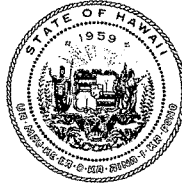


LINDA LINGLE  
GOVERNOR

JAMES R. AIONA, JR.  
LT. GOVERNOR



KURT KAWAFUCHI  
DIRECTOR OF TAXATION

SANDRA L. YAHIRO  
DEPUTY DIRECTOR

STATE OF HAWAII  
DEPARTMENT OF TAXATION  
P.O. BOX 259  
HONOLULU, HAWAII 96809

PHONE NO: (808) 587-1510  
FAX NO: (808) 587-1560

**HOUSE COMMITTEES ON FINANCE  
TESTIMONY REGARDING HB 1732  
RELATING TO STATE FINANCES**

**TESTIFIER: KURT KAWAFUCHI, DIRECTOR OF TAXATION (OR DESIGNEE)**  
**DATE: FEBRUARY 26, 2009**  
**TIME: 12:00PM**  
**ROOM: 308**

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This bill directs certain tobacco taxes to the general fund that were previously directed to special funds.

The Department of Taxation (Department) **recommends passing this measure to keep discussions continuing regarding the state's revenues.**

While recognizing that the programs directly supported by tobacco taxes may be worthwhile, the effect of funding these programs through a special fund is to grant these programs a super-priority status over all other programs or expenses of the State, as they do not need to compete for general fund allocations. During these tough economic times, the Department encourages this committee to review these directly funded programs against the programs and expenses supported by the general fund. If these directly funded programs have less priority in the eyes of the committee than programs competing for general fund allocations, the Department encourages the committee to abolish the special funds and provide for the programs through general fund allocations as appropriate.

**REVENUE GAIN**—This legislation will result in a revenue gain to the general fund of \$12.8 million for FY10, \$20.2 million for FY11, \$23.6 million for FY12, \$24.2 million for FY13, \$24.2 million for FY14, and \$12.1 million for FY15.

TESTIMONY BY GEORGINA K. KAWAMURA  
DIRECTOR, DEPARTMENT OF BUDGET AND FINANCE  
STATE OF HAWAII  
TO THE HOUSE COMMITTEE ON FINANCE  
ON  
HOUSE BILL NO. 1732

February 26, 2009

RELATING TO STATE FINANCES

House Bill No. 1732 temporarily diverts portions of the cigarette tax from the Emergency Medical Services Special Fund, the Trauma System Special Fund, and the Hawaii Cancer Research Special Fund to the general fund.

We support moving this bill forward to foster continued discussions. During these difficult times and considering the grave fiscal condition we are facing, all options must be kept open. While it is recognized that this bill may be unpopular, we will need to make difficult decisions to address our budget shortfall and ensure the fiscal health of our State. We defer to the affected departments regarding specific programmatic and fiscal impacts of this bill.

It is estimated that this bill would increase the amount of revenues to the general fund by \$12.8 million (Fiscal Year 2010), \$20.2 million (Fiscal Year 2011), \$23.6 million (Fiscal Year 2012), \$24.2 million (Fiscal Year 2013), \$24.2 million (Fiscal Year 2014) and \$12.1 million (Fiscal Year 2015).

LINDA LINGLE  
GOVERNOR OF HAWAII



CHIYOME LEINAALA FUKINO, M.D.  
DIRECTOR OF HEALTH

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

In reply, please refer to:  
File:

**Committee on Finance**

**HB 1732, RELATING TO STATE FINANCES**

**Testimony of Chiyome Leinaala Fukino, M.D.  
Director of Health**

**Thursday, February 26, 2009  
12:00 p.m.**

1 **Department's Position:** The Department of Health offers comments on the impact of this measure.

2 **Fiscal Implications:** As indicated below.

3 **Purpose and Justification:** Considering the grave fiscal condition of our State, we understand the  
4 desire of this measure to ensure the continued delivery of critical services statewide. We take no  
5 position at this time and offer the following information.

6 **EMERGENCY MEDICAL SERVICES SPECIAL FUND**

7 We believe that emergency medical services provided statewide are critical services that should  
8 be maintained. We prepared the budget request for FB 2009-2011 considering the revenue collections  
9 projected to be added to the Emergency Medical Services Special Fund from tobacco tax revenues  
10 collected under chapter 245, Hawaii Revised Statutes. Should HB1732 be enacted in its present form,  
11 the following loss (-) in revenue distribution to the Emergency Medical Services Special Fund is  
12 projected (not including loss of investment pool interest):

13	-\$4,705,336 (FY 2010)	-\$9,410,672 (FY 2011)	-\$12,886,540 (FY 2012)
14	-\$13,635,340 (FY 2013)	-\$13,635,340 (FY 2014)	-\$13,635,340 (FY 2015)

15 The budget request for FB 2009-2011 includes a request to increase the Emergency Medical  
16 Services Special Fund ceiling \$1,195,725 in FY 2010 and \$2,295,655 in FY 2011 to meet funding

1 requirements for contracting agencies providing critical emergency ambulance services on the islands of  
2 Hawaii, Kauai, Maui, Molokai, and Lanai. The budget request does not include cost increases for  
3 collective bargaining for BU 03, BU 10, and BU 13 type employees.

4 If HB1732 is enacted in its present form, repealing the distribution of a portion of the tobacco tax  
5 revenues into the emergency medical services special fund established pursuant to section 321-234,  
6 Hawaii Revised Statutes, the result is a projected shortage of \$1,061,011 in FY 2010 and a shortage of  
7 \$3,883,555 in FY 2011. These amounts are necessary to fully encumber the required contracts for  
8 emergency medical services. The shortage projection does not include cost increases for collective  
9 bargaining for BU 03, BU 10, BU 11 (FY 2012), and BU 13 type employees.

#### 10 TRAUMA SYSTEM SPECIAL FUND

11 We believe that trauma services are critical to patient care and outcomes. A statewide  
12 comprehensive trauma system is currently under development and must be maintained. The Trauma  
13 System Special Fund (TSSF) was created to provide resources for the development of a statewide  
14 comprehensive trauma system. Once fully developed, the system will provide improved care for injured  
15 patients that will not only save lives and prevent disabilities, but also save considerable costs to society  
16 for medical care and lost productivity. Many hospitals are experiencing financial difficulties and will  
17 not be able to improve trauma services without State support that is substantive and dependable. A large  
18 portion of the funds will benefit hospitals and physicians in rural communities who struggle to maintain  
19 adequate health services. Diverting money from the TSSF will significantly compromise the provision  
20 of optimal care for injured patients, ultimately resulting in increased costs to the State.

21 We prepared the budget request for FB 2009-2011 considering the initial appropriation ceiling  
22 \$6,882,307 and the revenue collections projected to be added to the TSSF from tobacco tax revenues  
23 collected under chapter 245, Hawaii Revised Statutes. Should HB1732 be enacted in its present form,

1 the following loss (-) in revenue distribution to the TSSF is projected (not including loss of investment  
2 pool interest):

3 -\$3,956,536 (FY 2010)	-\$5,504,938 (FY 2011)	-\$5,624,823 (FY 2012)
4 -\$5,684,815 (FY 2013)	-\$5,684,815 (FY 2014)	-\$5,684,815 (FY 2015)

5 If HB1732 is enacted in its present form, reducing the distribution of a portion of the tobacco tax  
6 revenues into the TSSF established pursuant to section 321-22.5, Hawaii Revised Statutes, beginning on  
7 October 1, 2009 the result is projected to be a shortage of \$3,355,439 in FY 2010 and a shortage of  
8 \$2,151,471 in FY 2011, necessary to fully sustain the continued development of a statewide  
9 comprehensive trauma system. The shortage projection does not include cost increases for collective  
10 bargaining for BU 09 and BU 13 type employees.

11 This shortage projection also does not account for delays in monthly deposits of collections or  
12 diminishing collections in addition to the effects of this measure. It is known that deposits of collections  
13 have sometimes lagged two months and that other proposed measures (i.e. HB 1733, HB 1734, HB1740)  
14 may have an additional negative impact on the availability of TSSF and Emergency Medical Services  
15 Special Funds.

16 Thank you for the opportunity to testify.



# UNIVERSITY OF HAWAII SYSTEM

## Legislative Testimony

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### Testimony Presented Before the House Committee on Finance

February 26, 2009 at 12:00 pm

By  
Virginia S. Hinshaw, Chancellor  
And  
Michele Carbone, M.D., Ph.D.  
Interim Director, Cancer Research Center of Hawai'i  
  
University of Hawai'i at Mānoa

### HB 1732 RELATING TO STATE FINANCES

Chair Oshiro, Vice Chair Lee and Members of the Committee:

Thank you for the opportunity to testify on HB 1732, which proposes to transfer certain earmarked amounts from the Cancer Special Fund to the State General Fund. We oppose this measure because House Bill 1732 will significantly reduce the anticipated fund revenues by 25% and will negatively impact the efforts of the University to proceed with development activities related to the Cancer Research Center of Hawai'i.

The Cancer Center is at a critical juncture of its existence and is undertaking a number of activities to ensure that it can continue as one of only 63 National Cancer Institute (NCI) designated Cancer Centers and to proceed with its goal to gain Comprehensive Cancer Center designation. These activities include:

- Recruitment of additional funded investigators to increase its grant funding base and fulfill programmatic requirements for NCI designation.
- Partnering with the community of health care providers in the State of Hawai'i to develop a matrix system of cancer care delivery that will rely on the Cancer Center's strengths in research and utilize the existing clinical facilities in the community.
- Construction of a new, state-of-the-art research facility that will properly support its current faculty and provide additional space to attract the quality of researchers required for the growth of the Center.

In just the past several months, the Cancer Center has succeeded in bringing together the major hospitals to support the matrix model of cancer care delivery and pledge their cooperation in moving forward. In conjunction with that agreement an international conference of translational cancer research was hosted by the Cancer Center, John A. Burns School of Medicine, Queen's Medical Center, Hawai'i Pacific Health and Kuakini Health System that attracted leaders in the field of cancer biology along with 2008 Nobel Prize laureate, Dr. Harald zur Hausen. The event served to raise awareness of the quality of cancer research occurring in Hawai'i and to demonstrate the commitment by all the partners to attract translational researchers to join the Cancer Center in its efforts.

The University of Hawai'i at Mānoa administration and our Board of Regents have also recognized the renewed momentum in moving the Center forward by resolving to act quickly to secure a site and development agreement for construction of the new research facility. All of this activity is dependent on a consistent revenue stream that is currently provided by the tobacco tax special fund.

The proposed reduction of anticipated revenues under House Bill 1732 would negatively impact the efforts of the University to proceed with development activities as outlined. During the next three years we anticipate expenditures of approximately \$52 million to pay for:

1. The leasing and operations of transitional facilities prior to the completion of a new center.
2. Start-up expenses and salaries for the new faculty we are attempting to attract.
3. Development costs for the new building prior to financing by the developer or bond issuance.

UH Mānoa and our Cancer Research Center would like to build on the recent and real momentum generated in fostering this valuable resource for the health care needs of the people of Hawai'i and request access to the full allocation of the tobacco funds for that purpose. Thank you for the opportunity to express our views on this measure.

# TAXBILLSERVICE

126 Queen Street, Suite 304

TAX FOUNDATION OF HAWAII

Honolulu, Hawaii 96813 Tel. 536-4587

SUBJECT: TOBACCO, Repeal or reduce disposition of tobacco tax revenue

BILL NUMBER: HB 1732

INTRODUCED BY: Say

BRIEF SUMMARY: Amends HRS section 245-15 to: (1) suspend the distribution of 0.25 cents per cigarette to the emergency medical services special fund from July 1, 2009 to June 30, 2015; (2) provide that after September 30, 2009, 1.5 cents, rather than 2 cents per cigarette, shall be deposited to the credit of the Hawaii Cancer Research special fund and 0.25 cents, rather than 0.75 cents per cigarette, shall be deposited to the credit of the trauma system special fund; (3) provide that after September 30, 2010, 1.5 cents, rather than 2.0 cents per cigarette, shall be deposited to the credit of the Hawaii Cancer Research special fund and 0.5 cents, rather than 1.0 cents per cigarette, shall be deposited to the credit of the trauma system special fund; (4) provide that after September 30, 2011, 1.5 cents, rather than 2 cents per cigarette, shall be deposited to the credit of the Hawaii Cancer Research special fund and 1.0 cents, rather than 1.5 cents per cigarette, shall be deposited to the credit of the trauma system special fund.

This act shall be repealed on June 30, 2015.

EFFECTIVE DATE: Upon approval

STAFF COMMENTS: The proposed measure would temporarily suspend the earmarking of tobacco tax revenue collected on cigarettes to the emergency medical service special fund and reduce the amount earmarked to the Hawaii Cancer Research special fund and the trauma system special fund. Since this measure decreases the earmarking of tobacco tax revenue for the various special funds, more tobacco tax revenue will be deposited into the general fund.

It should be remembered that since moneys earmarked for the various programs are based on a percentage, the absolute dollar amount allocated for the stated purposes will fluctuate depending on the amount of revenues available. In addition, it is questionable whether the amounts earmarked are sufficient to fund the stated programs. If they are not sufficient, will the percentage of earmarking be increased to generate additional revenues in subsequent years?

Further, since the amounts of monies allocated are based on a percentage, this "automatic funding" mechanism would provide funds for the various special funds without legislative oversight. Rather than perpetuating the automatic funding mechanism, consideration should be given to subjecting requests for the various programs to the legislative appropriation process. This will insure adequate funding for programs as well as return oversight to the allocation of resources to the specific program. With earmarking, this oversight is lost as funds flow freely into the designated program with little accountability as to how the money is being spent and whether or not the desired goals are achieved.

While the measure provides that it shall be repealed on June 30, 2015, it is questionable whether the language amended by this measure would be reenacted in the form in which it read prior to the date of enactment as the measure contains no such directive.

Digested 2/25/09





# THE QUEEN'S MEDICAL CENTER

1301 Punchbowl Street • Honolulu, Hawaii 96813 • Phone (808) 538-9011 • FAX: (808) 547-4646 • www.queens.org

Representative Marcus Oshiro, Chair  
House Committee on Finance

Thursday, February 26, 2009; 12:00 PM  
State Capitol, Conference Room 308

## Re: HB 1732 – RELATING TO STATE FINANCES

Chair Oshiro, Vice Chair Lee, and Members of the Committee:

My name is Art Ushijima, CEO of The Queen's Health Systems and The Queen's Medical Center (Queen's), testifying on House Bill 1732, which transfers temporarily until 06/30/2015 by reduction or deletion of certain earmarked amounts from the cigarette tax back to the state general fund. **Queen's is opposed, specifically, to the proposed reduced distribution into the trauma system special fund.**

Hospitals that provide care to trauma patients – as well as the Department of Health and the Healthcare Association of Hawaii – collaborated three years ago to support the creation of the trauma system special fund. This fund was created to offer support to all Hawaii hospitals that provide care to trauma patients.

As the heart of the State's trauma care system, Queen's maintains a full complement of specialists, surgeons and clinicians, 24 hours a day, 365 days a year to immediately respond to trauma patients arriving in our Emergency Room. We provide care for the vast majority of trauma patients on Oahu, as well as more serious trauma patients transferred in from the neighbor islands because of the lack of trauma centers elsewhere in the State. The Queen's Emergency Room sees between 12,000-15,000 patients with trauma-related injuries each year. The pressure on hospitals is exacerbated by the high cost of providing care to these patients, who are often very critical and require extensive support.

In 2006, the Hawaii Legislative Reference Bureau published a report, "On-Call Crisis in Trauma Care: Government Responses," which details the causes of the on-call physician specialist shortage and the increasing challenges that trauma care providers are experiencing. It concludes that, *"the rationale for public support of uncompensated trauma services is the same as for critical police and fire services; a trauma system is a necessary public service that ought to be publicly supported."* To that end, legislatures in many other states have seen fit to support their trauma systems.

While this measure seeks to temporarily reduce disbursements into the trauma system special fund, it also preserves a modified funding stream and acknowledges the importance of sustaining the highest quality of trauma care in Hawaii. Queen's wholly appreciates the Legislature's budgetary challenges in light of the State's economic outlook; however, we respectfully request that HB 1732 be amended to mitigate impact to the trauma system special fund and all hospitals that provide care to the hundreds of Hawaii residents, visitors, and military personnel that are injured to a degree of severity that classifies them as "trauma victims."

Thank you for the opportunity to testify.

February 24, 2009

Hearing: House Finance Committee  
February 26, 2009, at 12:00 Noon  
Room 308

Re: HB 1732 Testimony in Opposition

Dear Chair Oshiro:

I am a cancer survivor and volunteer for the American Cancer Society. Five years ago I participated in a clinical trial that was coordinated by the Hawaii Cancer Research Center. Needless to say it saved my life.

We need a new cancer research center there is still much to be done. I am completely opposed to reducing the cigarette tax allocation from 2 cents to 1.5 cents for the next 6 years. I have seen too many of my friends and family members battle cancer and too many have lost.

I am also opposed to reducing the tax allocations for our emergency medical services and the trauma system.

**Please do not move this bill forward.** We need to have a new cancer research center, and we also need to make sure that we have a sustainable health safety net that includes the cancer research center and emergency medical services.

Thank you,  
Douglas Lent  
Turner Street  
Wahiawa

1221 Victoria Street, Apt. 3105  
Honolulu, Hawaii 96814  
February 25, 2009

Hearing: House Finance Committee  
February 26, 2009, at 12:00 Noon  
Room 308

**Re: HB 1732 Testimony in Opposition**

Dear Chair Oshiro:

I am writing to voice my opposition to HB 1732, which would divert a half cent from the two-cents per dollar portion of the tobacco tax money that goes to the Cancer Research Center of Hawaii (CRCH). As a 35-year volunteer for the American Cancer Society and current Chair of the Board of American Cancer Society Hawaii-Pacific, Inc., I know how important CRCH is to the well-being of Hawaii and how important the tobacco tax money is to CRCH.

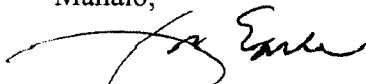
CRCH is one of only 63 National Cancer Institute designated cancer centers in the nation. NCI designation is a significant factor in the center's ability to attract grant money, and grant money, in turn, is necessary for CRCH to perform its essential functions. CRCH has been struggling to maintain its NCI designation, and a new building for CRCH is essential. Under the able and creative leadership of Acting Director Dr. Michele Carbone, who took the helm of CRCH late last year, groundbreaking agreements have been forged between CRCH and Hawaii Pacific Health, Kaukuni Health System and The Queen's Medical Center to partner in bringing top caliber cancer researchers to Hawaii. NCI has given a reprieve to 2010 to meet its requirements. That means that construction of a new CRCH facility cannot be delayed. This is what CRCH's earmarked portion of the cigarette tax is intended to fund.

As serious as the State's budgetary issues are, and no one questions that they are, it would be unconscionable to redirect any portion of the CRCH tobacco funds. Cancer is a non-partisan, equal opportunity, life-threatening disease that is at the very least life-altering, for the patient and his or her family, friends, employers and co-workers. The ability to get state-of-the-art cancer treatment in Hawaii and to participate in clinical trials in Hawaii is priceless. It is essential to Hawaii residents who have cancer or who will be diagnosed with cancer – and statistically, that could be any of us.

It is really important – really, really important – that CRCH continue to receive its full cigarette tax allocation. Please do not take tobacco tax money away from Hawaii's health care system, including not only CRCH but also our emergency medical system and the trauma system, to augment the State budget. It would be a false and very destructive savings.

Please do not move this bill forward.

Mahalo,



Jacqueline Earle

February 24, 2009

Hearing: House Finance Committee  
February 26, 2009, at 12:00 Noon  
Room 308

**Re: HB 1732 Testimony in Opposition**

Dear Chair Oshiro:

Our Cancer Research Center has saved many lives through clinical trials. It has also helped to reduce the suffering that individuals undergo as a result of having cancer.

If the CRCH is allowed to grow, it will attract more researchers, additional grants and most importantly continue to save the lives of our family members, friends and co-workers in our state.

There is still much to be done. I am completely opposed to reducing the cigarette tax allocation from 2 cents to 1.5 cents for the next 6 years. I have seen too many of my friends and family members battle cancer and too many have lost.

I am also opposed to reducing the tax allocations for our emergency medical services and the trauma system.

**Please do not move this bill forward.** While I realize that Hawaii is facing an economic downturn, cutting funding for the Cancer Research Center is simply not an option.

We need to have a new cancer research center, and we also need to make sure that we have a sustainable health safety net that includes the cancer research center and emergency medical services.

**WE MUST FIND A CURE FOR CANCER.**

Thank you,

Beverly Wong  
3522 Ala Aloalo Place  
Honolulu, Hawaii 96818

February 25, 2009

Hearing: House Finance Committee  
February 26, 2009, at 12:00 Noon  
Room 308

**Re: HB 1732 Testimony in Opposition**

Dear Chair Oshiro & Committee Members:

**My late sister died of cancer in 2006 and was involved in clinical trials. I also lost my first husband to colon cancer. I am a volunteer for the American Cancer Society.**

**Although it is too late for my sister Lucinda Molloy and my husband Glenn Shimada, the wonderful research being conducted by the Hawaii Cancer Research Center will make a difference for many other patients.**

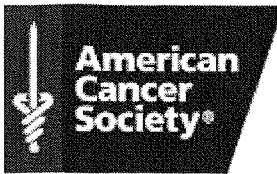
I am completely opposed to reducing the cigarette tax allocation from 2 cents to 1.5 cents for the next 6 years. My present husband suffers from COPD due to smoking which he feels is highly addictive. If the cost of cigarettes had been higher, it may have saved him from this terrible disease also.

I am also opposed to reducing the tax allocations for our emergency medical services and the trauma system.

**Please do not move this bill forward.** We need to have a new cancer research center, and we also need to make sure that we have a sustainable health safety net that includes the cancer research center and emergency medical services.

Sincerely,

Jennifer S. Hausler  
1429 Kuloko St.  
Pearl City, HI 96782



February 25, 2009

Committee on Finance  
Representative Marcus Oshiro, Chair  
Representative Marilyn Lee, Vice Chair

**Hearing:**

12:00 P.M., Thursday, February 26, 2009  
Hawaii State Capitol, Room 308

**RE: HB1732, Relating to State Finances**

**TESTIMONY IN STRONG OPPOSITION**

Good afternoon Chair Oshiro, Vice Chair Lee, and members of the Committee on Finance. Thank you for the opportunity to testify in strong opposition to HB1732, which until June 2015, temporarily transfers by reduction or deletion certain earmarks from the cigarette tax back to the general fund.

The American Cancer Society Hawaii Pacific Inc., was founded in 1948, and is a community-based, voluntary health organization dedicated to eliminating cancer as a major health problem by preventing cancer, saving lives, and diminishing suffering from cancer, through research, education, advocacy, and service. This mission is consistent with the Society's ambitious 2015 goals of slashing the cancer mortality rate by 50%, reducing the incidence of cancer by 25%, and improving the quality of life of cancer patients and survivors by reducing the pain and suffering that cancer causes.

Three years ago the American Cancer Society strongly supported legislation that raised the cigarette tax in Hawaii and allocated a portion of the new revenues into the Hawaii Cancer Research Special Fund for a new CRCH research facility in Kakaako, and operating expenses.

Last week, on February 18<sup>th</sup>, our Chief Medical Officer, Dr. Mark Clanton testified before this committee on HB1730, and in no uncertain terms expressed the concern that if cigarette tax revenues were replaced and substituted with general obligation bonds there would be a strong possibility that the cancer research center could lose its NCI-designation, which would put in jeopardy the future existence of the cancer research center.

Although this bill would reduce the amount of future cigarette tax being deposited into the cancer research special fund by  $\frac{1}{2}$  ¢ per cigarette, it would if projected over a period on one year (using the 2008 cigarette tax collection figures) reduce the yearly total by 25% or \$4.4 million annually.

**Our cancer research center was established in 1981, and is now 28 years old. Because of it**

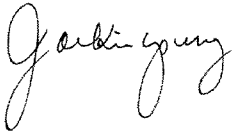
**thousands of lives have been saved, and the suffering that individuals undergo as a result has been reduced. Let's not throw all this away for a budget expedient.**

If CRCH is allow to continue to grow it will attract more researchers, additional grants, and most important of all continue to save the lives of co-workers, friends, and family members.

**The American Cancer Society is asking this committee to vote to save lives and defer this measure.**

Mahalo for giving me the opportunity to provide testimony regarding our concerns and anxieties over this difficult issue.

Very truly yours,

A handwritten signature in cursive script that reads "Jackie Young".

Jackie Young, Ph.D.  
Chief Staff Officer for Mission

February 25, 2009

Hearing: House Finance Committee  
February 26, 2009, at 12:00 Noon  
Room 308

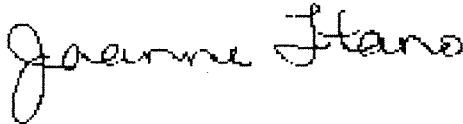
**Re: HB 1732 Testimony in Opposition**

Dear Chair Oshiro:

I oppose the reduction in tax that supports the Cancer Research Center of Hawai'i. As a cancer nurse and volunteer for the American Cancer Society, I am well aware of the impact of cancer on the citizens of Hawai'i. The Cancer Research Center of Hawai'i is one of few cancer centers that hold a comprehensive cancer center designation from the National Cancer Institute. Its role in cancer research is essential because of the diverse population of Hawai'i. This center plays a pivotal role in the treatment of cancer in Hawai'i in research and in clinical trials

I do not support HB 1732.

Thank you,

A handwritten signature in cursive script that reads "Joanne Itano". The signature is written in black ink and is positioned above the printed name.

Joanne Itano



## FINTestimony

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Wednesday, February 25, 2009 8:26 AM  
**To:** FINTestimony  
**Cc:** erin.moncada@cancer.org  
**Subject:** Testimony for HB1732 on 2/26/2009 12:00:00 PM

Testimony for FIN 2/26/2009 12:00:00 PM HB1732

Conference room: 308  
Testifier position: oppose  
Testifier will be present: No  
Submitted by: Erin Moncada  
Organization: Individual  
Address: Hale Manu Drive Hilo, HI  
Phone: 8083335829  
E-mail: [erin.moncada@cancer.org](mailto:erin.moncada@cancer.org)  
Submitted on: 2/25/2009

### Comments:

As a cancer survivor and staff director of the American Cancer Society Hawaii Pacific, I strongly oppose reduction of the cigarette tax revenue going to Cancer Research Center. One third of all cancer deaths are attributable to tobacco. Using cigarette tax monies to fund cancer research here in Hawaii is critical to the health of our citizens and provides hope to the thousands on our islands who have been or will be diagnosed with cancer.