



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

In reply, please refer to:
File:

HOUSE COMMITTEE ON FINANCE
HB0407,HD1, RELATING TO CANCER

Testimony of Loretta J. Fuddy, A.C.S.W., M.P.H.
Director of Health

February 21, 2013
11:00 AM, Room 308

1 **Department's Position:** The Department of Health (DOH) supports HB0407,HD1 provided that its
2 passage does not adversely 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 2013-2014 and the same sum or so much thereof as may be
5 necessary for fiscal year 2014-2015 for the Breast and Cervical Cancer Control Program (BCCCCP) to
6 the DOH.

7 **Purpose and Justification:** The DOH recognizes the value of screening and early detection. The
8 Department currently provides critical breast and cervical cancer early detection services through the
9 BCCCCP. The program is federally funded for \$1.1 million through a cooperative agreement with the
10 Centers for Disease Control and Prevention (CDC) and serves approximately 1,200 high-risk women
11 annually. Since 1997, the program detected 231 incidents of breast cancer and 141 pre-cancerous
12 conditions and cancers of the cervix. CDC estimates that funded states are serving 14.3% of eligible
13 women age 40-64 years for breast cancer and 8.7% of eligible women for cervical cancer through the
14 national program; and more women are in need of lifesaving screening, diagnosis and treatment

1 services. The DOH, BCCCP provides low-income, uninsured, and underserved women access to timely,
2 high quality screening and diagnostic services to detect breast and cervical cancer at the earliest stages
3 and refer women with cancer or pre-cancerous conditions to treatment. The program's priority
4 population includes Native Hawaiian, Filipino and other Asian/Pacific Island women. Women served
5 by the program are typically rarely or have never been screened, are medically underserved, and have
6 higher morbidity and mortality rates than other women. Early detection of cancer greatly reduces
7 treatment costs and increases survival rates.

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

15 Thank you for the opportunity to testify.



HAWAII MEDICAL ASSOCIATION

1360 S. Beretania Street, Suite 200, Honolulu, Hawaii 96814
Phone (808) 536-7702 Fax (808) 528-2376 www.hmaonline.net

DATE: Thursday, February 21, 2013
TIME: 11:00 A.M.
PLACE: Conference Room 308
State Capitol
415 South Beretania Street

To:
COMMITTEE ON FINANCE
Rep. Sylvia Luke, Chair
Rep. Scott Y. Nishimoto, Vice Chair
Rep. Aaron Ling Johanson, Vice Chair

From: Hawaii Medical Association
Dr. Steven Kemble, MD, President
Dr. Linda Rasmussen, MD, Legislative Co-Chair
Dr. Joseph Zobian, MD, Legislative Co-Chair
Dr. Christopher Flanders, DO, Executive Director
Lauren Zirbel, Community and Government Relations

Re: HB 407 RELATING TO CANCER

In Support.

Chairs & Committee Members:

Hawaii Medical Association supports this measure.

The HMA supports the purpose of this Act, which is to appropriate funds for the comprehensive breast and cervical cancer control program to continue its valuable services of screening, educating, and providing treatment as necessary, and conducting outreach on breast and cervical cancer.

Mahalo for the opportunity to provide this testimony.

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[HB 407, HD1](#)

[\(HSCR427\)](#)

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RELATING TO CANCER.

Appropriates funds to the Department of Health for the Comprehensive Breast and Cervical Cancer Control Program. Effective July 1, 2050.

SUPPORT A CURE BUT NOT A WASTE OF MONEY AND TIME.

The high rate of success with breast cancer depends upon early detection. The cancer must be found at stage zero before a real cancer develops. Then 30% cured before they developed cancer go on to develop cancer again.

I am in full support of CURING CANCER but the MD's have no cure. Naturopathic Physicians and Alternative MD Cancer Clinics have better health care outcomes and statistics. Many people will actually be cured. Naturopathic Patients live longer and feel better. Even with chemo the chemo is more effective against the Cancer and the Patient has less toxic untoward effects. [These are not side effects but the primary effect of the Poison used as poison.]

With the very first treatment a previously otherwise health patient is having a near death experience.

This medical program will have the same disastrous outcomes as all the other toxic AMA medical treatments.

If you want any progress at all in Cancer or if you want to CURE CANCER, you need to PAY ME and GIVE ME THE MEDICAL SUPPORT AND FACILITIES.

Naturopathic Physicians have lots of Cures for Cancer; medical doctors have none.

I know what is sick in cancer and I know what to do to make that dysfunction Well.

By the way, YES, marijuana also has been shown to CURE CANCER.



H.B. 407, HD1 RELATING TO CANCER
February 21, 2013, 11:00 a.m.
Room 308

Thank you for the opportunity to provide testimony in strong support for H.B. 407, Relating to Cancer. My name is Debra Ishihara-Wong, Director of Oncology Services with The Queen's Medical Center. 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-fourth 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. The program serves approximately 1,200 women per year through 12 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 449 eligible women, 150 (33%) being Native Hawaiian, and 18 (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.

The Centers for Disease Control and Prevention (CDC) estimates that funded states of the BCCCP are serving 12.5% of eligible women age 40-64 years for breast cancer and 8.5% of the eligible women age 21-64 for cervical cancer through the national program; and more women are in need of life saving screening diagnosis and treatment services.

Our healthcare system is changing. In 2014, the Affordable Care Act will provide women with greater access to preventative cancer screenings and treatment services, such as mammograms and pap tests. However, gaps will remain for women who are uninsured or underinsured. It is estimated that over 10,985 women will continue to lack access to cervical cancer screenings, and 4,639 women will lack access to breast cancer screenings in Hawai'i after 2014. Moreover, even with full implementation of the Affordable Care Act, only one in three eligible women will be able to get their mammograms due to lack of funding.

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 in reaching more women, particularly among those populations experiencing a disproportionate cancer burden through appropriated funding.

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



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

House Committee on Finance
Representative Sylvia Luke, Chair
Representative Scott Nishimoto, Vice Chair
Representative Aaron Ling Johanson, Vice Chair

Hearing: February 21, 2013; 11:00 a.m.

HB 407, HD 1 – 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 407, HD 1, which appropriates state funding for the breast and cervical cancer screening 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.

What is the Breast and Cervical Cancer Early Detection Program?

In the United States, breast and cervical cancer early detection testing is available for low-income, underserved, under-insured, and uninsured women through the Breast and Cervical Cancer Early Detection Program (BCCEDP). This program was created by the Centers for Disease Control and Prevention in 1991. It provides screening support in all 50 states, the District of Columbia, 5 US territories, and 12 American Indian/Alaska Native tribes or tribal organizations.

Screening services are mainly offered through non-profit groups and local health clinics. Through these BCCEDP partners, women without health insurance, or with insurance that does not cover these tests, can get breast and cervical cancer testing for free or at very low cost.

The need for additional funding

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 American women with greater access to preventative evidence-based cancer screenings and treatment services by ensuring all women in new health plans will have access to mammograms and pap tests at no cost. However, gaps will still remain for women who are uninsured or underinsured. According to a new study completed by the George Washington University, it is estimated that over 10,985 women will continue to lack access to cervical cancer screenings, and 4,639 women will lack access to breast cancer screenings in Hawaii after 2014.

Providing additional 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. Thank you for the opportunity to provide testimony on this important issue.