

Utilization of Federal and State Funds for Screening Services

Nebraska has received funding from the CDC’s National Breast and Cervical Cancer Early Detection Program (NBCCEDP) since 1991. These funds have been used to provide breast and cervical cancer screening, follow-up, and referrals to treatment as needed. This has remained the program’s primary scope of work.

Over the last two decades, the CDC has adapted program performance measures to include expectations around timely spend-down of funds, outreach to specific populations, and screening projections. Guidance related to recruitment, navigation, and implementation strategies has also evolved.

Program staff have worked diligently to align state activities with federal performance measures, serve Nebraska women effectively, and be good stewards of both federal and state dollars. Over the past three to four funding cycles, the program has prioritized spending down federal funds first to ensure continued eligibility for future awards. State funds have been used secondarily to fill gaps—such as building community capacity to recruit eligible women and navigate them to screening. The program has also focused on identifying and addressing the needs of community partners to better fulfill the program’s scope of work.

Through ongoing quality assessment and improvement efforts, agreements with partner organizations have evolved to meet the needs of both women and providers, resulting in an increase in the number of women screened statewide.

Looking ahead, Nebraska has experienced a decrease in federal funding during each of the past three funding cycles, with the most recent reduction—a \$100,000 decrease for FY26—further challenging program resources. Effective utilization of all available funding, including state funds for the Women’s and Men’s Health Programs (WMHPs), has allowed the program to shift staff support, revise reimbursement policies, and ensure clinical providers continue to serve eligible women.

As Nebraska anticipates potential loss of Medicaid coverage for some adults, the demand for preventive screening through WMHP is expected to increase. Meeting this need will depend on continued and adequate funding to support these vital services for Nebraskans.

Eligibility criteria has changed over the past 15 years:

1. Citizenship and legal status requirement in 2012.
2. Affordable Care Act in 2013.
3. National screening guideline changes from annual screening to every other year for mammogram (breast screening) in 2014.²
4. Nebraska Medicaid expansion in 2020.

These changes in eligibility resulted in a significant decrease in the number of women screened (See Figure 6).

