



# NHCSL

THE NATIONAL HISPANIC CAUCUS OF STATE LEGISLATORS

## RESOLUTION No. 2025-03

### Addressing Cancer Disparities in the Hispanic/Latino Community

Reported to the Caucus by the NHCSL Healthcare Task Force  
Rep. Alma Hernández (AZ), Chair

**Sponsored by**  
**Sen. Rebecca Saldaña (WA)**

Unanimously ratified by the Caucus on November 22, 2025

- 1   **WHEREAS**, cancer continues to be the second leading cause of death in the United
- 2   States<sup>1</sup> with a disproportionate effect on certain racial and ethnic groups;<sup>2</sup> and,
  
- 3   **WHEREAS**, Hispanic/Latino people face some of the largest cancer disparities with a
- 4   higher likelihood of later-stage diagnosis, poor quality of life<sup>3</sup> and worse health
- 5   outcomes compared to their white counterparts<sup>4</sup> as a result of limited access to

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<sup>1</sup> Centers for Disease Control and Prevention National Center for Health Statistics. Leading Causes of Death. Last Reviewed: October 25, 2024. <https://www.cdc.gov/nchs/fastats/leading-causes-of-death.htm>

<sup>2</sup> National Cancer Institute. Cancer Disparities. January 31, 2025. <https://www.cancer.gov/about-cancer/understanding/disparities>

<sup>3</sup> Cleo A. Samuel, Olive M. Mbah, Wendi Elkins. Calidad de Vida: a systematic review of quality of life in Latino cancer survivors in the U.S. October 1, 2021. <https://pmc.ncbi.nlm.nih.gov/articles/PMC8285081/>

<sup>4</sup> American Cancer Society. Cancer Facts & Figures for Hispanic/Latino People 2024-2026.

<https://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/cancer-facts-and-figures-for-hispanics-and-latino/2024/2024-2026-cancer-facts-and-figures-for-hispanics-and-latino.pdf>

6 preventive screenings and quality treatment driven by a lack of comprehensive  
7 coverage;<sup>5</sup> and,

8 **WHEREAS**, roughly 195,300 Hispanic/Latino people in the United States will be  
9 diagnosed with cancer this year and approximately 50,400 will die from the disease;<sup>4</sup> and,  
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11 **WHEREAS**, Hispanic/Latino people experience significantly higher incidence rates  
12 for cervical, stomach, liver, gallbladder, acute leukemia, and kidney cancer compared  
13 to white people, many of which are largely preventable with risk-reduction actions  
14 including early detection;<sup>4</sup> and,

15 **WHEREAS**, compared to white people, Hispanic/Latino men and women have lower  
16 survival rates for breast, melanoma and prostate cancer, largely due to later-stage  
17 diagnosis driven by limited access to timely, optimal treatment;<sup>4</sup> and,

18 **WHEREAS**, health disparities in the Hispanic/Latino population are driven by  
19 significant socioeconomic and structural barriers<sup>6</sup> that make Hispanic/Latino people  
20 the least likely to have health insurance of any major racial or ethnic group<sup>7</sup> and less  
21 likely to receive a preventive cancer screening for cervical, breast and colorectal  
22 cancer<sup>4</sup> or biomarker testing to guide them to the most effective treatment;<sup>8</sup> and,

23 **WHEREAS**, in [Resolution 2018-26](#), National Hispanic Caucus of State Legislators  
24 (NHCSL) recognized that “Hispanic men diagnosed with prostate cancer reported  
25 poorer quality of life relative to both Non-Hispanic whites and African Americans; and,  
26 while there are also disparities between the latter groups, they closely track income  
27 disparities, but the disparity between Non-Hispanic whites and Hispanics was only  
28 partially explained by income, suggesting that additional... factors may account for  
29 poorer quality of life;”<sup>9</sup> and,

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<sup>5</sup> Jingxuan Zhao MPH, Xuesong Han PhD, Leticia Nogueira MPH, PhD. Health insurance status and cancer stage at diagnosis and survival in the United States. July 13, 2022.

<https://acsjournals.onlinelibrary.wiley.com/doi/10.3322/caac.21732>

<sup>6</sup> Cleo A. Samuel, Olive M. Mbah, Wendi Elkins. Calidad de Vida: a systematic review of quality of life in Latino cancer survivors in the U.S. October 1, 2021. <https://pmc.ncbi.nlm.nih.gov/articles/PMC8285081/>

<sup>7</sup> Assistant Secretary of Planning and Evaluation Office of Health Policy. Health Insurance Coverage and Access to Care Among Latino Americans: Recent Trends and Key Challenges. June 7, 2024.

<https://aspe.hhs.gov/sites/default/files/documents/819559944370d2e8a24dc5bc38da6c7b/aspe-coverage-access-latinos-ib.pdf>

<sup>8</sup> American Cancer Society Cancer Action Network. Health Equity in Biomarker Testing and Targeted Therapy. May 2021. [https://fightcancer.org/sites/default/files/docs/fs\\_health\\_equity\\_in\\_bmt\\_and\\_targeted\\_therapy\\_final.pdf](https://fightcancer.org/sites/default/files/docs/fs_health_equity_in_bmt_and_targeted_therapy_final.pdf)

<sup>9</sup> For information on how certain co-pay requirements impede access to prostate cancer screenings see: ZERO Prostate Cancer. Overview of the PSA Screening for HIM Act. February 26-28, 2023.

<https://zerocancer.org/sites/default/files/2023-08/2023-PSA-for-HIM-Backgrounder.docx.pdf>; and see American Cancer Society Cancer Action Network. Survivor Views Survey: Majority Less Likely to Get

30 **WHEREAS**, in [Resolution 2021-21](#), the NHCSL recognized the importance of  
31 biomarker testing as a tool to “support diagnosis, treatment, and monitoring of  
32 patients in a personalized way,” specifically highlighting its importance in colorectal  
33 cancer, and called on states and the federal government “to approve rules and/or  
34 enact legislation to ensure equal, fairly priced access to biomarker testing and  
35 precision medicine with a focus on eliminating the racial, ethnic and other  
36 socioeconomic disparities that have plagued the field up to now;” and,

37 **WHEREAS**, in [Resolution 2022-04](#), the NHCSL supported legislation to reduce  
38 disparities in early detection and survival of Triple Negative Breast Cancer (TNBC) by,  
39 among other policies, “equitable screening amongst populations who are at a greater  
40 risk for TNBC, and referrals for genetic counseling and testing without patient out-of-  
41 pocket costs,” having noted that Black and “Hispanic women are less likely to receive  
42 genetic counselling or genetic testing for BRCA mutations that can cause Triple  
43 Negative Breast Cancer, even when they have strong family histories of cancer;” and,

44 **WHEREAS**, the costs of diagnostic breast imaging and a lack of education on available  
45 resources for screenings are the leading reasons women avoid mammograms or  
46 follow-up screenings;<sup>10</sup> and,

47 **WHEREAS**, several states already require biomarker testing coverage for all state-  
48 regulated plans, including Arizona, California, Georgia, Illinois, Indiana, Iowa,  
49 Kentucky, Maryland, Minnesota, New Mexico, New York, Oklahoma, Pennsylvania,  
50 Rhode Island and Texas;<sup>11</sup> and,

51 **WHEREAS**, other states only require biomarker testing coverage for some state-  
52 regulated plans, namely: private plans in Arkansas and Louisiana; Medicaid (or  
53 HUSKY Health) in Connecticut; Medicaid (or SMMC, MMA and LTC) and the state  
54 employee health plan in Florida; and large employer health plans in Colorado.<sup>12</sup>

55 **THEREFORE, BE IT RESOLVED**, that the National Hispanic Caucus of State  
56 Legislators (NHCSL) recommits to dismantling barriers to care for Hispanic/Latino  
57 people that limit access to lifesaving cancer screenings and treatment and improve  
58 cancer outcomes in the community; and,

59 **BE IT FURTHER RESOLVED**, that NHCSL renews its call that state legislatures  
60 “approve rules and/or enact legislation to ensure equal, fairly priced access to

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Recommended Screenings if Coverage Was Lost. May 11, 2023. <https://www.fightcancer.org/policy-resources/survivor-views-majority-less-likely-get-recommended-screenings-if-coverage-lost>

<sup>10</sup> Susan G. Komen Breast Cancer Foundation. Understanding Cost & Coverage Issues with Diagnostic Breast Imaging. January 2019. <https://www.komen.org/wp-content/uploads/komen-understanding-cost-coverage-with-dbi-final-report.pdf>

<sup>11</sup> American Cancer Society Cancer Action Network. Access to Biomarker Testing. Last Updated: July 2024. <https://www.fightcancer.org/what-we-do/access-biomarker-testing>

<sup>12</sup> Colorado’s law mandates individual and small group plan coverage if it is determined that no state defrayment is necessary under the Affordable Care Act.

61 biomarker testing and precision medicine," specifically by requiring all state-  
62 regulated plans, including Medicaid, to cover biomarker testing that allows providers  
63 to identify the most effective treatment for a patient's condition, including but not  
64 limited to cancer;<sup>13</sup> and,

65 **BE IT FURTHER RESOLVED**, that, to address the disparities in prostate cancer  
66 outcomes attributable to income, and in addition to the recommendations of  
67 Resolution 2018-26, NHCSL encourages state legislatures to enact policies that  
68 dismantle access barriers to preventive prostate cancer screenings by waiving co-pay  
69 fees that impede access; and,

70 **BE IT FINALLY RESOLVED**, that NHCSL encourages state legislatures to promote  
71 linguistically and culturally-appropriate education and outreach, including through  
72 *promotores(as)*, or community health workers (CHWs), to encourage timely  
73 screenings for breast, prostate, melanoma and colorectal cancer that address  
74 language barriers by issuing critical information in Spanish.

75 IN ITS MEETING OF MARCH 28, 2025, THE NHCSL HEALTHCARE TASK FORCE  
76 UNANIMOUSLY RECOMMENDED THIS RESOLUTION TO THE EXECUTIVE  
77 COMMITTEE FOR APPROVAL.

78 THE NHCSL EXECUTIVE COMMITTEE UNANIMOUSLY APPROVED THIS RESOLUTION  
79 ON APRIL 4, 2025, AT ITS MEETING IN WASHINGTON, DC.

80 THE NATIONAL HISPANIC CAUCUS OF STATE LEGISLATORS UNANIMOUSLY  
81 RATIFIED THIS RESOLUTION AT ITS ANNUAL MEETING OF NOVEMBER 22, 2025, IN  
82 OKLAHOMA CITY, OKLAHOMA.

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<sup>13</sup> For sample bills see: [Georgia HB 85 \(2023\)](#) or [Maryland HB 1217 \(2023\)](#).