

LATE

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

In reply, please refer to:
File:

HOUSE COMMITTEE ON FINANCE

**SB0199SD2, RELATING TO THE COLORECTAL CANCER SCREENING
PILOT PROGRAM**

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

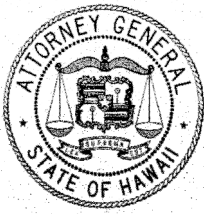
**April 1, 2013
2:00 PM, Room 308**

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.



**WRITTEN COMMENTS OF
THE DEPARTMENT OF THE ATTORNEY GENERAL
TWENTY-SEVENTH LEGISLATURE, 2013**

ON THE FOLLOWING MEASURE:

S.B. NO. 199, S.D. 2, RELATING TO THE COLORECTAL CANCER SCREENING PILOT PROGRAM.

BEFORE THE:

HOUSE COMMITTEE ON FINANCE

LATE

DATE: Monday, April 1, 2013

TIME: 2:00 p.m.

LOCATION: State Capitol, Room 308

TESTIFIER(S): **WRITTEN COMMENTS ONLY.** For more information, call
Jill T. Nagamine, Deputy Attorney General, 587-3050

Chair Luke and Members of the Committee:

The Department of the Attorney General provides the following comments.

This bill, in its current form, creates a pilot program within the Department of Health to raise awareness of the importance of screening for colorectal cancer. The program would require the Department of Health to (1) educate and train professionals in the detection and management of colorectal cancer, (2) educate individuals regarding the risks associated with colorectal cancer and the benefits of screening, (3) provide outreach to individuals who have a greater risk for colorectal cancer, and (4) provide referral services for individuals diagnosed with colorectal cancer.

To reduce the possibility of a challenge to this draft of the bill, the Attorney General recommends deleting the word "awareness" from the name of the proposed program so that the contents of the bill remain consistent with the title as required by section 14, article III, of the State Constitution ("Each bill shall embrace but one subject, which shall be expressed in its title.").

In changing the focus of the original bill, the Senate Committee on Ways and Means (WAM) noted that despite the ability of most people to obtain colorectal cancer screening at no additional cost through Medicaid or through their health plan, approximately half of all individuals for whom colorectal cancer screening is recommended do not follow through with obtaining the screening. WAM found it would be more effective and beneficial to fund a program to raise awareness of colorectal cancer screening than to fund the actual screenings.

Thus, WAM changed the original bill from providing a pilot program for cancer screening itself to creating a pilot program to focus on education and training on the importance of screening. In making the change, it renamed the program the "Hawaii colorectal cancer screening awareness pilot program." The amount of funding is currently blank in the draft.

It is our recommendation that the word "awareness" be deleted from page 2, lines 6, 11, and 16, and page 3, lines 10 and 17 to avoid a subject-title problem.

Thank you for your consideration of these comments.



HAWAII MEDICAL ASSOCIATION

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

LATE

Date: Monday, April 1, 2013
Time: 2:00 P.M.
Place: Conference Room 208

To: COMMITTEE ON FINANCE
Rep. Sylvia Luke, Chair
Rep. Schott 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: SB 199 RELATING TO THE COLORECTAL CANCER SCREENING PILOT PROGRAM

In Support.

Chair & Committee Members:

Hawaii Medical Association supports this measure.

Cancer of the colon and rectum, also known as colorectal cancer, is the second leading killer in the United States among cancers affecting both men and women.

The HMA agrees with the legislature that a screening program will increase detections of any cancer at an early state, which in turn improves chances for survival and decreases mortality rates.

Mahalo for the opportunity to provide this testimony.

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American Cancer Society
Cancer Action Network
2370 Nu`uanu 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

LATE

Hearing: April 1, 2013; 2:00 p.m.

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, SD2, which establishes a colorectal cancer screening pilot project and appropriates funds for colorectal cancer education and awareness.

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 Colorectal Cancer?

Colorectal cancer usually develops slowly over a period of 10 to 15 years. The tumor typically begins as a noncancerous polyp. A polyp is a growth of tissue that develops on the lining of the colon or rectum that can become cancerous. Certain kinds of polyps, called adenomatous polyps or adenomas, are the most likely to become cancers, though fewer than 10% of adenomas progress to cancer. Adenomas are common; an estimated one-third to one-half of all individuals will eventually develop one or more adenomas.

About 96% of colorectal cancers are adenocarcinomas, which evolve from glandular tissue. The great majority of these cancers arise from an adenomatous polyp. Once cancer forms in the large intestine, it can grow through the lining and into the wall of the colon or rectum. Cancers that have invaded the wall can also penetrate blood or lymph vessels, which are thin channels that carry away cellular waste and fluid. Cancer cells typically spread first into nearby lymph nodes, which are bean-shaped structures that help fight infections. Cancerous cells can also be carried in blood vessels to the liver or lungs, or can spread in the abdominal cavity to other areas, such as the ovary.

The Need for Colorectal Cancer Screening

Colorectal cancer is the third most commonly diagnosed cancer and the third leading cause of cancer death in both men and women in the United States. The majority of these cancers and deaths could be prevented by applying existing knowledge about cancer prevention and by increasing the use of established screening tests. In the past decade, there has been unprecedented progress in reducing colorectal cancer incidence and death rates in most U.S. population groups; this progress has come about largely through the prevention and early detection of colorectal cancer through screening.

Screening has the potential to prevent colorectal cancer because most colorectal cancers develop from adenomatous polyps; detecting and removing them through screening can actually prevent cancer from occurring. Furthermore, being screened at the recommended frequency increases the likelihood that when colorectal cancer is present, it will be detected at an earlier stage, when it is more likely to be cured, treatment is less extensive, and the recovery is much faster.

Hawaii has a colorectal cancer screening rate of people age 50 and older at 58.6%, a screening rate that ranks in the bottom half of all states (Delaware has the highest rate at 71.5%). A number of studies have been conducted to try to understand why rates of screening for colorectal cancer are low. Several common factors have emerged in these studies:

- Factors most strongly and consistently associated with inadequate colorectal cancer screening relate to cost and a general lack of access to health care, often as a result of no health insurance. Populations most commonly affected include new immigrants, individuals born outside the U.S., and those with limited proficiency with the English language. These are also the groups that are least likely to be aware of the need for colorectal screening.
- Communication by health care providers about the importance of screening is another major factor in screening underutilization. Studies have shown that the absence of a physician's recommendation for screening reduces the likelihood of screening among both insured and uninsured individuals.
- Studies indicate that differences in patient and provider testing preferences may impact screening rates. Physicians who do discuss screening typically recommend colonoscopy, whereas patient preference is often for fecal occult blood tests.
- Individuals with the lowest educational attainment and income levels, who have the highest colorectal cancer burden and would thus benefit most from cancer screening, have among the lowest colorectal cancer screening rates, even among insured populations.
- Personal barriers to screening include fear and embarrassment.

The pilot program established by this measure is intended to closely resemble the existing breast and cervical cancer screening program by combining education and awareness, as well as a screening program. This version of the measure does not have a screening component, instead only providing funding for an education and awareness program. ACS CAN recommends that the committee include the screening component of the original bill, which would have a larger impact on vulnerable populations than an education and awareness component alone. Thank you for the opportunity to provide testimony on this important issue.