<sup>iv</sup>

The disproportionately worse survival outcomes for people of color are in part due to disparities in cancer care made available to them, particularly for delays in diagnostics and treatment. Research shows that the overall rate of cancer screening is lower<sup>v</sup> among people of color compared to their White counterparts, and people of color are more likely to be diagnosed at advanced stages for some types of cancer.<sup>vi</sup> Other studies show socioeconomic inequalities in biomarker testing and targeted therapy utilization across cancer types, both of which can improve cancer outcomes.<sup>vii</sup> People of color are also more likely to report unmet needs for cancer care, including supportive care.<sup>viii</sup>

Contributing to these worse outcomes is that Californians insured with Medi-Cal suffer much worse-than-average outcomes for several cancer diagnoses, including lung cancer and breast cancer.<sup>ix</sup> While well-intended, the current one-size-fits-most system is preventing too many Californians from accessing optimal cancer care, and too many Californians realize that health insurance does not necessarily add up to access to the care they need.

### **Call to Action: Remove Barriers to Optimal Treatment**

Recognition of these disparities in access and the connection between access and survival is the first step on a path toward more equitable, more effective cancer care for all of Californians. In fact, 34% of cancer deaths among all U.S. adults ages 25 to 74 could be prevented if socioeconomic disparities were eliminated.<sup>x</sup>

That's why now is the time to advance the California Cancer Care Equity Act (SB 987), introduced by Sen. Anthony Portantino (SD-25), which would remove unfair regulatory barriers that disproportionately prevent Californians in underserved communities from accessing optimal cancer care for complex cancer diagnoses.

Californians on Medi-Cal who receive a complex cancer diagnosis would have the choice to seek treatment at a comprehensive cancer center in order to benefit from the emerging therapies, clinical trials, and subspecialists focused on their particular complex cancer diagnosis.

This bill advances the rights affirmed by the California state legislature through its unanimous passage of the [Cancer Patients Bill of Rights](#) resolution in 2021 and can help deliver cancer care equity in California.

**VISIT [CANCERCAREDIFF.ORG](https://cancercareiff.org) FOR MORE INFORMATION  
AND JOIN THE FIGHT FOR CANCER CARE EQUITY IN CALIFORNIA**

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- <sup>ii</sup> Tong M, Hill L. Racial Disparities in Cancer Outcomes, Screening, and Treatment, 2022. Kaiser Family Foundation. <https://www.kff.org/racial-equity-and-health-policy/issue-brief/racial-disparities-in-cancer-outcomes-screening-and-treatment/>
- <sup>iii</sup> Miller, K.D., Goding Sauer, A., Ortiz, A.P., Fedewa, S.A., Pinheiro, P.S., Tortolero-Luna, G., Martinez-Tyson, D., Jemal, A. and Siegel, R.L. (2018), Cancer Statistics for Hispanics/Latinos, 2018. *CA: A Cancer Journal for Clinicians*, 68: 425-445. <https://doi.org/10.3322/caac.21494>
- <sup>iv</sup> Lee, R.J., Madan, R.A., Kim, J., Posadas, E.M. and Yu, E.Y. (2021), Disparities in Cancer Care and the Asian American Population. *The Oncol*, 26: 453-460. <https://doi.org/10.1002/onco.13748>
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- <sup>vii</sup> Norris, R.P., Dew, R., Sharp, L. *et al.* Are there socio-economic inequalities in utilization of predictive biomarker tests and biological and precision therapies for cancer? A systematic review and meta-analysis. *BMC Med* **18**, 282 (2020). <https://doi.org/10.1186/s12916-020-01753-0>
- <sup>viii</sup> Tong M, Hill L. Racial Disparities in Cancer Outcomes, Screening, and Treatment, 2022. Kaiser Family Foundation. <https://www.kff.org/racial-equity-and-health-policy/issue-brief/racial-disparities-in-cancer-outcomes-screening-and-treatment/>
- <sup>ix</sup> Parikh-Patel A, Morris CR, Martinsen R, Kizer KW. 2015. Disparities in Stage at Diagnosis, Survival, and Quality of Cancer Care in California by Source of Health Insurance. Sacramento, CA: California Cancer Reporting and Epidemiologic Surveillance Program, Institute for Population Health Improvement, University of California Davis.
- <sup>x</sup> Siegel, R.L., Jemal, A., Wender, R.C., Gansler, T., Ma, J. and Brawley, O.W. (2018), An assessment of progress in cancer control. *CA: A Cancer Journal for Clinicians*, 68: 329-339. <https://doi.org/10.3322/caac.21460>