



STATE OF HAWAII
DEPARTMENT OF HEALTH
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In reply, please refer to:
File:

HOUSE COMMITTEE ON HEALTH

SB0199SD2, RELATING TO THE COLORECTAL CANCER SCREENING PILOT PROGRAM

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

March 13, 2013
8:30 AM, Room 329

1 **Department's Position:** The Department of Health (DOH) supports SB0199SD2 provided that its
2 passage does not adversely impact priorities indicated in our Executive Budget.

3 **Fiscal Implications:** SD2 blanks out the appropriation. Given that the SD2 version of the bill deleted
4 the provision for screening and now only focuses on awareness and education, the Department
5 respectfully requests that the appropriation out of the general revenues, the sum of \$100,000 or so much
6 thereof as may be necessary for fiscal year 2013-2014 and the same sum thereof as may be necessary for
7 fiscal year 2014-2015 for establishment of the DOH, Hawaii Colorectal Cancer Screening Awareness
8 Pilot Program.

9 **Purpose and Justification:** The DOH recognizes the importance of screening and early detection in
10 cancer control. Colorectal cancer is the second leading cause of cancer death in Hawaii. Early detection
11 of colorectal cancer greatly reduces costs and increases survival rates. The DOH through the
12 Comprehensive Cancer Control Program will continue to work with partners, including the Department
13 of Human Services on the prevention and early detection of colorectal cancer.

14 Thank you for the opportunity to testify.



THE QUEEN'S HEALTH SYSTEMS

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S.B. 199, S.D. 2 RELATING TO THE COLORECTAL CANCER SCREENING PILOT PROGRAM
House Committee on Health
March 13, 2013, 8:30 a.m.
Room 329

The Queen's Medical Center (QMC) supports S.B. 199 S.D. 2 with reservations for the purpose of establishing 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. Our reservation is on the intent to delete the provision of colorectal cancer screenings.

This program would not fund screening or treatment for individuals who have insurance (as a means of circumventing their cost share obligation). This program would also not serve individuals who have coverage for colorectal-cancer screening or treatment through mandated individual or group hospital and medical service contracts.

However, similar to the initial start up of the Breast and Cervical Cancer Control Program, this program will enhance Department of Health colorectal cancer education efforts and provide screening only, not treatment, for uninsured individuals who do not have and/or are not eligible for medical/health insurance), such as Compact of Free Association migrants and Green Card holders who lack the required 5-year residency criteria for Medicaid.

According to the Affordable Care Act, colorectal cancer screening (like breast and cervical cancer screening) will be afforded to everyone by 2014. However, it is anticipated there will continue to be gap groups of uninsured who still lack access to colorectal cancer screenings, just as there continues to be gap groups of uninsured who lack access to breast and cervical cancer screenings despite the existing Breast and Cervical Cancer Mortality Prevention Act of 1990 and the Hawaii Breast and Cervical Cancer Control Program (BCCCP) established in 1997.

Point in fact, in October 2011 The Queen's Medical Center launched the Direct Referral Colonoscopy Program to increase colon cancer awareness and decrease the wait-time for a colonoscopy screening among average-risk patients age 50 and over. Since its inception, over 1,500 eligible patients have been screened with an alarming polyp (cancerous growth) detection rate of 72% and adenoma (non-cancer, but can become cancer) detection rate of 41%.

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. Trend data from the National Cancer Institute also supports the need for increased screening to reduce colon cancer mortality.

Therefore, a two-year colorectal cancer screening pilot program as originally proposed will enable the Department of Health and its chronic disease partners to demonstrate the feasibility and sustainability of a Hawaii Colorectal Cancer Control Program that is tailored after its successful BCCCP model and utilizes the existing infrastructure and funding mechanism.

The Queen's Medical Center supports this measure with reservations for the above-identified reasons and asks for your full support in establishing a two-year Hawai'i colorectal cancer screening pilot program to fight colorectal cancer, a cancer that IS preventable, treatable, and beatable.



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

SB 199, SD2 – 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.

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. This version does not have a screening component, instead only providing funding for an education and awareness program. The committee should consider the screening component of the original bill, which would have a larger impact on vulnerable populations than an education component alone.

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.

Hawaii has a colorectal cancer screening rate of 58.6% of all adults aged 50 and older, placing the state in the bottom half of all states nationally. We can do better. Thank you for the opportunity to provide comments on this important issue.