

SB199

Measure Title: RELATING TO THE COLORECTAL CANCER SCREENING PILOT PROGRAM.

Report Title: Colorectal Cancer Screening Pilot Program; Appropriation

Description: Establishes a two-year Hawaii colorectal cancer screening pilot program using the Hawaii comprehensive breast and cervical cancer control program as a model. Appropriates funds for the pilot program. Repeals on June 30, 2015.

Companion:

Package: None

Current Referral: HTH/HMS, WAM

Introducer(s): BAKER, CHUN OAKLAND, ENGLISH, ESPERO, GALUTERIA, GREEN, IHARA, NISHIHARA, TANIGUCHI, Ige, Solomon, L. Thielen, Wakai

NEIL ABERCROMBIE
GOVERNOR



PATRICIA MCMANAMAN
DIRECTOR

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DEPUTY DIRECTOR

STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES

P. O. Box 339
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January 28, 2013

TO: The Honorable Josh Green, M.D., Chair
Senate Committee on Health

The Honorable Suzanne Chun Oakland, Chair
Senate Committee on Human Services

FROM: Patricia McManaman, Director

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

Hearing: Monday, January 28, 2013; 1:30 p.m.
Conference Room 229, 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 to increase colorectal screening but respectfully believes that an alternative approach would have greater impact in increasing colorectal cancer screening rates.

Under Section 1001 of the Patient Protection and Affordable Care Act (ACA), all group health plans and health insurance issuers offering group or individual health insurance coverage shall cover and have no cost-sharing for clinical preventive services that have an A or B recommendation from the U.S. Preventive Services Task Force (USPSTF). Colorectal cancer screening using fecal occult blood testing, sigmoidoscopy, or colonoscopy, in adults, beginning at age 50 years and continuing until age 75 years, has an A recommendation from the USPSTF. Also under ACA, all legal residents now have access to affordable health insurance.

Increasing awareness about colorectal cancer screening and this new coverage requirement should be expected to have a much greater impact on increasing colorectal cancer screening rates and thereby reducing population-based colorectal cancer incidence and mortality.

Unlike the breast and cervical cancer control program that limits treatment to an individual who 1) is a resident alien of Hawaii who is 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; the proposed program would fund screening and treatment for individuals who may already have insurance. Limiting eligibility to uninsured individuals will target the program to those without access to covered services.

The Hawaii Medicaid program already covers all services identified in section (d) without any cost-sharing. In addition, the bill is unclear as to what entity would be responsible for paying for treatment for individuals who screen positive and are ineligible for Medicaid. This bill does not appropriate any funds to the Department of Human Services for treatment of these individuals, which would be state-only funded.

Even though a pilot, this program would require DHS to establish an entirely new state-only funded program, promulgate administrative rules, modify its eligibility system, and potentially develop new capitation rates and amend health plan contracts, all the while trying to implement the Medicaid eligibility expansion, change in eligibility methodology, and implementation of a new eligibility system in order to comply with ACA.

Thank you for the opportunity to testify on this measure.



HAWAII MEDICAL ASSOCIATION

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Monday January 28, 2013

1:30 p.m.

Conference Room 229

To: COMMITTEE ON HEALTH
Sen. Josh Green, Chair
Sen. Rosalyn H. Baker, Vice Chair

COMMITTEE ON HUMAN SERVICES
Sen. Suzanne Chun Oakland, Chair
Sen. Josh Green, Vice Chair

From: Hawaii Medical Association
Dr. Steven Kemble, MD, President
Dr. Linda Rasmussen, MD, Legislative Co-Chair
Dr. Joseph Zodian, 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.

Chairs & Committee Members:

Hawaii Medical Association supports this measure.

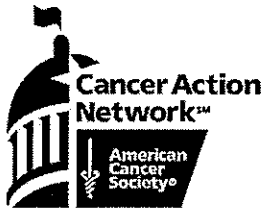
Cancer of the colon and rectum, also known as colorectal cancer, is the second leading killer in the United States among cancers affecting both men and women.

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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Senate Committee on Health
Senator Josh Green, M.D., Chair
Senator Roz Baker, Vice Chair

Senate Committee on Human Services
Senator Suzanne Chun Oakland, Chair
Senator Josh Green, M.D., Vice Chair

Hearing: January 28, 2013; 1:30 p.m.

SB 199 – 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 testimony in support of SB 199, 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 testimony on this important issue.



THE QUEEN'S HEALTH SYSTEMS

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January 28, 2013

The Honorable Josh B. Green, M.D., Chair
Senate Committee on Health
Hawaii State Capitol, Room 215
Honolulu, HI 96813

S.B. 199, RELATING TO THE COLORECTAL CANCER SCREENING PILOT PROGRAM January 28, 2013, 1:30 p.m.

My name is Debra Ishihara-Wong, Director of Oncology Services at The Queen's Medical Center (QMC). QMC strongly supports S.B. 199 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.