



## Access to Mammography Services in Florida Is More Limited for Low-Income Women

### *at a glance*

This information brief shows that Florida's compliance with federal regulations governing mammography facilities is higher than the national average and the percentage of Florida women age 40 and older receiving mammograms compares favorably with national rates.

However, utilization of mammography services among low-income women is low partly because of limitations on accessibility to services. Factors that may be limiting access for low-income women include the cost of services and the need to identify a primary care provider.

The fear of medical malpractice lawsuits is causing many radiologists to limit the number of mammograms they interpret. However, we were unable to substantiate this concern because the necessary information is either not available, invalid, or inconclusive.

### Scope

The 2004 Legislature directed OPPAGA to study issues relating to mammography services performed in Florida.<sup>1</sup> This legislation directed that various factors be examined to determine the impact on the quality of services, and the utilization and availability of mammography. To conduct this review, we answered the questions below.

- How well is Florida complying with federal quality standards for mammography facilities, equipment, and personnel?
- How does Florida compare nationally in the utilization of mammography services?
- What impact does women's insurance status have on utilization rates?
- What factors affect accessibility to mammography services in Florida?
- Is mammography equipment capacity sufficient to meet demand?
- What effect have medical malpractice lawsuits had on the availability of mammography services in Florida?

<sup>1</sup> As specified in SB 2306. In addition, this legislation created a Workgroup on Mammography Accessibility within the Department of Health, which also was directed to study this issue.

## Background

Breast cancer is the second leading cause of cancer deaths among American women. In Florida, an estimated 13,350 new cases of invasive breast cancer are expected to occur among women in 2004, as well as an estimated 2,480 deaths. However, the probability of survival increases significantly when breast cancer is discovered in its early stages.<sup>2</sup> Currently, the most effective technique for early detection of breast cancer is screening mammography, an X-ray procedure that can detect small tumors and breast abnormalities up to two years before they can be detected by touch.<sup>3,4</sup>

As of October 2004, Florida has 465 facilities certified to perform mammography services (see Appendix A). These facilities operate 765 machines and will perform approximately 3 million mammograms for women age 40 and older, which represents 65% of this target population of 4.6 million.<sup>5</sup> The number of women age 40 and older in Florida is expected to increase to 5.3 million by 2009. Appendix B identifies the number of facilities and machines, utilization rate by insurance status, and the population of these women for each county in Florida.

<sup>2</sup> The American Cancer Society reported that the five-year survival rate for breast cancer detected in the local stage is 97%. This survival rate drops to 79% if the cancer has spread to underarm (auxiliary) lymph nodes and to 23% if it has spread (metastasized) to distant organs such as the lungs, bone marrow, liver, or brain.

<sup>3</sup> Screening mammography refers to routine mammograms recommended for women without symptoms of problems. In contrast, diagnostic mammography refers to follow-up mammograms performed on women who had signs, such as skin changes or abnormal screening mammograms that indicate a need for additional evaluation.

<sup>4</sup> United States General Accountability Office, *Mammography: Capacity Generally Exists to Deliver Services*, GAO-02-532, April 2002.

<sup>5</sup> The target population is all women age 40 and older. Various groups such as the National Cancer Institute (NCI), the American Cancer Society, and the U.S. Preventive Services Task Force recommend annual mammograms for women age 40 and older—the age group considered at greatest risk.

## Questions and Answers

### *How well is Florida complying with federal quality standards for mammography facilities, equipment, and personnel?*

Florida's compliance rate with federal regulations for mammography facilities exceeds the national average.<sup>6</sup> To address concerns about the quality of mammography, Congress enacted the Mammography Quality Standards Act of 1992, which established safety and quality assurance standards for mammography.<sup>7</sup> The United States Food and Drug Administration (FDA) established quality standards for mammography equipment and personnel and mandated certifications and inspections for each facility.<sup>8</sup> The FDA contracts with the Department of Health, Bureau of Radiation Control to annually inspect Florida's mammography facilities to determine compliance with these standards.

During the September 2003 through August 2004 period, inspections of Florida mammography facilities found no violations at 80% of the facilities. Of the 115 facilities with violations, 61 (14% of the total facilities inspected) were cited for violations, which requires that corrective actions be provided to the FDA within 30 days.<sup>9</sup> These results

<sup>6</sup> The term "facility" means a hospital, outpatient department, clinic, radiology practice, or mobile unit, an office of a physician, or other facility that conducts breast cancer screening or diagnosis through mammography activities.

<sup>7</sup> As specified in 42 U.S.C. § 263b (1994), this act became effective on October 1, 1994.

<sup>8</sup> To be FDA certified, a facility must first apply to, and become accredited by, an FDA approved accreditation body. In Florida, the American College of Radiology serves as the accreditation body for all mammography facilities.

<sup>9</sup> Although the Department of Health inspects mammography facilities, the FDA is responsible for all sanctions for noncompliance and for ensuring that all violations are corrected. FDA classifies violations into one of three category levels. Facilities cited with a level 1 or 2 violation are required to provide a written response to the FDA, which explains how the facility had corrected or would correct its problems. Examples of level 1 and 2 violations include equipment being improperly calibrated for five or more days during the year, a facility not performing an analysis of the mammograms, or staff not having the required amount of training. Failure to correct identified violations may result in sanctions including directed plans of correction; patient and physician notification; civil money penalties; suspension of facility certificates; revocation of facility certificates; and injunctions. The Department of

compare favorably with national statistics wherein 69% of the facilities had no reported violations and 24% of the facilities had violations requiring submission of a corrective action report.<sup>10</sup>

The federal government is likely to modify mammography regulations in coming years to improve the quality of mammogram interpretations. Current federal regulations require that physicians interpret a minimum of 960 mammograms every two years, and each facility must track positive mammogram interpretations and the associated results of follow-up tests for breast cancer.<sup>11</sup> Physicians must see the associated results of these tests for their own interpretations, although there is no further requirement for the use of the data, such as for skill improvement.

Congress has directed the Institute of Medicine to evaluate ways (without limiting access) to improve the quality of mammogram interpretations to include audits, technical quality, supply of personnel, mandates for monitoring, and steps to make available new technology. This evaluation will be considered for future reauthorization of the federal act.<sup>12</sup> Current research has indicated that enhancing existing regulations for mammogram interpretation could produce improvements in the quality of mammograms, which may result in reductions in the number of women recalled for further evaluation and/or improved cancer detection rates by interpreting physicians.

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Health, Bureau of Radiation Control is notified by the FDA of any serious actions taken against a MQSA facility. In 2004, one serious action was taken against a facility in Florida, which required the facility to notify patients that their examinations may have been unsatisfactory. This facility has now ceased operations.

<sup>10</sup> Results are for the period October 1, 2003, through September 30, 2004.

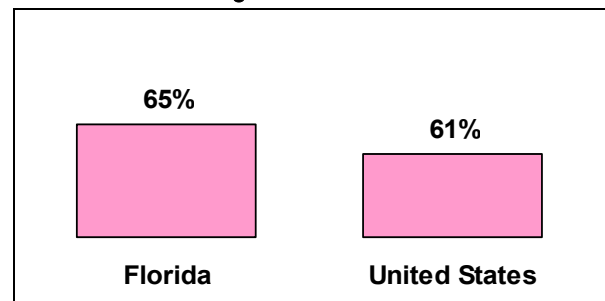
<sup>11</sup> The Breast Imaging Reporting and Data System (BI-RADS) provides a uniform system of assessing mammography results. Positive mammograms are interpretations assigned a BI-RAD category of 4 or 5. A Category 4 BI-RADS is assigned for interpretations that produce a suspicious abnormality where a biopsy should be considered. A Category 5 BI-RADS is assigned for interpretations that are highly suggestive of malignancy.

<sup>12</sup> In October 2004, the Medical Quality Standards Act was reauthorized through 2007.

## ***How does Florida compare nationally in the utilization of mammography services?***

The percentage of women age 40 and older in Florida receiving mammograms compares favorably with national rates. As shown in Exhibit 1, 65% of women in this group reported receiving an annual mammogram in 2002.<sup>13</sup> These utilization rates are higher than the national average of 61% and demonstrate that Florida is more effectively utilizing mammography to reduce mortality from breast cancer through detection at earlier and more treatable stages.

**Exhibit 1**  
**Florida's 2002 Utilization Rate for All Women Age 40 and Older Is Higher Than the National Rate**



Source: Centers for Disease Control and Prevention and OPPAGA analysis.

## ***What impact does women's insurance status have on utilization rates?***

Utilization of mammography services varies among different segments of Florida's population. Exhibit 2 shows that utilization rates for uninsured women and those on Medicaid was significantly lower than for women with private insurance or on Medicare. While higher than the national average for women without health insurance, the utilization rate for uninsured women was 42% in Florida, which was significantly lower than the overall statewide average of 65%.

<sup>13</sup> The utilization rate is based on results of the Behavioral Risk Factor Surveillance System (BRFSS), which is a state-based system of phone surveys conducted by the Centers for Disease Control and Prevention in 2002. The reported percentages are based on the number of women who responded to the survey question of whether they received a mammogram within the previous 12-month period.

In addition, only 4% of the women on Medicaid reported receiving mammograms (excluding women receiving Medicaid benefits in nursing homes).<sup>14</sup>

## Exhibit 2

### Women on Medicaid and the Uninsured Had Lower Utilization Rates in 2002

	Florida	United States
All Women – age 40 and older	65.0%	61.0%
Insured – age 40 and older	69.0%	64.0%
Uninsured – age 40 and older	42.0%	37.0%
Medicare – age 65 and older Non-HMO	44.5%	38.6%
Medicaid – age 40 and older Non-HMO, Non-Nursing Home	4.0%	Not Available

Note: Medicaid data is for Fiscal Year 2002-03 and all other data is for calendar year 2002.

Source: Centers for Disease Control and Prevention, Centers for Medicare and Medicaid Services, Florida Agency for Health Care Administration, and OPPAGA analysis.

### *What factors affect accessibility to mammography services in Florida?*

There are several factors that may be limiting access to mammography services in Florida. These include the cost of services and the need for women to have a designated primary care provider, which can limit access for low-income women without insurance. For women in Florida's Medicaid Program, reimbursement rates and facility admission criteria can serve as barriers to obtaining mammography services. Finally, referral patterns of primary care physicians may contribute to limited accessibility for women with insurance.

The cost of mammograms can limit access to services for low income women who lack health insurance. As shown in Exhibit 3, in 2004 the average cost in Florida for a screening mammogram for uninsured women is \$106.39. However, costs vary widely among facilities, ranging from \$45 to \$277.75. For many low-

income women without health insurance, these costs may be unaffordable and serve to limit their ability to obtain mammography services.

Another barrier for low income women is that most facilities in Florida will not provide mammography services unless a woman has designated a primary care provider. Of the Florida facilities surveyed by the American Cancer Society, 85% of the respondents reported that they will not schedule a screening mammogram unless the patient is referred by a physician and can identify a physician to receive the results.<sup>15</sup> Some facilities reported that this limitation is placed on access because of the risk of lawsuits; by accepting patients without a primary care physician to receive the results, interpreting physicians may be at a greater risk of lawsuits if breast cancer is detected and follow-up consultation services are not provided. This limitation on access primarily affects women without insurance because they are less likely to have an assigned primary care provider as a referral source than women with insurance.

Medicaid reimbursement rates and facility admission criteria can limit access for women in Florida's Medicaid Program. Of the surveyed facilities, over 20% of the respondents reported that they will not provide mammography services for Medicaid recipients, and some facilities currently providing mammography services to Medicaid recipients reported that they limit the number of recipients served. These facilities cited low reimbursement rates as a primary reason for excluding or limiting the number of Medicaid patients. As shown in Exhibit 3, Medicaid reimbursement rates are substantially lower than the reimbursement rates of private insurers and Medicare.

<sup>14</sup> The utilization rate for Medicaid is for women age 40 and older and does not include women who participate in a health maintenance organization (HMO).

<sup>15</sup> Based on survey results as reported in the American Cancer Society's *Mammography in Florida: A Consumer's Guide*, July 2004.

### Exhibit 3 Fees for Screening Mammograms Vary by Insured Status

Insured Status	Amount (2004)
Private Insurance <sup>1</sup>	\$167.00
Uninsured <sup>2</sup>	106.39
Medicare <sup>3</sup>	88.54
Medicaid <sup>4</sup>	45.48

<sup>1</sup> The amount reported for private insurance identifies the fee considered fair and reasonable as reported by Florida Department of Health.

<sup>2</sup> Based on survey results from the American Cancer Society's *Mammography in Florida: A Consumer's Guide*, July 2004. This amount represents the average fee amount for a screening mammography for the reporting facilities.

<sup>3</sup> For Medicare, the amount is the maximum authorized for screening mammograms. The reimbursement rate is 50% higher for screening mammograms when digital equipment is used. Medicare patients pay 20% of the Medicare-approved amount.

<sup>4</sup> Medicaid patients pay an additional \$3 co-payment.

Source: Florida Department of Health, Florida Agency for Health Care Administration, and OPPAGA analysis.

In addition, Florida's Medicaid program does not authorize reimbursement for mammography services performed by mobile facilities. Several other states authorize Medicaid reimbursement for mammograms performed by mobile facilities.<sup>16</sup> Mobile facilities can help improve accessibility to mammography for underserved women without access to necessary transportation. As of August 2004, there were 17 mobile mammography facilities certified to operate in Florida. The Florida Agency for Health Care Administration reported that mobile facilities are ineligible because of concerns about the quality of mammograms. However, the department plans to reexamine this issue based on advances in technology and the impact of federal standards on equipment quality.

Referral patterns of primary care physicians may also limit access at some mammography facilities. Many primary care physicians, including those affiliated with health

maintenance organizations, have contractual agreements to refer patients to designated mammography facilities. As a result, women referred to some facilities that receive a high volume of referrals may experience long delays in obtaining appointments, while other facilities in the area have little or no delays.

### *Is mammography equipment capacity sufficient to meet demand?*

Current mammogram equipment capacity is sufficient to meet demand, but future shortages may develop. As shown in Exhibit 4, there appears to be sufficient statewide capacity to meet current demand for mammography services in Florida. We estimated that equipment currently in place can serve 3.4 million women per year, while 3.3 million women will receive mammograms in 2004.<sup>17</sup>

However, additional capacity will be required to avoid future shortages. The use of mammography as a tool for detecting early cancer continues to increase in Florida. While the proportion of women age 18 and older who received a mammogram has remained steady over the past several years, the number of mammograms performed each year has grown due to increases in Florida's population. Based on historical trends, we estimate that the number of mammograms performed for women age 18 and older statewide rose by approximately 223,000 between 2000 and 2004. However, the number of mammography machines in Florida has remained relatively stable during this period. Should these trends continue in the future, the demand for mammograms in the state may begin to exceed capacity by 2006.

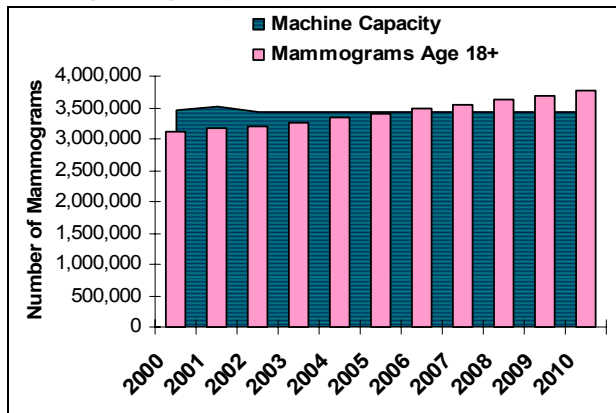
<sup>16</sup> Georgia, New York, North Carolina, and Tennessee are among the states that authorized Medicaid reimbursement for mammograms performed by mobile facilities.

<sup>17</sup> OPPAGA estimated the total capacity based on 4,500 mammograms per machine per year and 765 total machines. To estimate the number of women who will receive mammograms, OPPAGA used the utilization rate of 48% and the number of women over age 18 (7 million) based on trend data developed by the Florida Legislature's Office of Economic and Demographic Research.



**Exhibit 4**

**There Is Presently Sufficient Equipment Capacity to Meet Current Demand, But Shortages May Develop if Capacity Is Not Increased**



Note: Estimates of total capacity are based on 4,500 mammograms per machine per year multiplied by the number of machines. For years 2004 through 2010, estimated number of machines is 765. The number of women who will receive mammograms, is based on the utilization rate of 48% and the projected number of women over age 18 from trend data developed by the Florida Legislature's Office of Economic and Demographic Research.

Source: Center for Disease Control and Prevention and OPPAGA analysis.

Future shortages in equipment may further limit low-income women's access to mammography services. As shortages occur, facilities and interpreting physicians will have greater incentives to provide services based on payment levels. As Medicaid reimbursement rates for mammography services are lower than those paid by private health insurance plans and Medicare, more facilities may either decline to serve Medicaid patients or further limit the number of such patients they will serve. In addition, if costs for mammograms rise due to the increase in demand, more low-income women who lack insurance may find themselves unable to afford this service.

***What is the effect of medical malpractice lawsuits on the availability of mammography services in Florida?***

Reliable data to assess the impact of medical malpractice lawsuits on the availability of mammography services is not currently available. Although many radiologists who interpret mammograms cite the fear of lawsuits as a reason for limiting their practice, we were unable to substantiate this concern because the necessary information is either not available, invalid, or inconclusive.

For example, our analysis of data relating to medical malpractice lawsuits from the state practitioner's profile database maintained by the Florida Department of Health found that radiologists were not significantly more likely to have malpractice liability claims than the overall population of medical doctors.<sup>18</sup> However, the department reported that the information is provided by practitioners and has not been verified, and thus may not be reliable. Also, Medical malpractice claims data maintained by the Florida Department of Financial Services indicates that most of the claims against radiologists do not involve mammography services. However, the database contains numerous errors and omissions and has insufficient mechanisms to ensure that all claim activity is included.<sup>19</sup>

<sup>18</sup> As required by s. 456.039, *F.S.*, physicians are required to report information to the Department of Health. Section 456.041, *F.S.*, requires the Department of Health to compile this information into a practitioner profile database. Based on this reported information, we determined that 7.1% of all reporting medical physicians and 8.2% of all reporting medical physicians with a Diagnostic Radiology certification had a liability claim exceeding \$100,000 within the last 10 years. However an operational audit conducted by the Florida Auditor General and OPPAGA *Department of Health, Health Care Practitioner Disciplinary Process, Report No. 2005-043*, October 2004 reported that the lack of verification of some information contained in the practitioner profile database by the Department of Health limits its usefulness.

<sup>19</sup> As required by s. 627.912 *F.S.*, the Department of Financial Services maintains the Professional Liability Closed Claim Database, which contains a listing of claims in which an insurer made a payment to a claimant to satisfy a judgment or reach a settlement. Based on analysis of this information, we determined that approximately 11% of medical malpractice claims that resulted in a payment against radiologists involved mammography services. However, a recent operational audit

Finally, several private insurance companies currently offering insurance against medical malpractice reported no limitations on access to insurance for radiologists who interpret mammograms. However, some of these companies also reported that radiologists who interpret mammograms are assessed higher insurance premiums because they are more likely to be sued for medical malpractice than other radiologists.

Concerns by interpreting physicians over medical malpractice lawsuits may be a contributing factor to long wait times for mammography services at some facilities. In July 2004, the Department of Health conducted a survey of all facilities certified to provide mammography services in Florida. Survey results showed that the amount of time women have to wait for a screening or diagnostic mammogram is extensive at some facilities.<sup>20</sup> For screening mammograms, the median statewide wait time was three days. However, 16% of the facilities responding to the survey reported a wait time in excess of 30 days, with the longest wait time being 232 days. For diagnostic mammograms, the median wait time was 1 day, with 12% of facilities reporting a wait time that exceeded 14 days. Some radiologists who interpret mammograms performed at facilities with long wait times indicate they are now limiting the number of mammograms they interpret because of increased concerns about medical malpractice lawsuits.

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by the Florida Auditor General, *Office of Insurance Regulation, Closed Claim Database, Report No. 2005-031*, September 2004, reported that a substantial number of file records contained either incomplete or incorrect data and that no methodology was in place to verify that all closed claims were reported by insurers and self-insurers.

<sup>20</sup> The Department of Health conducted a telephone survey to collect data on appointment wait times at mammography facilities in Florida. The survey was conducted July 9-15, 2004. The results do not capture any variability in wait times that may be associated with the impact of various breast cancer awareness programs.

## Summary and Conclusions

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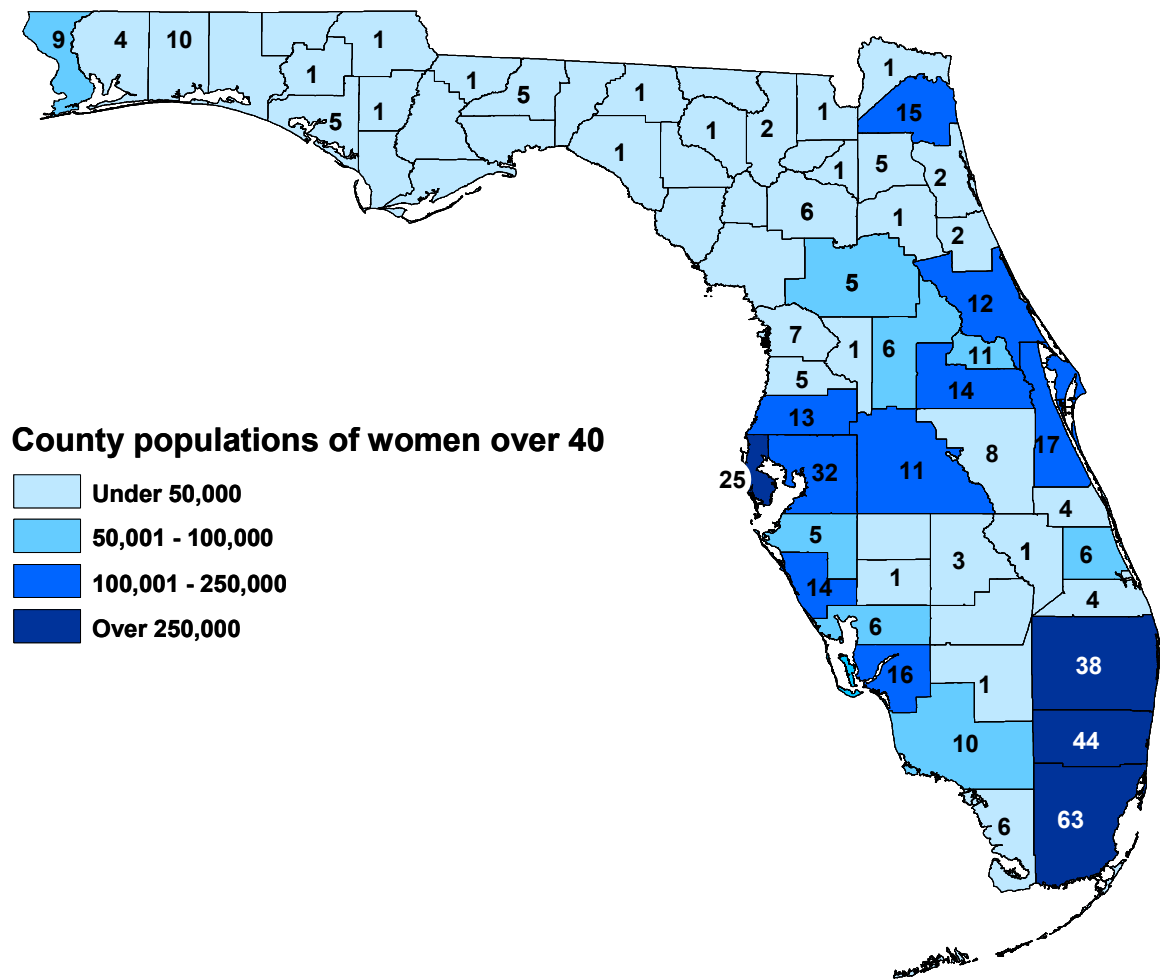
Florida's compliance rate with federal quality regulations for mammography facilities is higher than the national average. In addition, the percentage of women age 40 and older in Florida who received a mammogram in 2002 compares favorably with national rates. Florida's utilization rate of 65% exceeds the national average of 61% and demonstrates that Florida is more effectively utilizing mammography to reduce mortality from breast cancer through detection at earlier and more treatable stages.

Several factors may limit access to mammography services in Florida. The cost of services and the requirement to identify a primary care provider limits access for low income women who lack health insurance. For women in Florida's Medicaid Program, low reimbursement rates and facility admission criteria can serve as barriers to obtaining screening mammography services. Demand for mammography may soon exceed existing equipment capacity, which could result in additional limitations on access for low-income women. Finally, referral patterns of primary care physicians may contribute to limited accessibility for women with insurance.

The fear of medical malpractice lawsuits is causing some radiologists to limit the number of mammograms they interpret. However, we were unable to substantiate this concern because the necessary information is either not available, invalid, or inconclusive. Regardless of the actual condition, concerns by interpreting physicians over medical malpractice lawsuits may contribute to long wait times for mammography services at some facilities. Some radiologists who interpret mammograms at facilities with long wait times are limiting their services due to increased concerns about medical malpractice liability lawsuits.

Appendix A

Florida Currently Has 465 Certified Mammography Facilities



Source: Department of Health data as of October 2004.



## Appendix B

# Florida Mammography Facilities and Utilization by County

In 2002, Florida had 452 facilities certified to perform mammography services. These facilities operated 762 machines and performed approximately 2.8 million mammograms for women age 40 and older, which represents 65% of this target population of 4.4 million.

County	Demographic		Equipment			Utilization Rates <sup>1</sup>				
	Number of Women ≥40	Percentage of Uninsured Women ≥40	Number of Facilities	Number of Machines	Machines per 10,000 Women	All Women ≥40	Insured Women ≥40	Uninsured Women ≥40	Medicaid Age ≥40	Medicare Age ≥65
Alachua	43,971	15.1%	6	13	2.96	67.8%	64.8%	77.4%	7.4%	48.1%
Baker	4,570	20.3%	1	1	2.19	56.9%	67.6%	19.3%	1.7%	42.9%
Bay	37,114	15.0%	4	7	1.89	54.1%	61.9%	16.4%	7.1%	46.7%
Bradford	5,910	18.9%	1	1	1.69	56.7%	59.6%	43.0%	7.1%	43.9%
Brevard	139,632	12.0%	15	30	2.15	70.4%	71.7%	58.2%	4.1%	44.1%
Broward	428,473	11.7%	46	77	1.80	64.3%	66.4%	48.0%	3.5%	41.5%
Calhoun	3,024	22.9%	1	1	3.31	52.3%	61.2%	20.1%	11.2%	36.9%
Charlotte	53,433	11.6%	6	7	1.31	64.9%	69.1%	32.2%	5.4%	47.7%
Citrus	43,435	13.3%	8	9	2.07	68.2%	71.8%	46.5%	5.1%	46.9%
Clay	34,370	7.6%	5	7	2.04	62.1%	65.7%	33.0%	5.5%	38.4%
Collier	82,597	13.3%	9	18	2.18	71.4%	81.3%	24.0%	5.5%	54.5%
Columbia	13,836	19.5%	2	2	1.45	60.4%	66.4%	32.4%	6.7%	41.4%
Dade	550,917	22.8%	55	101	1.83	71.1%	79.9%	43.7%	3.4%	28.3%
DeSoto	7,540	12.6%	1	1	1.33	70.3%	76.3%	33.1%	10.1%	43.0%
Dixie	3,644	27.3%	0	0	0.00	54.4%	72.7%	13.9%	3.9%	36.2%
Duval	178,375	6.9%	17	40	2.24	55.6%	57.6%	32.7%	5.1%	41.5%
Escambia	70,399	12.5%	9	17	2.41	64.2%	69.2%	19.8%	5.2%	43.7%
Flagler	19,558	7.3%	2	2	1.02	74.0%	76.1%	41.9%	8.9%	52.7%
Franklin	2,892	23.1%	0	0	0.00	51.9%	58.6%	28.4%	4.9%	30.5%
Gadsden	11,031	17.7%	1	1	0.91	60.9%	65.7%	32.5%	3.8%	32.2%
Gilchrist	3,493	14.2%	0	0	0.00	51.4%	53.1%	43.1%	5.0%	34.2%
Glades	2,606	13.6%	0	0	0.00	70.8%	78.2%	28.4%	4.2%	36.3%
Gulf	3,514	22.5%	0	0	0.00	62.1%	72.6%	24.7%	7.7%	42.5%
Hamilton	2,697	15.6%	0	0	0.00	66.8%	73.8%	32.7%	6.8%	35.6%
Hardee	5,451	22.8%	0	0	0.00	51.7%	58.9%	30.9%	6.4%	36.0%
Hendry	6,256	37.5%	1	1	1.60	53.0%	55.6%	47.1%	6.0%	32.4%
Hernando	45,952	11.0%	5	8	1.74	66.5%	69.9%	42.8%	3.1%	47.9%
Highlands	29,632	11.0%	2	2	0.67	61.5%	67.7%	26.2%	4.8%	46.1%
Hillsborough	242,188	12.9%	29	51	2.11	65.5%	67.3%	52.4%	5.0%	37.6%
Holmes	4,508	26.9%	0	0	0.00	54.4%	59.7%	39.3%	4.9%	32.0%
Indian River	38,136	12.0%	5	11	2.88	61.1%	64.9%	28.0%	3.5%	50.7%
Jackson	11,310	13.0%	1	1	0.88	63.9%	68.6%	36.0%	6.0%	42.4%
Jefferson	3,362	14.3%	0	0	0.00	61.4%	67.2%	26.4%	3.3%	28.3%
Lafayette	1,390	21.0%	0	0	0.00	59.6%	65.7%	41.1%	4.3%	36.1%

County	Demographic		Equipment			Utilization Rates <sup>1</sup>				
	Number of Women ≥40	Percentage of Uninsured Women ≥40	Number of Facilities	Number of Machines	Machines per 10,000 Women	All Women ≥40	Insured Women ≥40	Uninsured Women ≥40	Medicaid Age ≥40	Medicare Age ≥65
Lake	72,165	11.4%	6	11	1.52	61.0%	63.6%	46.7%	3.5%	49.9%
Lee	146,180	10.6%	19	28	1.92	67.1%	69.4%	40.4%	3.9%	49.7%
Leon	48,455	7.8%	5	11	2.27	67.8%	68.1%	61.7%	2.9%	38.6%
Levy	10,063	16.1%	0	0	0.00	56.7%	62.4%	23.5%	5.6%	37.9%
Liberty	1,329	18.4%	0	0	0.00	65.1%	70.5%	33.6%	6.7%	36.0%
Madison	4,409	18.1%	1	1	2.27	67.2%	69.3%	57.9%	5.0%	36.5%
Manatee	84,176	10.5%	4	6	0.71	66.1%	71.3%	26.7%	2.5%	43.3%
Marion	82,362	13.0%	6	12	1.46	57.5%	60.8%	39.1%	6.8%	49.6%
Martin	42,366	10.0%	5	8	1.89	73.6%	76.6%	52.3%	3.9%	47.9%
Monroe	21,414	17.7%	3	3	1.40	62.4%	67.2%	40.9%	5.8%	37.8%
Nassau	15,369	16.7%	1	1	0.65	62.9%	65.4%	49.3%	5.4%	39.3%
Okaloosa	40,059	7.2%	8	7	1.75	65.6%	68.4%	28.9%	5.6%	47.2%
Okeechobee	8,536	23.6%	1	1	1.17	57.6%	66.8%	31.6%	7.5%	35.6%
Orange	200,129	14.6%	13	24	1.20	57.8%	62.6%	26.0%	2.9%	39.4%
Osceola	43,989	16.7%	6	7	1.59	59.5%	63.1%	41.6%	1.9%	36.0%
Palm Beach	343,690	11.7%	38	73	2.12	67.9%	71.5%	42.3%	4.0%	53.4%
Pasco	113,832	13.5%	14	19	1.67	67.4%	70.5%	49.5%	5.1%	47.2%
Pinellas	285,521	13.6%	30	49	1.72	66.4%	70.2%	42.2%	3.1%	45.2%
Polk	131,524	13.4%	12	20	1.52	62.2%	66.2%	44.1%	3.6%	46.6%
Putnam	19,311	16.8%	1	1	0.52	54.8%	59.4%	29.6%	5.0%	42.0%
St. Johns	37,272	13.3%	2	4	1.07	75.8%	77.5%	66.1%	5.3%	46.6%
St. Lucie	58,285	14.0%	5	7	1.20	63.5%	62.7%	67.9%	4.8%	45.7%
Santa Rosa	29,411	11.1%	3	2	0.68	66.8%	72.8%	33.0%	5.7%	45.7%
Sarasota	120,161	9.3%	12	17	1.41	67.0%	68.7%	51.6%	2.7%	50.7%
Seminole	91,539	11.7%	10	14	1.53	62.3%	64.5%	43.7%	3.7%	41.3%
Sumter	18,972	7.9%	1	1	0.53	68.7%	72.3%	28.6%	6.9%	42.4%
Suwannee	9,689	19.7%	1	1	1.03	53.0%	60.2%	19.4%	7.0%	42.0%
Taylor	4,714	18.0%	1	0	0.00	57.7%	64.1%	31.9%	6.6%	40.8%
Union	2,033	20.3%	0	0	0.00	48.8%	52.2%	35.7%	6.6%	43.8%
Volusia	134,940	9.1%	11	24	1.78	65.3%	67.9%	37.9%	2.6%	44.9%
Wakulla	5,462	12.9%	0	0	0.00	67.3%	70.9%	38.8%	3.3%	33.1%
Walton	12,168	14.0%	0	0	0.00	51.4%	54.5%	24.7%	4.5%	36.5%
Washington	5,419	18.0%	1	1	1.85	57.9%	62.3%	31.6%	7.2%	35.3%
<b>STATE</b>	<b>4,380,160</b>	<b>13.6%</b>	<b>452</b>	<b>762</b>	<b>1.75</b>	<b>65.3%</b>	<b>69.0%</b>	<b>41.9%</b>	<b>4.1%</b>	<b>44.5%</b>

<sup>1</sup> The target population is all women age 40 and older. The utilization rate for Medicaid is for women age 40 and older who are not residing in a nursing home and does not include women who participate in a health maintenance organization (HMO). The utilization rate for Medicare also does not include women participating in a HMO.

Source: Florida Legislature, Office of Economic and Demographic Research; U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Florida Department of Health, Bureau of Radiation Control; Florida Agency for Health Care Administration; and Florida Medical Quality Assurance, Inc.



# *The Florida Legislature*

## *Office of Program Policy Analysis and Government Accountability*

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