NEIL ABERCROMBIE GOVERNOR OF HAWAII



GARY L. GILL ACTING DIRECTOR OF HEALTH

STATE OF HAWAII DEPARTMENT OF HEALTH P.O. BOX 3378 HONOLULU, HAWAII 96801-3378

In reply, please refer to: File:

HOUSE COMMITTEE ON HEALTH

HB2039, RELATING TO CANCER

Testimony of Gary L. Gill Acting Director of Health

> January 24, 2014 9:00 AM, Room 329

- 1 Department's Position: We support this bill provided that its passage does not replace or adversely
- 2 impact priorities indicated in our Executive Budget.
- 3 Fiscal Implications: Appropriated out of the general revenues, the sum of \$100,000 or so much thereof
- 4 as may be necessary for fiscal year 2014-2015 for the Breast and Cervical Cancer Control Program
- 5 (BCCCP) to the DOH.
- 6 Purpose and Justification: We respectfully request the appropriation be specific for screening,
- 7 education, and outreach services; therefore, an amendment is suggested to Section 1, page 1, lines 15 to
- 8 19 to read as follows:
- 9 "The purpose of this Act is to appropriate funds for the screening, education, and outreach services of
- 10 the comprehensive breast and cervical cancer control program."
- 11 The DOH recognizes the value of screening and early detection. The Department currently
- 12 provides critical breast and cervical cancer early detection services through the BCCCP. The program is
- 13 federally funded for \$1.1 million through a cooperative agreement with the Centers for Disease Control
- 14 and Prevention (CDC) and serves approximately 1,200 women annually. Since 1997, the program has
- 15 screened 9,400 women and detected 247 incidents of breast cancer and 144 pre-cancerous conditions
- 16 and cancers of the cervix. CDC estimates that funded states are serving 14.3% of eligible women age Promoting Lifelong Health & Wellness

40-64 years for breast cancer and 8.7% of eligible women for cervical cancer through the national I program; and more women are in need of lifesaving screening, diagnosis and treatment services. The 2 3 DOH, BCCCP provides low-income, uninsured, and underserved women access to timely, high quality screening and diagnostic services to detect breast and cervical cancer at the earliest stages and refer 4 women with cancer or pre-cancerous conditions to treatment through the Department of Human Services 5 (DHS), Breast and Cervical Cancer Treatment Program. The BCCCP's priority population includes 6 Native Hawaiian, Filipino and other Asian/Pacific Island women. Women served by the program are 7 typically rarely or have never been screened, are medically underserved, and have higher morbidity and 8 mortality rates than other women. Early detection of cancer greatly reduces treatment costs and 9 increases survival rates. 10

These funds will screen women who are uninsured and do not qualify for existing state and federal funded Medicare or Medicaid programs. A study published in 2012 on the impact of the Affordable Care Act of 2010, indicates that there will continue to be a need for the BCCCP. Historically in Hawaii, gap treatment funding was appropriated to the DHS, but this bill keeps the continuum of breast and cervical cancer education, screening, and gap treatment under one department. DHS will continue to administer treatment with federal and state funding for women who do not qualify for Medicare and Medicaid.

18

Thank you for the opportunity to testify.

morikawa2-Joanna

From:	mailinglist@capitol.hawaii.gov
Sent:	Thursday, January 23, 2014 2:29 PM
To:	HLTtestimony
Cc:	catherine.a.betts@hawaii.gov
Subject:	*Submitted testimony for HB2039 on Jan 24, 2014 09:00AM*

HB2039

Submitted on: 1/23/2014 Testimony for HLT on Jan 24, 2014 09:00AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Catherine Betts	Hawaii State Commission on the Status of Women	Support	No

Comments:

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.



American Cancer Society Cancer Action Network 2370 Nu'uanu Avenue Honolulu, Hawai'i 96817 808.432.9149 www.acscan.org

House Committee on Health Representative Della Au Belatti, Chair Representative Dee Morikawa, Vice Chair

Hearing: January 24, 2014; 9:00 a.m.

HB 2039 - RELATING TO CANCER

Cory Chun, Government Relations Director – Hawaii Pacific American Cancer Society Cancer Action Network

Thank you for the opportunity to provide testimony in support of HB 2039, which appropriates state funding for the Breast and Cervical Cancer Control Program.

The American Cancer Society Cancer Action Network (ACS CAN) is the nation's leading cancer advocacy organization. ACS CAN works with federal, state, and local government bodies to support evidence-based policy and legislative solutions designed to eliminate cancer as a major health problem.

Hawaii's Breast and Cervical Cancer program provides free pap tests to women aged 50 to 64 and mammograms to women aged 50 to 64 who are uninsured, underinsured, and have income below 250 percent of the federal poverty level. From 2007-2012, Hawaii's program detected 75 invasive breast cancers and 33 cervical cancers and precancerous lesions.

In 2010, 58% of all women in Hawaii were screened for breast cancer and 84% were screened for cervical cancer. Those rates dropped significantly among uninsured women who were screened at 28% and 62% respectively.

The Affordable Care Act will provide women with greater access to preventive cancer screenings and treatment. However, gaps will still remain for women who will continue to be uninsured or underinsured due to affordability, literacy, and language related barriers. It is estimated that over 10,985 Hawaii women will continue to lack access to cervical cancer screenings, and 4,639 women will lack access to breast cancer screenings in 2014. Maintaining adequate funding will preserve a critical safety net for thousands of Hawaii women who will continue to lack access to essential screening, diagnostic and treatment services.



1301 Punchbowl Street

Honolulu, Hawaii 96813

Phone (808) 691-5900

H.B. 2309 RELATING TO CANCER January 24, 2014, 9:00 a.m. Room 329

Thank you for the opportunity to provide testimony in **strong support** for H.B. 2309 Relating to Cancer. This measure will provide funding to continue the valuable services of screening, education, providing treatment as necessary, and conducting outreach on breast and cervical cancer.

Breast cancer is the most common cancer among women in Hawai'i, accounting for about one-third of all cancer cases among Hawai'i's females. Breast cancer is also the most common cancer reported at The Queen's Medical Center (QMC), accounting for about one-fifth (18%) of all cancer cases.

Breast cancer is the second leading cause of cancer deaths among women today. While there is no prevention for breast cancer, a breast health program of regular mammograms and clinical breast examinations are critical to early detection and improved survival. When diagnosed at its earliest stage, breast cancer survival is excellent at 98 percent. On the other end, cervical cancer CAN be prevented and found early through regular screening. For these reasons, it is important for Hawai'i to have a viable Breast and Cervical Cancer Control Program.

The Hawai'i Department of Health Breast and Cervical Cancer Control Program (BCCCP) provides critical screening and early detection services to women at high risk, uninsured/underinsured, rarely or never screened, and with higher morbidity and mortality rates than other women. Since 1997, the program has served 9,400 women through community-based, contracted providers across the State. QMC's Women's Health Center is one of the 12 BCCCP provider sites, with one dedicated staff member who provides community outreach to and patient navigation for women who are eligible for the program. Maintaining funding will preserve a critical safety net for thousands of women, who will remain uninsured or underinsured and will lack access to essential screening, diagnostic and treatment services.

QMC recognizes, promotes and educates its staff, patients, families and the community about the importance of screening, early detection and prevention of all cancers, including breast and cervical cancers. Since 2006, QMC's BCCCP has screened a total of 640 eligible women, 207 (32%) being Native Hawaiian and 29 (4%) diagnosed with breast cancer.

According to the American Cancer Society, uninsured and underinsured women have lower screening rates for mammograms and pap tests, resulting in a great risk of being diagnosed at a later, more advanced, state of disease; thereby decreasing the chance of survival and increasing the cost of medical care and treatment to community-based health systems and ultimately the State.

According to the Centers for Disease Control and Prevention, implementation of health care reform through the Affordable Care Act will increase access to breast and cervical cancer screening services for many low-income,

underserved women through expanded insurance coverage and the elimination of cost-sharing. But even with adequate health insurance, many women will still face substantial barriers to obtaining breast and cervical cancer screening due to geographic isolation, limited health literacy or self-efficacy, lack of provider recommendation, inconvenient times to access services, and language barriers.

QMC is committed to providing quality cancer care, especially to our disparate communities (e.g. Native Hawaiians, Filipinos and Pacific Islanders). QMC's Women's Health Center and Queen Emma Clinic targets the medically underserved, uninsured, and underinsured, which are predominantly Native Hawaiian, Filipino and Pacific Islander. The majority of women who receive care through QMC's Women's Health Center and Queen Emma Clinic typically have never been screened.

Early detection of cancer greatly reduces treatment costs and increases survival rates. The Queen's Medical Center strongly supports the Hawai'i Breast and Cervical Cancer Control Program and asks for your support through appropriated funding to reach more women, particularly those experiencing a disproportionate cancer burden.

Months	Goal	Total	Native Hawaiian	Total Diagnosed with Breast Cancer
July 2006 to June 2007	50	21	5	1
July 2007 to June 2008	50	0	0	0
July 2008 to June 2009	50	52	20	5
July 2009 to June 2010	50	95	40	4
July 2010 to June 2011	70	130	37	6
July 2011 to June 2012	140	151	48	2
July 2012 to June 2013	140	143	45	8
July 2013 to Dec 2013	70	48	12	3



Honolulu, Hawai'i 96826-1001

1319 Punahou Street

Friday – January 24, 2013 – 9:00am Conference Room 329

The House Committee on Health

- To: Representative Della Au Belatti, Chair Representative Dee Morikawa, Vice Chair
- From: Donna Tsutsumi-Ota Manager Kapi'olani Women's Center
- Re: Testimony in Support HB 2039 Relating to Cancer

My name is Donna Tsutsumi-Ota, Manager, Kapiolani Women's Center (KWC). Kapiolani is Hawaii's leader in the care of women, infants and children. With 207 beds and 66 bassinets, it is Hawaii's only maternity, newborn and pediatric specialty hospital. Kapi'olani is also a tertiary care, medical teaching and research facility. Specialty services for patients throughout Hawai'i and the Pacific Region include intensive care for infants and children, 24-hour emergency pediatric care, air transport, maternal fetal medicine, and high-risk perinatal care. The hospital offers numerous community programs and services, such as the Kapi'olani Child Protection Center and Sex Abuse Treatment Center. Kapi'olani Medical Center is an affiliate of Hawai'i Pacific Health, the state's largest health care provider

The Kapi'olani Medical Center for Women & Children (Kapi'olani) is writing in support of HB 2039 which appropriates \$100,000 to the Department of Health for the comprehensive breast and cervical cancer control program (BCCCP).

As a BCCCP grant recipient for more than 18 years, Kapi'olani understands the valuable services of screening, educating, providing treatment as necessary, and conducting outreach on breast and cervical cancer that this program provides to the most at-risk and vulnerable populations for breast cancer. Every year at Kapi'olani 160 high risk women at risk for breast cancer have benefitted from free screening provided by the BCCCP program. Early detection is the key to increased survival rates for those with diagnosed breast cancer. By offering free screenings, the BCCCP has saved countless lives by providing early notification and opportunities for treatment.

We ask that you support this legislation for this very essential public health program in our community.



Planned Parenthood of Hawaii

To:	Hawaii State House of Representatives Committee on Health
Hearing Date/Time:	Friday, January 24, 2014, 9:00 a.m.
Place:	Hawaii State Capitol, Rm. 329
Re:	Testimony of Planned Parenthood of Hawaii in support of H.B. 2039

Dear Chair Belatti and Members of the Committee on Health,

Planned Parenthood of Hawaii writes in support of H.B. 2039, which seeks to appropriate funds to the Department of Health to continue its Breast and Cervical Cancer Control Program.

Planned Parenthood of Hawaii is dedicated to providing Hawaii's people with high quality, affordable and confidential sexual and reproductive health care, education, and advocacy. We provide cervical and breast cancer screening to patients throughout Hawaii, including advanced cancer screenings such as biopsy, colposcopy, and LEEP procedures.

However, while many uninsured and underserved women in Hawaii receive screenings through Title X Family Planning Programs, post-menopausal woman are ineligible to receive Title X care. The Breast and Cervical Cancer Control Program fills in a large gap in women's health care because it provides screening to those women ages 40-64, who are at higher risk for both cervical and breast cancer, but are less likely to receive regular screening because of their low incomes. By serving this gap group, the Breast and Cervical Cancer Control program will ensure that these women have the health care that they need.

Thank you for this opportunity to testify.

Sincerely,

Laurie A. Temple Director of Public Affairs & Government Relations

> HONOLULU 1350 S. King Street, Suite 310 Honolulu, HI 96814 808-589-1149

KAUAI 357 Rice Street, Suite 101 Lihue, HI 96766 808-482-2756 KONA Hualalai Medical Center 75-184 Hualalai Road, Suite 205 Kailua Kona, HI 96740 808-329-8211 MAUI Kahului Office Center 140 Ho`ohana Street, Suite 303 Kahului, HI 96732 808-871-1176



Providing the people of Hawaii with exceptional sexual and reproductive health care and education, through fearless advocacy and compassionate, affordable services, since 1966.



2343 Kula Kolea Dr. Honolulu, HI 96819

To: Committee on Health

Representative: Della Au Belatti, Chair

Date: Friday, January 24, 2014, 9:00am, Room 329

Re: HB2039 - RELATING TO CANCER - Support

Chair Belatti and Committee Members:

My name is Tambry R. Young; I am the president of Citizens for Equal Rights (CFER), an organization that defends the equal right and protections of all citizens in the state of Hawaii. CFER stands in support of House Bill 2039.

Being diagnosed with cancer is a life changing event for an individual. It impacts families, friends,

co-workers and businesses. With the development of cancer screening procedures, many have been able to overcome cancers that use to be terminal just a few years ago.

According to the U.S Department of Health and Human Services, breast and cervical cancer screening improves early discovery of the disease. Early detection of breast or cervical cancer is critical in the mortality rate of these cancer patients. HB2039 will provide women with an opportunity for early detection, education and treatment.

I feel fortunate that I have a medical provider that fully supports preventative medicine. I am reminded by my provider when it is time for my yearly screenings. This yearly screening gives me the peace of mind that if I show signs of cancer it will be detected early and my ability to overcome the cancer improves substantially. However, many women do not have a provider such as mine. HB2039 can assist in reaching these women before a major problem takes place by screening, educating and providing treatment early on if necessary.

CFER asks that you pass HB2039 as well as HB2036; both bills help lessen the percentage of women who die from breast or cervical cancer.

Thank you,

Tambry R. Young President – Citizens for Equal Rights

HB2039 Submitted on: 1/24/2014 Testimony for HLT on Jan 24, 2014 09:00AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Ann S Freed	Hawaii Women's Coalition	Support	No

Comments: The Hawai'i Women's Coalition is in support of this measure.

Please note that testimony submitted <u>less than 24 hours prior to the hearing</u>, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

From:	mailinglist@capitol.hawaii.gov
Sent:	Thursday, January 23, 2014 2:20 PM
То:	HLTtestimony
Cc:	mendezj@hawaii.edu
Subject:	*Submitted testimony for HB2039 on Jan 24, 2014 09:00AM*

HB2039

Submitted on: 1/23/2014 Testimony for HLT on Jan 24, 2014 09:00AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Javier Mendez-Alvarez	Individual	Support	No

Comments:

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

morikawa2-Joanna

From:	mailinglist@capitol.hawaii.gov
Sent:	Thursday, January 23, 2014 9:10 PM
To:	HLTtestimony
Cc:	kstofocik@gmail.com
Subject:	*Submitted testimony for HB2039 on Jan 24, 2014 09:00AM*

HB2039

Submitted on: 1/23/2014 Testimony for HLT on Jan 24, 2014 09:00AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Kathleen Stofocik	Individual	Support	No

Comments:

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.