



STATE OF HAWAII
DEPARTMENT OF HEALTH
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**Testimony COMMENTING on SB0385
RELATING TO CANCER**

SENATOR JOSH GREEN, CHAIR
SENATE COMMITTEE ON HEALTH

Hearing Date: February 4, 2015

Room Number: 414

1 **Fiscal Implications:** Appropriated out of the general fund, the sum of \$100,000 or so much thereof as
2 may be necessary for fiscal year 2015-2016 and the same sum or so much thereof as may be necessary
3 for fiscal year 2016-2017 for the Breast and Cervical Cancer Control Program (BCCCP) to the Department
4 of Health (DOH).

5 **Department Testimony:** The DOH appreciates the intent of HB0385, but defers to the Governor's
6 Executive Budget request. The DOH recognizes the value of screening and early detection. The
7 Department currently provides critical breast and cervical cancer early detection services through the
8 BCCCP. The program is federally funded for \$968,000 through a cooperative agreement with the
9 Centers for Disease Control and Prevention (CDC) and serves approximately 1,000 women annually. The
10 DOH, BCCCP provides low-income, uninsured, and underserved women access to timely, high quality
11 screening, and diagnostic services to detect breast and cervical cancer at the earliest stages and refer
12 women with cancer or pre-cancerous conditions to treatment through the Department of Human
13 Services, Breast and Cervical Cancer Treatment Program. The BCCCP's priority population includes
14 Native Hawaiian, Filipino, and other Asian/Pacific Island women. Women served by the program
15 typically have rarely or never been screened, are medically underserved, and have higher morbidity and
16 mortality rates than other women. Early detection of cancer greatly reduces treatment costs and
17 increases survival rates.

18 Since 1997, the BCCCP has screened 9,500 women and detected 263 incidents of invasive breast
19 cancers and 148 pre-cancerous conditions and cancers of the cervix. CDC estimates that funded states
20 serve 14.3% of women age 40-64 eligible for breast cancer and 8.7% of eligible women for cervical
21 cancer screenings through the national program. Despite the Patient Protection and Affordable Care Act
22 that provides more women with greater access to health insurance coverage and preventive cancer

1 screenings and treatment, gaps still remain for women who continue to be uninsured or underinsured
2 due to affordability, literacy, and language related barriers.

3 Federal funding for the BCCCP has also declined 17% over the last five years, while at the same
4 time, the need for outreach and screening has increased. If this measure is passed, State funding for the
5 BCCCP will preserve a critical safety net for thousands of Hawaii women and appropriate additional
6 resources to provide breast and cervical cancer screening, diagnostic, outreach and education, and
7 treatment referrals to an additional 125 uninsured or underinsured, rarely or never-screened women.

8 Thank you for the opportunity to testify.



Planned Parenthood of Hawaii

To: Hawaii State Senate Committee on Health
Hearing Date/Time: Wednesday, February 4, 2015, 1:15 p.m.
Place: Hawaii State Capitol, Rm. 414
Re: Testimony of Planned Parenthood of Hawaii in support of S.B 385

Dear Chair Green and Members of the Committee on Health,

Planned Parenthood of Hawaii writes in support of S.B. 385, which seeks to appropriate funds to the Department of Health to continue its Breast and Cervical Cancer Control Program.

Planned Parenthood of Hawaii is dedicated to providing Hawaii's people with high quality, affordable and confidential sexual and reproductive health care, education, and advocacy. We provide cervical and breast cancer screening to patients throughout Hawaii, including advanced cancer screenings such as biopsy, colposcopy, and LEEP procedures.

However, while many uninsured and underserved women in Hawaii receive screenings through Title X Family Planning Programs, post-menopausal women are ineligible to receive Title X care. The Breast and Cervical Cancer Control Program fills in a large gap in women's health care because it provides screening to those women ages 40-64, who are at higher risk for both cervical and breast cancer, but are less likely to receive regular screening because of a number of barriers, including insurance coverage and income. By serving this gap group, the Breast and Cervical Cancer Control program will ensure that these women have the health care that they need.

Thank you for this opportunity to testify.

Sincerely,

Laurie Field
Director of Public Affairs & Government Relations

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