



STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES

P. O. Box 339
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February 12, 2013

TO: The Honorable David Y. Ige, Chair
Senate Committee on Ways and Means

FROM: Patricia McManaman, Director

SUBJECT: **S.B. 199, S.D. 1 - RELATING TO THE COLORECTAL CANCER
SCREENING PILOT PROGRAM**

Hearing: Thursday, February 14, 2013; 9:05 a.m.
Conference Room 211, State Capitol

PURPOSE: The purpose of this bill is to establish a two-year Hawaii colorectal cancer screening pilot program modeled after the State's Comprehensive Breast and Cervical Cancer Control Program to educate, train and improve skills of health care professionals in the detection of colorectal cancer, screen and provide appropriate case management and referrals for treatment of individuals screened through the program.

DEPARTMENT'S POSITION: The Department of Human Services (DHS) appreciates the intent of the bill but has concerns. The breast and cervical cancer control program that limits treatment to an individual who are 1) resident aliens of Hawaii who are not eligible for Medicaid; or 2) would be eligible under Medicaid except that the person has health care coverage that specifically does not provide coverage for cancer treatment, In contrast, the proposed

program would fund screening and treatment for individuals who may already have insurance but may seek services through the pilot program so they would not have to pay their share of cost. Although HRS §432:1-617 mandates that all individual and group hospital and medical service contracts providing health care coverage shall provide coverage for colorectal-cancer screening, it does not eliminate cost-sharing.

Screening and treatment for colorectal cancer is already a covered benefit under the federally matched and state-only funded Department of Human Services medical assistance programs.

Thank you for the opportunity to testify on this measure.



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Senate Committee on Ways and Means
Senator Josh Green, M.D., Chair
Senator Roz Baker, Vice Chair

SB 199, SD1 – Relating to the Colorectal Cancer Screening Pilot Program

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

Thank you for the opportunity to provide written comments in support of SB 199, SD1, which establishes a colorectal cancer screening pilot project.

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.

Colorectal cancer, often referred to as colon cancer, affects about 900 people in Hawaii each year. Colorectal cancer is a dangerous and deadly cancer because precancerous polyps and early-stage colorectal cancer don't always cause symptoms, especially at first. This means that someone could have polyps or colorectal cancer and not know it. That is why having a screening test is so important.

The purpose of this measure is to establish a program to screen for colorectal cancer for uninsured and underinsured individuals. Instead of creating a completely new program, this pilot program closely resembles the existing breast and cervical cancer screening program as a model.

Thank you for the opportunity to provide comments on this important issue.



S.B. 199, SD1 RELATING TO THE COLORECTAL CANCER SCREENING PILOT PROGRAM
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My name is Debra Ishihara-Wong, Director of Oncology Services at The Queen's Medical Center (QMC). QMC strongly supports S.B. 199, SD1 to establish a two-year Hawai'i colorectal cancer screening pilot program using the Hawai'i comprehensive breast and cervical cancer control program (BCCCP) as a model. A model which was established in 1997 to provide screening, education and outreach, and expanded in 2001 to provide coverage by the state Medicaid program for treatment costs of eligible women diagnosed through the BCCCP.

Colorectal cancer screening (like breast and cervical cancer screening) will be afforded to everyone by 2014 through the Affordable Care Act. However, just as current data indicates lack of access to breast and cervical cancer screenings for uninsured and underinsured, despite the national and state breast and cervical cancer control programs, it will likely be the same with colorectal cancer screenings.

Therefore, a two-year colorectal cancer screening pilot program will enable the Department of Health and its chronic disease partners, such as the Hawai'i Cancer Consortium, comprised of the University of Hawai'i's Cancer Center and John A. Burns School of Medicine, The Queen's Medical Center, Hawaii Pacific Health (i.e. Kapi'olani, Pali Momi, Straub, Wilcox), and Kuakini Medical Center, as well as insurers to support and commit their individual and synergistic resources and efforts for the benefit of Hawai'i's disparate populations.

Colorectal cancer, involving the colon or rectum, is second to lung cancer as a leading cause of cancer deaths, and equally common in men and women. In 2012, more than 143,000 new cases of colorectal cancers are estimated to be diagnosed in the U.S., with more than 51,000 people dying from the disease (ACS Cancer Facts and Figures 2012). In Hawaii, approximately 700 new cases of colorectal cancers are diagnosed each year, with approximately 240 deaths attributable to colorectal cancers (Hawaii Cancer Facts and Figures 2010, ACS 2012).

Screening tests can prevent the occurrence of colorectal cancers by allowing the detection and removal of pre-cancerous lesions (Hawaii Cancer Facts and Figures 2010). Survival from colorectal cancer is more than 90 percent when the cancer is diagnosed early, before it has extended beyond the intestinal wall. Yet, on average, only about 44 percent of the colorectal cancers diagnosed in Hawaii are at an early stage (Hawaii Cancer Facts and Figures 2010).

According to data from the National Cancer Institute's Cancer Intervention and Surveillance Modeling Network (CISNET), colorectal cancer mortality is significantly reduced with increased screening (an estimated 50 percent) and improved treatment (12 percent). A study by Henry Ford researchers that looked at 15,901 patients enrolled in open access

colonoscopy from 2006-2010, found that outcomes included fewer emergency room visits and inpatient stays. The data also notes that reductions in risk factors such as smoking contribute to a third less colorectal cancer deaths.

Since 2002, the University of Hawai'i's John A. Burns School of Medicine has received funding from the Hawaii Tobacco Trust Fund, currently at 28%. In 2011, QMC was awarded a two-year grant from the Hawaii Tobacco Trust Fund to develop and deliver tobacco cessation services to low socio-economic cancer patients, which is expanding to include all QMC patients. Additionally, as part of a national trend for open access colonoscopy to become the standard of care, QMC's Direct Referral Colonoscopy Program opened in October 2011.

Currently, the Centers for Disease Control and Prevention Colorectal Cancer Control Program provide funding to 25 states and four tribes across the United States. Hawaii is not one of the 25 funded states. However, other non-CDC funded states such as South Dakota, have established state-funded colorectal cancer screening programs through special funding appropriations, such as special license plate fees.

With the possibility of future government funding opportunities for colorectal cancer screening programs from entities such as the Centers for Disease Control and Prevention and the Affordable Care Act calling for free preventive health screenings that include colorectal cancer screening, Hawai'i has the opportunity capitalize on the BCCCP's successful model and established infrastructure, as well as leverage the existing funding mechanism to save lives.

The Queen's Medical Center strongly supports this measure and asks for your support in the fight against a cancer that IS preventable, treatable, and beatable.