House of Representatives
Study Committee on Cancer Care Access

Final Report

Chairman Lee Hawkins
Representative, 27th District

The Honorable Gerald Green
Representative, 154th District

The Honorable Karen Mathiak
Representative, 82nd District

The Honorable Deborah Silcox
Representative, 53rd District

The Honorable Jasmine Clark
Representative, 108th District

Dr. Jorge Cortes
Director, Georgia Cancer Center

Dr. Suresh Ramalingam
Director, Winship Cancer Institute

Dr. Chris Kiker
Physician, Northeast Georgia Physicians

Dr. Kristin Higgins
Chief Clinical Officer, City of Hope

Ms. Jennie Wren Denmark
CEO, East Georgia Healthcare

Mr. Spence Mullis
Chairman, CEO, Morris Bank

Dr. Doug Graham
Chief Physician, Aflac Cancer and Blood Disorders Center, Children's Healthcare of Atlanta

2025

Prepared by the House Budget and Research Office

Introduction

The House Study Committee on Cancer Care Access was created by House Resolution 72 during the 2025 Legislative Session of the Georgia General Assembly. HR 72 acknowledges barriers for all Georgians to access quality cancer care, with significant barriers to those living in rural areas of the state. This committee is tasked with understanding the impact and significance of cancer care centers and facilities, determining the medical education programs needed to attract and retain individuals providing care and research, and exploring ideas and incentives to increase screenings and quality of care.

HR 72 provides for the membership of the committee, consisting of five members of the House of Representatives and seven non-legislative members to be appointed by the Speaker as follows: two representatives of Georgia's medical or public health schools; one primary care physician; one community oncologist practicing in a rural community; and one representative from Georgia's federally qualified health centers (FQHCs); and two others representing cancer survivors, hospital or medical centers, caregivers, navigators, or other areas of expertise. The Speaker appointed the following members: Representative Lee Hawkins, Chair; Representative Gerald Greene; Representative Karen Mathiak; Representative Deborah Silcox; Representative Jasmine Clark; Dr. Jorge Cortes; Dr. Suresh Ramalingam; Dr. Chris Kiker; Dr. Kristin Higgins; Ms. Jennie Wren Denmark; Mr. Spence Mullis; and Dr. Doug Graham.

The study committee held three public meetings, occurring on May 29th at Northeast Georgia Medical Center, June 3rd at Phoebe Putney Memorial Hospital, and July 9th at the Georgia Cancer Center. During the three meetings, the committee heard testimony from multiple organizations, agencies, and providers involved across the spectrum of cancer care. This report provides an overview of the issues discussed by the individuals listed below by meeting.

Thursday, May 29, 2025 – Northeast Georgia Medical Center (Gainesville, GA)
Lynn Durham – *Georgia CORE*
Dr. Chris Parker – *Georgia Health Policy Center*
Cherie Drenzek – *Georgia Department of Public Health*
Dr. Harsha Vyas – *Cancer Center of Middle Georgia*
Dr. Koosh Desai – *Augusta University*
Dr. Parker Hyde – *University of North Georgia*
Angie Canton and Dr. Nikita Machado – *Northeast Georgia Medical Center*

Tuesday, June 3, 2025 – Phoebe Putney Memorial Hospital (Albany, GA)
Megan Andrews – *Georgia Department of Public Health*
Lynn Durham – *Georgia CORE*
Dr. Robert Smith – *American Cancer Society*
Nita Ham – *Georgia Department of Community Health*
Caylee Noggle – *Georgia Hospital Association*
Sarah Sessoms – *Community Health Works*

Dr. Crystal Owens and Carla Belcher – *Community Health Care Systems*

Wednesday, July 9, 2025 – Georgia Cancer Center (Augusta, GA)
Dr. Petros Nikolinakos – *University Cancer and Blood Center*
Dr. Crain Garrot **–** *Georgia Cancer Specialists*
Dr. Kristin Higgins – *City of Hope*
Dr. Jorge Cortes – *Georgia Cancer Center*
Dr. Harsha Vyas – *Cancer Center of Middle Georgia*
Dr. David Hess – *Medical College of Georgia*
Denise Kornegay – *Area Health Education Centers*
Nikki Gilbert – *Technical College System of Georgia*
Lynette Rhodes – *Georgia Department of Community Health*
Dr. Doug Graham – *Aflac Cancer and Blood Disorders Center, Children's Healthcare of Atlanta*

Background

As of 2022, approximately 18.1 million Americans are living with a history of cancer, and approximately two million new cancer cases are expected to be diagnosed in the United States in 2025.[1] Additionally, cancer cases are expected to increase by 45 percent by 2030.[2] The national incidence rate for cancer in the United States is 472 per 100,000 people, and Georgia had over 60,000 people diagnosed in 2022. While Georgia's incidence rate is higher than the national average, the data shows a decrease in lung, colorectal, and cervical cancers in women and lung and colorectal cancers in men from 2018-2022. During the same time period, breast cancer in women increased, along with prostate cancer in men.[3] To treat these patients, Georgia has one National Cancer Institute (NCI) designated comprehensive care center, 20 hospital-based NCI community oncology research centers, and several Commission on Cancer locations. In 2023, hospitals provided over 600,000 chemotherapy treatments and over 28,000 radiation therapy treatments.[4]

[1] American Cancer Society, Cancer Facts & Figures 2025.
[2] Dean David Hess, presentation July 2025.
[3] Dr. Sherry Drenzac, presentation May 2025.
[4] Caylee Noggle, presentation June 2025.

Committee Findings

Georgia has taken multiple steps to support those with cancer and their loved ones. The Cancer State Aid program was established by the Georgia legislature in 1937. Georgia physicians advocated for this program as a way to reduce the burden and cost of cancer care for uninsured, under-insured, and low-income patients. This program continues to support access to screening, diagnostic, treatment planning, and cancer treatment services for any type of cancer.

In 1998, 46 states, including Georgia, settled with top tobacco producers leading to a master settlement agreement (MSA), that has paid out approximately $200 billion over the past 27 years. In that time, Georgia has received approximately $4 billion from the MSA, with about $600 million dedicated to cancer-related activities. Some of the activities included: screenings, tobacco use prevention programs, clinical trials, creation of regional cancer coalitions, the Cancer State Aid program, and the creation of the cancer registry.[5] Around the time of the MSA, the first statewide cancer plan was developed. This plan continues to be updated every five years. The Regional Cancer Coalitions continue to serve as "boots on the ground", [6] providing screenings and education to patients. Georgia CORE was created in 2003 in an effort to bring more clinical trial opportunities to Georgia patients, and the organization continues to focus on research and collaborative work with hospitals, providers, and legislators around the state to support the overall cancer system.

A major goal of Georgia CORE was to bring a comprehensive cancer center to Georgia. In 2007, Emory Winship received the NCI designation recognizing the "rigorous standards for transdisciplinary, state-of-the-art research focused on developing new and better approaches to preventing, diagnosing, and treating cancer".[7] While the state is proud to have Emory Winship to provide advanced care to cancer patients in Georgia, Georgia is a state of over 11 million people. One in every three Georgians live in rural counties, but only seven to eight percent of oncologists practice in rural areas.[8] In Georgia, "rural" is defined as counties with less than 50,000 population, representing 120 of the state's 159 counties, 75 percent of the state's land mass, and 21 percent of the state's residents. Rural Georgia is experiencing declining populations, increasing number of residents over the age of 65, higher numbers of uninsured or underinsured, lack of primary care access, transportation barriers, and a constant threat of hospital closures.[9] In the face of so many barriers, local oncology care is necessary to avoid significant delays and fragmented care for patients who live outside of metro Atlanta.

Access to care is discussed as both the availability to receive necessary care and the affordability of that care. Caylee Noggle, President and CEO of the Georgia Hospital Association, presented the following map that illustrates the location of rural hospitals and cancer treatment services.

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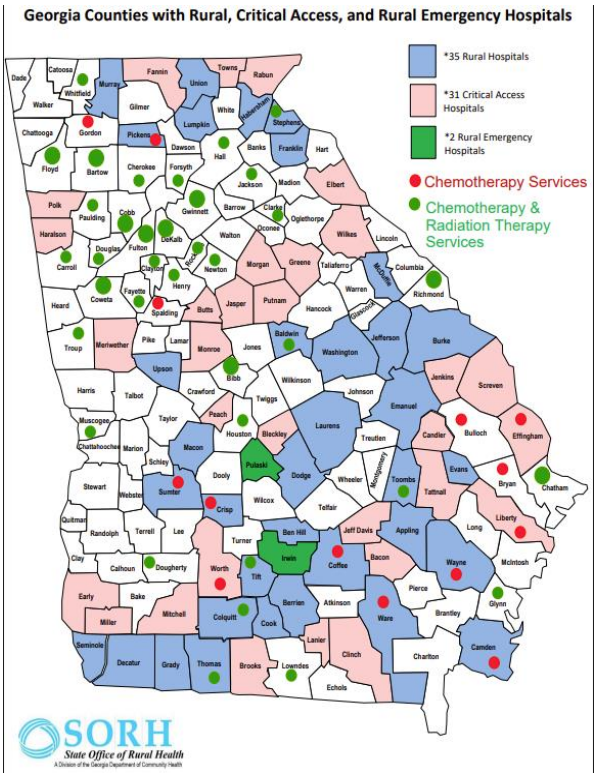
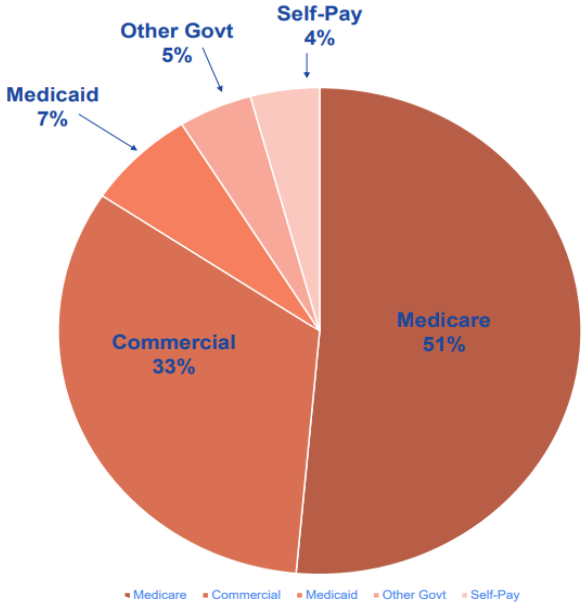
[5] Dr. Chris Parker, presentation May 2025.
[6] Dr. Lynn Durham, presentation May 2025.
[7] https://www.cancer.gov/research/infrastructure/cancer-centers#:~:text=An%20even%20larger%20number%20of,Updated:%20March%2019%2C%202025.
[8] Dr. Jorge Cortes, presentation July 2025.
[9] Nita Ham, presentation June 2025.



It is important to note that most hospitals provide screening services to patients though community benefit programs, which are not included in this map. The availability of services is dependent on multiple variables. Some of which include:

- Workforce: Many oncologists are of retirement age, and there is not a strong pipeline established to fill the gap. Currently, Georgia graduates about seven new oncologists a year, with states comparable in population graduating approximately three times as many.[10] Along with a need for additional graduate medical education opportunities for physicians, there is a need for specialized staff, including nurses, radiologists, pathologists, counselors, social workers, community health workers, and palliative care specialists.
- Geography and Transportation: Cancer services are largely concentrated in more urban areas of the state. Long travel times often lead to missed appointments and delayed treatments.
- Reimbursement/Payer Mix: As shown in the chart to the right, approximately 63 percent of payer sources generally reimburse less than what it actually costs to provide cancer services and care for these patients.



The other part of determining access is the patient's ability to afford care. This includes their ability to obtain health insurance, with further considerations for premium costs, cost-sharing ability, other forms of financial assistance, access to 340B drugs, and their ability to take time off of work to receive their treatment.[11]

The path to becoming a physician who can treat patients with cancer takes between 11 and 15 years. It consists of four years of undergraduate education, three to four years of undergraduate medical education, three to four years of graduate medical education, also known as residency training, and one to three years of subspecialty training,

[10] Dr. Harsha Vyas, presentation July 2025.
[11] Caylee Noggle, presentation June 2025.

also known as a fellowship. The residency programs that feed into an oncology specialty include: Internal Medicine, Obstetrics/Gynecology, Neurology/Neurosurgery, Pediatrics, Radiation Oncology, and Surgery. From one's residency training, they may go into one of the following fellowship programs: Hematology-Oncology, Gynecologic Oncology, Neuro-Oncology, or Pediatric Oncology, Surgical Oncology. This is a rigorous training path, and there are limited training opportunities.

ONCOLOGY FELLOWSHIP 2024 MATCH RESULTS

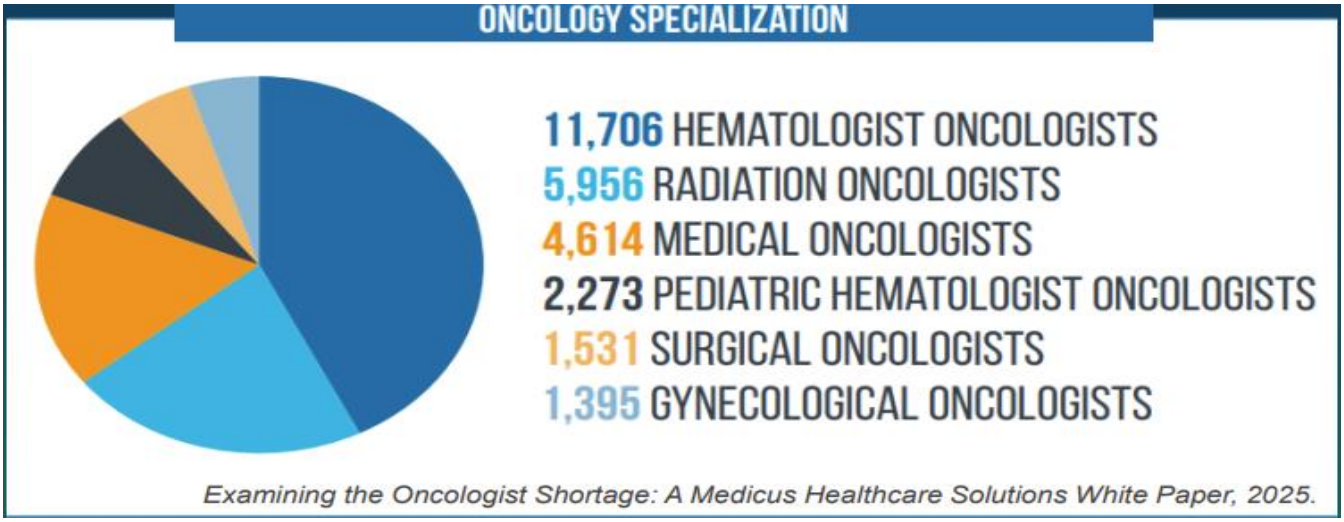
	POSITIONS AVAILABLE	APPLICANTS THAT DID NOT MATCH
HEMATOLOGY AND ONCOLOGY RESIDENCY	771	264
SURGICAL ONCOLOGY RESIDENCY	76	29
GYNECOLOGIC ONCOLOGY RESIDENCY	86	3

RADIATION ONCOLOGY 2024 MATCH RESULTS

	POSITIONS AVAILABLE	APPLICANTS THAT DID NOT MATCH
PGY-1 RADIATION ONCOLOGY RESIDENCY	12	121
PGY-2 RADIATION ONCOLOGY RESIDENCY	175	75

Examining the Oncologist Shortage: A Medicus Healthcare Solutions White Paper, 2025.

The 2024 Oncology Fellowship Match Results, the table shown above, illustrates the amount of training spots available nationwide for medical training in the oncology field. Below, the chart illustrates current practicing oncologists. Of the 22,475 physicians outlined, the Georgia Board of Health Care Workforce (GBHCW) data dashboard shows only 578 are practicing in Georgia across all oncology specialties. "Current limitations in oncology training capacity will continue to widen the gap between the demand for services and the supply of qualified oncology providers if not addressed." [12]



[12] Dean David Hess, presentation July 2025.

Denise Kornegay, Executive Director of the Georgia Statewide AHEC Network and Associate Dean at the Medical College of Georgia, presented provider recruitment and retention as a series of games. The long game is the recruitment of new professionals, the medium game is the training of professionals, and the short game is the retention of existing providers. While focus remains on training and retaining current professionals in the oncology space, there is a real push to introduce oncology-related professions to students earlier in their education. This can be done through engaging educational programs in schools, hands-on workshops, summer camps, shadowing opportunities, and mentorship programs. An example of this is the SHE (Summer Healthcare Experience) in Oncology sponsored by the American Cancer Society and the Mayo Clinic Comprehensive Cancer Center. Current freshmen, sophomores, and juniors interested in STEMM (science, technology, engineering, mathematics, and medicine) are encouraged to apply for the program to participate in activities that are designed to foster an interest in health-related careers. The students participate in faculty lectures, panel discussions, and skill-building workshops, helping them to network and build knowledge to advance through the biomedical career pathways. Currently, four institutions are participating in the program.[13]

Research and access to clinical trials is crucial for patients undergoing cancer treatment. Per the NCI, there are three main categories of centers that conduct cancer research. They are basic cancer centers that only focus on laboratory research; clinical cancer centers are an entry for institutions with clinical, research, and community outreach missions; and comprehensive cancer centers evolve from clinical designations once a center has demonstrated their ability to build and advance.[14] Georgia has one NCI-designated Comprehensive Cancer Center at Winship Cancer Institute, and Georgia has multiple institutions that are recipients of the two NCI Community Oncology Research Program grants. These institutions are vital to conducting research that leads to clinical trials for patients. In an effort to help patients find clinical trials they might qualify for, Dr. Crain Garrot, a medical oncologist practicing in Marietta, Georgia, worked to develop the Georgia Clinical Trial Finder. Individual systems have internal trial databases that make it hard to find trials across systems. The Georgia Clinical Trial Finder is a system-agnostic position that works to pair patients with trials across the state. In the two years since this position began, over 85 referrals and five completed consults have occurred, and one patient successfully enrolled in a trial. While there are tremendous efforts being made to conduct research and match patients to clinical trials, Georgia is a state of over 10 million people. Expanding resources to create more accredited centers will allow for further research and more clinical trials. “Today’s clinical trials set tomorrow’s Standard of Care.”[15]

[13] https://www.mayoclinic.org/departments-centers/mayo-clinic-cancer-center/about-us/crtec/summer-healthcare-experience-in-oncology.
[14] Dr. Jorge Cortes, presentation July 2025.
[15] Dr. Crain Garrot, presentation July 2025.

Committee Recommendations

Upon review of the information presented, the House Study Committee on Cancer Care Access recommends the following:

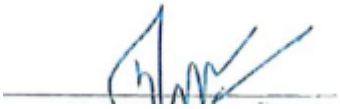
- Expand the Physicians Loan Repayment Program to include specialists who practice in rural areas, and increase the amount of loan forgiveness available.
- Encourage additional oncology workforce opportunities to include rural rotations for medical students and additional residency and fellowship opportunities in both rural and urban hospitals.
- Address insurance reimbursement to include rate increases through Georgia Medicaid for oncology related codes, and ensure the geographic practice cost index is accurate.
- Consider an increase percentage of Tobacco Settlement Funds appropriated to cancer prevention and screening activities. These funds could:
    - Enhance cancer screening services in DPH clinics by providing screening and referrals for screening and making necessary electronic health record updates to all clinics to ensure the patient workflow includes appropriate cancer screenings in their annual exam checklists.
    - Encourage enhancements to cancer prevention programs offered by the Regional Cancer Coalitions through education in prevention, healthy lifestyles, obesity, and smoking cessation, and for additional lung, colorectal, breast, prostate, and cervical cancer screenings for uninsured and underinsured Georgians.
    - Establish a statewide cancer screening navigation to assist FQHCs and public health clinics in improving their cancer screening rates and outcomes.
    - Encourage support for the Georgia Cancer Control Consortium and facilitate the writing, implementation, and measurement of objectives in the Georgia Cancer Plan.
- Simplify Medicaid access, enrollment and renewal for pediatric patients.
- Incentivize hospitals and providers to report cancer screening numbers/rates as part of community benefit transparency reporting.
- Encourage the use of mobile cancer screening units to be used primarily in Georgia's most rural and underserved communities to ensure residents have access to cancer screening in their communities.
- Support the Georgia Cancer Center's pursuit of NCI cancer center designation by investing in cancer infrastructure that will assist them in aiding rural and minority patients that face barriers to accessing care. This designation will:
    - Improve geographic access to cutting-edge cancer care, clinical trials, and prevention programs.
    - Address disparities in cancer outcomes by expanding specialized care availability to underserved and rural populations.
    - Strengthen the state's research infrastructure and capacity for translational science and precision oncology.

    - Stimulate regional economic development through research funding and workforce growth.
- Encourage support for Georgia CORE's Georgia Cancer Trial Finder program to increase access to clinical trials for physicians and patients.

Mr. Speaker, these are the findings and recommendations of the Study Committee on Cancer Care Access.

Respectfully Submitted,

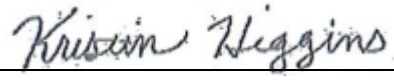
The Honorable Lee Hawkins,
Representative, 27th District,
Chairman



Dr. Suresh Ramalingam,
Director, Winship Cancer Institute

Gerald Greene

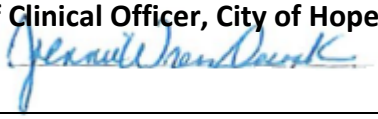
The Honorable Gerald Greene,
Representative, 154th District



Dr. Kristin Higgins,
Chief Clinical Officer, City of Hope

Rep Karen Mathiak

The Honorable Karen Mathiak,
Representative, 82nd District



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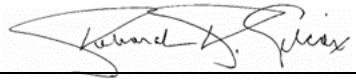

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