

STORAGE NAME: h1213s1.ed

DATE: March 24, 1998

**HOUSE OF REPRESENTATIVES
AS REVISED BY THE COMMITTEE ON
EDUCATION APPROPRIATIONS
BILL RESEARCH & ECONOMIC IMPACT STATEMENT**

BILL #: CS/HB 1213

RELATING TO: Cancer Control and Research

SPONSOR(S): Committee on Health Care Services, Rep. Murman and others

COMPANION BILL(S): CS/S 94 (Similar)

ORIGINATING COMMITTEE(S)/COMMITTEE(S) OF REFERENCE:

- (1) HEALTH CARE SERVICES YEAS 9 NAYS 0
 - (2) EDUCATION APPROPRIATIONS
 - (3)
 - (4)
 - (5)
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I. SUMMARY:

Cancer is the second leading cause of death in Florida, accounting for 25 percent of all deaths. Prostate cancer is the most common type of cancer diagnosed among men, and breast cancer is the most common cancer among women, although lung cancer is the leading cause of cancer death in Florida. In 1995, 10,769 Floridians had prostate cancer, and 2,535 died of the disease. During that same time period, 10,193 Florida women had breast cancer, and 2,832 died of the disease.

In 1984, the Legislature created section 240.5121(4)(m), F.S., which directs the Florida Cancer Control and Research Advisory Council (C-CRAB), if funds are specifically appropriated by the Legislature, to develop a pamphlet, written in layperson's terms and in language easily understood by the average adult patient, informing actual and high-risk **breast cancer** patients of the medically viable treatment alternatives available to them in the effective management of **breast cancer**. This summary is to describe treatment alternatives and explain the relative advantages, disadvantages, and risks associated with each. The council is required to periodically update the pamphlet to reflect current standards of medical practice in the treatment of **breast cancer**. Finally, this law requires the council to develop and implement an educational program, including distribution of the pamphlet, to inform citizen groups, associations, and voluntary organizations about early detection and treatment of **breast cancer**.

CS/HB 1213 amends s. 240.5121(4)(m), F.S., to include **prostate cancer** within the provisions of this section, and requires the prostate and breast cancer pamphlets be printed in both Spanish and English. In addition the bill increases the membership of the C-CRAB by three members. The bill also creates a new Prostate Cancer Task Force of 17 members.

This bill appropriates \$100,000 from the General Revenue Fund to the H. Lee Moffitt Cancer Center for FY 1998-99 to implement the law.

II. SUBSTANTIVE RESEARCH:

A. PRESENT SITUATION:

Cancer of the prostate, a common form of cancer, is a disease in which cancer (malignant) cells are found in the prostate. The prostate is a walnut-sized gland that forms part of the male reproductive system. The gland is composed of two lobes, or regions, enclosed by an outer layer of tissue. The prostate is located in front of the rectum and just below the bladder, where urine is stored. The prostate also surrounds the urethra, the canal through which urine passes out of the body. While scientists do not know all of the prostate's functions, they do know that one of the gland's main roles is to squeeze fluid into the urethra as sperm move through during sexual climax. The prostate makes fluid that becomes part of the semen, the white fluid that contains sperm.

With 41,800 prostate cancer deaths a year in the United States, prostate cancer is the most common type of cancer found in men and the second most common cause of cancer death among men, after lung cancer. The American Cancer Society projects that at least 209,000 new cases of prostate cancer will be discovered this year in the United States. While some people feel this number is too high, experts say 40-50 percent of all men over age 50 will develop prostate tumors during their lifetimes. The American Cancer Society estimates that there will be 16,000 new cases of prostate cancer diagnosed in Florida in 1997, and 3,200 deaths in Florida directly attributable to prostate cancer, which is by number, second to lung cancer deaths in cancer deaths to men.

Little is known about the causes of prostate cancer. Research indicates that risk factors include age (risk increases after age 50), a family history of prostate cancer, race (African-American men are at up to 40 percent higher risk of developing prostate cancer than men of other races), and eating a high-fat diet. Typically, prostate cancers take four years or more to double in size, compared, for example, to breast cancers, which can double in size in less than three months. Adding to the difficulties associated with prostate cancer is that no one can distinguish at present between those prostate cancers which will cause no trouble in a man's lifetime and those which will spread and should be treated.

Prostate cancer can be detected by a digital rectal examination (DRE) and the prostate-specific antigen (PSA) blood test. Transrectal ultrasound and biopsies may be needed to determine the cause for an elevated PSA. Guidelines for routine screening of healthy men vary. The American Cancer Society and the American Urological Association recommend that a PSA test and DRE should be offered annually, beginning at age 50, to men who have at least a 10-year life expectancy, and to younger men who are at high risk. An abnormal PSA test result is above 4.0 ng/ml. The American Cancer Society also recommends that patients should be told by their physicians that a PSA level of 4.0 ng/ml or less does not guarantee that prostate cancer is not present. The National Cancer Institute and the U.S. Preventive Health Task Force recommend an annual DRE for men over 40, but they do not recommend routine PSA tests for men without symptoms.

The controversy surrounding PSA screening is based on several issues: the high rate of "false positive" results and unnecessary biopsies; the test's inability to distinguish between tumors that will not grow and cause problems and those that may be fatal;

whether screening reduces mortality and extends life; and the complications of treatment.

A variety of treatment options, including surgical removal of the prostate, cryosurgery, hormone therapy, various kinds of radiation, and, for some, watchful waiting, are used to treat prostate cancer. There are few long-term studies available to measure the relative success of these approaches. Although progress has been made in improving many of the techniques, some treatment options may result in long-term or permanent incontinence and impotence. Given these side effects, physicians and patients reviewing treatment options must consider the patient's general health, age, expected life span, personal preferences, anticipated effects of treatment, as well as the stage and aggressiveness of the disease.

Despite the different recommendations for screening, there is agreement about the need for public information about prostate cancer. Persons who could benefit from screening need to know of the benefit. Persons to whom screening is offered may know very little about the choices they could make, if the screening result is positive.

Part V of chapter 240, F.S., provides for specific programs and institutions related to postsecondary education. Among these, s. 240.5121, F.S., is the "Cancer Control and Research Act," which includes as subsection (4) the creation and functions of the C-CRAB.

Membership of the C-CRAB consists of 32 persons, all of whom must be residents of Florida. Appointments are made by the Speaker of the House of Representatives, the President of the Senate, and the Governor. Included on the C-CRAB are representatives of the elderly, medical schools, health professions, voluntary health organizations, legislators, state government, teaching hospitals, and consumers.

Among the current duties is the requirement in paragraph (m) that C-CRAB prepare and distribute a patient education pamphlet that describes breast cancer treatment options. With specific funding from the Legislature, C-CRAB developed a pamphlet in 1996. It includes a brief description of breast cancer, including stage of disease, and the main types of treatment: surgery (lumpectomy, mastectomy and reconstruction), radiation therapy, chemotherapy, and hormone therapy. It also briefly describes clinical trials, bone marrow transplantation, and other related issues such as nutrition, rehabilitation, support groups, and follow-up care. A comprehensive list of resources for further information is also included. The statute also directs C-CRAB to develop and implement an education program centered around the distribution of the material, and the early detection and treatment of breast cancer, and to make the material available to treating physicians.

Recognizing the importance of prostate cancer in Florida, the C-CRAB has included a prostate cancer section in the 1998-1999 Florida Cancer Plan. The plan's goal for prostate cancer is, "to increase awareness about prostate cancer, and options for screening and treatment." Specific recommendations are:

- State funding should be appropriated for an educational campaign, including a pamphlet for men considering screening, that explains the risk factors, screening recommendations, and treatment options for prostate cancer. Emphasis should be given to men at high risk for getting and dying from prostate cancer.

- C-CRAB should convene a Technical Advisory Group to continually monitor information about prostate cancer screening, and to develop recommendations to the Agency for Health Care Administration, the Department of Health, and the Legislature regarding insurance coverage for prostate cancer screening tests.
- Continuing medical education and medical school curricula should include information on prostate cancer, its risks factors, recommendations for early detection, and treatment options.

At this time, Florida has no federal or state-funded programs relating specifically to prostate cancer.

A Breast Cancer Task Force was established in 1993 (please refer to Chapter 93-175, Laws of Florida, Senate Bill 2084). This task force lasted for two years after its conception, and was charged with collecting research about breast cancer and preparing recommendations for reducing the number of Florida deaths due to breast cancer.

B. EFFECT OF PROPOSED CHANGES:

The public in general, and high risk individuals in particular, will have another source of information on treatment alternatives for prostate cancer. This may result in earlier detection of prostate cancer and may assist victims of prostate cancer in making informed choices with regard to treatment. Both the prostate cancer pamphlet and the breast pamphlet will be available in Spanish and English.

The membership of the C-CRAB will be increased from 32 to 35 members.

A Prostate Cancer Task Force will be established within the H. Lee Moffitt Cancer Center and Research Institute, composed of 17 non-compensated members. This task force will exist for 2 years, and be charged with the compilation of all research and information about prostate cancer. The task force shall also be engaged in the preparations of recommendations for 1) reducing the number of incidences of prostate cancer and/or 2) changes in the Florida Insurance Code as it relates to coverage for prostate cancer screening and treatment, including how such changes would affect the Florida government and community.

C. APPLICATION OF PRINCIPLES:

1. Less Government:

- a. Does the bill create, increase or reduce, either directly or indirectly:

- (1) any authority to make rules or adjudicate disputes?

No.

- (2) any new responsibilities, obligations or work for other governmental or private organizations or individuals?

Yes, it requires the C-CRAB to prepare and distribute a pamphlet on prostate cancer. It also creates at the H. Lee Moffitt Center for Cancer Center and Research Institute a Prostate Cancer Task Force charged with compiling research on prostate cancer, and reviewing and reporting on the Florida Insurance Code as it relates to coverage for prostate cancer screening and treatment options.

- (3) any entitlement to a government service or benefit?

No.

- b. If an agency or program is eliminated or reduced:

- (1) what responsibilities, costs and powers are passed on to another program, agency, level of government, or private entity?

N/A

- (2) what is the cost of such responsibility at the new level/agency?

N/A

- (3) how is the new agency accountable to the people governed?

N/A

2. Lower Taxes:

- a. Does the bill increase anyone's taxes?

No.

- b. Does the bill require or authorize an increase in any fees?

No.

c. Does the bill reduce total taxes, both rates and revenues?

No.

d. Does the bill reduce total fees, both rates and revenues?

No.

e. Does the bill authorize any fee or tax increase by any local government?

No.

3. Personal Responsibility:

a. Does the bill reduce or eliminate an entitlement to government services or subsidy?

No.

b. Do the beneficiaries of the legislation directly pay any portion of the cost of implementation and operation?

No.

4. Individual Freedom:

a. Does the bill increase the allowable options of individuals or private organizations/associations to conduct their own affairs?

It will provide prostate cancer patients more information to assist them in making treatment decisions.

b. Does the bill prohibit, or create new government interference with, any presently lawful activity?

No.

5. Family Empowerment:

a. If the bill purports to provide services to families or children:

(1) Who evaluates the family's needs?

N/A

(2) Who makes the decisions?

N/A

(3) Are private alternatives permitted?

N/A

(4) Are families required to participate in a program?

N/A

(5) Are families penalized for not participating in a program?

N/A

b. Does the bill directly affect the legal rights and obligations between family members?

No.

c. If the bill creates or changes a program providing services to families or children, in which of the following does the bill vest control of the program, either through direct participation or appointment authority:

(1) parents and guardians?

N/A

(2) service providers?

N/A

(3) government employees/agencies?

N/A

D. STATUTE(S) AFFECTED:

s. 240.5121(4)(m), F.S.

E. SECTION-BY-SECTION RESEARCH:

Section 1. Creates the Prostate Cancer Task Force to be composed of 17 non-compensated members and housed at the H. Lee Moffitt Cancer Center. Charges task force to research the causes and effects of prostate cancer, to prepare recommendations for reduction of the number deaths due to prostate cancer, and (if applicable) to prepare recommendations for changes in the Florida Insurance Code as it relates to coverage for prostate cancer screening and treatment including the assessment of how those changes would impact the government and community of Florida.

Section 2. Amends s. 240.5121(4)(a) and (m), F.S., relating to the Florida Cancer Control and Research Advisory Council, to increase the membership from 32 to 35 members, to require the council to develop and distribute a pamphlet on prostate cancer treatment alternatives. The three new members represent cancer information services, the Florida Agricultural and Mechanical University Institute of Public Health, and the Florida Society of Oncology Social Workers.

Section 3. Appropriates \$50,000 in General Revenue to the H. Lee Moffitt Cancer Center to implement the provisions of the act, including the printing and distribution of the prostate cancer pamphlet in Spanish and English.

Section 4. Appropriates \$50,000 in General Revenue to the H. Lee Moffitt Cancer Center to produce or purchase and to distribute pamphlets, in English and in Spanish, that inform patients about treatment alternatives for breast cancer.

Section 5. Provides an effective date of July 1, 1998.

III. FISCAL RESEARCH & ECONOMIC IMPACT STATEMENT:

A. FISCAL IMPACT ON STATE AGENCIES/STATE FUNDS:

1. Non-recurring Effects:

The bill appropriates \$100,000 from the General Revenue Fund to the H. Lee Moffitt Cancer Center for FY 1998-99.

2. Recurring Effects:

The bill appropriates no recurring funds.

3. Long Run Effects Other Than Normal Growth:

None.

4. Total Revenues and Expenditures:

See item 1.

B. FISCAL IMPACT ON LOCAL GOVERNMENTS AS A WHOLE:

1. Non-recurring Effects:

N/A

2. Recurring Effects:

N/A

3. Long Run Effects Other Than Normal Growth:

N/A

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

1. Direct Private Sector Costs:

None.

2. Direct Private Sector Benefits:

Prostate cancer patients may have an additional source of information to assist them in selecting a treatment alternative.

3. Effects on Competition, Private Enterprise and Employment Markets:

None.

D. FISCAL COMMENTS:

None.

IV. CONSEQUENCES OF ARTICLE VII, SECTION 18 OF THE FLORIDA CONSTITUTION:

A. APPLICABILITY OF THE MANDATES PROVISION:

This bill does not require counties or municipalities to spend funds or to take an action requiring the expenditure of funds.

B. REDUCTION OF REVENUE RAISING AUTHORITY:

This bill does not reduce the authority that municipalities or counties have to raise revenues.

C. REDUCTION OF STATE TAX SHARED WITH COUNTIES AND MUNICIPALITIES:

This bill does not reduce the percentage of a state tax shared with counties or municipalities.

V. COMMENTS:

None.

VI. AMENDMENTS OR COMMITTEE SUBSTITUTE CHANGES:

The committee substitute contains four items not included in the original bill. These items are:

An increase in the membership of the C-CRAB;

An additional GR appropriation to the H. Lee Moffitt Cancer Center of \$50,000 for FY 1998-99 to cover the costs of the breast cancer pamphlet, and a requirement that both the breast cancer pamphlet and the prostate cancer pamphlet be printed in English and Spanish;

Numerous technical "clean-up" provisions, and

A Prostate Cancer Task Force housed at the H. Lee Moffitt Cancer Center and Research Institute.

VII. SIGNATURES:

COMMITTEE ON HEALTH CARE SERVICES:

Prepared by:

Legislative Research Director:

Benjamin H. Pingree

Michael P. Hansen

AS REVISED BY THE COMMITTEE ON EDUCATION APPROPRIATIONS:

Prepared by:

Legislative Research Director:

Ruth Storm Feiock

John Newman

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