

**ACT 162**

S.B. NO. 3367

A Bill for an Act Relating to Health.

*Be It Enacted by the Legislature of the State of Hawaii:*

SECTION 1. The legislature finds that, according to the Centers for Disease Control and Prevention, lung cancer is the leading cause of cancer deaths for men and women in the United States. In 1987, lung cancer surpassed breast cancer to become the leading cause of cancer deaths in women. The National Institutes of Health estimated that medical expenditures for cancer cost the United States an overall \$147,500,000,000 in 2015, \$13,400,000,000 of which was due to lung cancer. Lost productivity due to early death from cancer cost the United States an additional \$134,800,000,000 in 2005, \$36,100,000,000 of which was caused by lung cancer.

The legislature further finds that, according to the National Cancer Institute's SEER Cancer Statistics Review, between 2011 and 2017, the five-year survival rate for lung cancer was approximately 21.7 per cent. This is lower than the survival rates of many other leading cancers, including colorectal cancer (64.7 per cent), breast cancer (90.3 per cent), and prostate cancer (97.5 per cent). The five-year survival rate for lung cancer is 59.8 per cent for cases detected when the disease is still localized, meaning the cancer is found only in the part of the body where it started. However, only 17.8 per cent of lung cancer cases are diagnosed at an early stage. For distant tumors, which are tumors spread to other organs, the five-year survival rate is only 6.3 per cent. More than half of people with lung cancer die within one year of diagnosis.

According to the American Lung Association's 2021 State of Lung Cancer report, in Hawaii lung cancer is also the number one killer of men and women. The report ranks Hawaii last in the nation for the early diagnosis of lung cancer. The study found that just 2.8 per cent of high-risk people in Hawaii undergo annual computerized tomography scans that capture detailed pictures of the lungs, compared to 5.7 per cent nationally. In a state-by-state analysis, the American Lung Association also found that just nineteen per cent of lung cancer cases in Hawaii are diagnosed early, compared to 24.5 per cent nationally. The American Lung Association report further found that the rate of new lung cancer cases for Native Hawaiians in Hawaii is one hundred twenty-six per one hundred thousand, dramatically higher than the rates for indigenous peoples nationally and for Caucasians in Hawaii.

The legislature also finds that the United States Preventive Services Task Force has recommended that smokers and former smokers who are at high risk of developing lung cancer undergo computerized tomography scans. In March 2021, the United States Preventive Services Task Force expanded its recommendation for screening to include a larger age range and more current and former smokers. An annual lung cancer screening with low-dose computed tomography is now recommended for adults ages fifty to eighty years who have a twenty pack-year smoking history and currently smoke or have quit within the past fifteen years. This expansion will dramatically increase the number of Hawaii residents considered at high risk for lung cancer.

The purpose of this Act is to establish an early lung cancer screening task force to research the steps and resources necessary to increase early lung cancer screening in Hawaii.

SECTION 2. (a) There is established within the comprehensive cancer control program in the department of health chronic disease prevention and health promotion division an early lung cancer screening task force to research the steps and resources necessary to increase early lung cancer screening in Hawaii.

- (b) The task force shall consist of:
  - (1) A representative from the office of the governor, to be appointed by the governor;
  - (2) A representative from the senate, to be appointed by the president of the senate;
  - (3) A representative from the house of representatives, to be appointed by the speaker of the house of representatives;
  - (4) A representative from the department of health;
  - (5) A representative from the department of human services;
  - (6) A representative from the University of Hawaii John A. Burns school of medicine;
  - (7) A representative from the University of Hawaii cancer center; and

- (8) A representative from each county.
- (c) The chairperson of the task force shall invite the following individuals to become members of the task force:
  - (1) A representative from the United States Department of Veterans Affairs;
  - (2) A representative from each health insurer operating in the State, including TRICARE;
  - (3) A representative from each health care system operating in the State, including but not limited to The Queen's Health Systems, Hawaii Pacific Health, Kaiser Permanente Hawaii, federally qualified health centers, Native Hawaiian health centers, and Tripler Army Medical Center;
  - (4) A representative from the American Lung Association;
  - (5) A representative from the American Cancer Society;
  - (6) A representative from the Hawaii Primary Care Association;
  - (7) At least one representative from an organization representing health care providers with relevant expertise on lung cancer screening; and
  - (8) Any other members, including representatives from state agencies, stakeholders, or advocates, as recommended by a majority of the task force.
- (d) The task force shall select a chairperson from among the members listed in subsection (b).
- (e) Members of the task force shall serve without compensation but shall be reimbursed for expenses, including travel expenses, necessary for the performance of their duties.
- (f) The task force shall:
  - (1) Review all available research, studies, and models for increasing early lung cancer screening rates in the State;
  - (2) Conduct or initiate new studies as it deems necessary; and
  - (3) Create a public awareness campaign to inform Hawaii residents about early lung cancer screening.
- (g) The task force may contract with consultants to conduct studies as it deems necessary for the purpose of recommending an early lung cancer screening program and funding mechanism. Any contract executed pursuant to this Act shall be exempt from chapter 103D, Hawaii Revised Statutes; provided that the early lung cancer screening task force shall ensure transparency when executing the contract.
- (h) The task force shall submit an interim report of its findings and recommendations, including any proposed legislation, to the legislature no later than twenty days prior to the convening of the regular session of 2023.
- (i) The task force shall submit a final report of its findings and recommendations, including any proposed legislation, to the legislature no later than July 31, 2023. The report shall include:
  - (1) An analysis of the costs associated with early lung cancer screening;
  - (2) A list of qualified facilities in the State that perform lung cancer screenings;
  - (3) Protocols for health care providers and health care systems to identify populations at high risk for lung cancer;
  - (4) An explanation of how health care providers are made aware of available insurance coverage for early lung cancer screenings;
  - (5) Copies of guidelines used by health insurance providers to determine coverage for early lung cancer screening;
  - (6) A discussion of cultural and social barriers associated with lung cancer screenings;

- (7) Policy recommendations for increasing early lung cancer screenings; and
- (8) A work plan that identifies the steps needed in the next five years to increase lung cancer screenings in the State.
- (j) The task force shall cease to exist on July 31, 2023.

**SECTION 3.** There is appropriated out of the general revenues of the State of Hawaii the sum of \$250,000 or so much thereof as may be necessary for fiscal year 2022-2023 for the early lung cancer screening task force to carry out its activities pursuant to this Act.

The sum appropriated shall be expended by the department of health for the purposes of this Act.

**SECTION 4.** This Act shall take effect on July 1, 2022.

(Approved June 27, 2022.)