

SENATE STAFF ANALYSIS AND ECONOMIC IMPACT STATEMENT

(This document is based on the provisions contained in the legislation as of the latest date listed below.)

BILL: SB 672

SPONSOR: Senator Saunders and others

SUBJECT: Prostate Cancer Awareness Program

DATE: January 26, 2002

REVISED: 1/30/2002

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Harkey	Wilson	HC	Favorable
2.			AHS	
3.			AP	
4.				
5.				
6.				

I. Summary:

This bill creates the Prostate Cancer Awareness Act of 2002. To the extent that funds are available, a Prostate Cancer Awareness Program is established in the Department of Health to provide statewide outreach and health education activities relating to early detection of prostate cancer. The bill creates a prostate cancer advisory committee to advise the Department of Health in implementing the program.

This bill creates an unnumbered section of law.

II. 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 gland that forms part of the male reproductive system. The walnut sized 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.

Prostate cancer is the most common cancer, excluding skin cancers, in American men. The American Cancer Society estimates that, during 2002, approximately 198,100 new cases of prostate cancer will be diagnosed in the United States. The American Cancer Society estimates that 31,500 men in the United States will die of prostate cancer during 2002. Prostate cancer is the second leading cause of cancer death in men in the United States, exceeded only by lung

cancer. Prostate cancer accounts for about 11 percent of male cancer-related deaths. While there is debate about whether these percentages may be too high, some experts say 40-50 percent of all men over age 50 will develop prostate tumors during their lifetimes. More than 70 percent of all prostate cancers are diagnosed in men over age 65. One man in six will be diagnosed with prostate cancer during his lifetime, but only one man in 30 will die of this disease. African-American men have prostate cancer incidence rates nearly 1.5 times higher than white men, more than twice as high as Hispanic men, 3 times higher than Asian/Pacific Islanders, and 5 times higher than Native American men. The American Cancer Society estimates that there were 15,000 new cases of prostate cancer diagnosed in Florida in 2001, and 2,400 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 a matter of weeks. Adding to the difficulties associated with prostate cancer is that there is, at present, no definitive way to distinguish 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 or to confirm a diagnosis of prostate cancer. 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 physicians should tell their patients that a PSA level of 4.0 ng/ml or less does not guarantee that prostate cancer is not present. The National Cancer Institute indicates that there is insufficient evidence to establish whether a decrease in mortality from prostate cancer occurs with screening by digital rectal examination, transrectal ultrasound, or serum markers including prostate-specific antigen. The U.S. Preventive Health Task Force indicates that there is insufficient evidence to recommend for or against routine digital rectal examination as an effective screening test for prostate cancer in asymptomatic men, and that routine use of PSA testing as part of the periodic health examination is not recommended.

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; the complications of treatment, including incontinence and impotence; and, until recently, whether screening reduces mortality and extends life.

A variety of treatment options, including surgical removal of the prostate, cryosurgery, hormone therapy, various kinds of radiation, including “seed” implants, 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.

At this time, Florida has no federal- or state-funded programs specifically relating to prostate cancer awareness. However, the Department of Health (DOH) reports: "Although there is currently no Prostate Cancer Awareness Program within DOH, prostate cancer is one of four priority areas of the department's Comprehensive Cancer Control Program, which is currently being formed. This program is being developed through a planning grant from the Centers for Disease Control and Prevention, and does not include funding for media, committee member travel, or other activities."

The department further notes that there are currently five localities in the state that are Racial/Ethnic Disparities (RED) grantees that address prostate cancer education, outreach, and screening in their grant activities. These RED grants are supported through General Revenue funds and are scheduled to end in June 2002.

The Cancer Control and Research Advisory Council

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 Cancer Control and Research Advisory Council, known as C-CRAB. Membership of the C-CRAB consists of 35 persons appointed 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 and universities, health professions, voluntary health organizations, legislators, state government, teaching hospitals, and consumers. At least 10 members must be minority persons as defined in s. 288.703(3), F.S.

The statute includes several current duties for the C-CRAB. Among these is the requirement in paragraph (k) of subsection (4) that C-CRAB conduct lay and professional cancer education. Paragraph (m) of this subsection directs C-CRAB to prepare and distribute a patient education pamphlet that describes treatment options for breast cancer and prostate cancer. (The directive specific to breast cancer was enacted in 1984; the prostate cancer directive was enacted in 1998.) The statute directs C-CRAB to develop and implement an education program centered on the distribution of the material, and the early detection and treatment of breast cancer and prostate cancer, and to make the material available to treating physicians, citizen groups, associations, and voluntary organizations.

Recognizing the importance of prostate cancer in Florida, the C-CRAB included a prostate cancer section in the 1998-1999 Florida Cancer Plan, the most recent year for which a plan has

been generated. 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 risk factors, recommendations for early detection, and treatment options.

Florida Prostate Cancer Task Force

Chapter 98-305, Laws of Florida, created the Prostate Cancer Task Force within the H. Lee Moffitt Cancer Center and Research Institute. The 18-member task force, with membership appointed by the Governor, President of the Senate, and Speaker of the House of Representatives, was directed to "identify where public awareness, public education, research, and coordination about prostate cancer are lacking and to prepare recommendations to increase research on prostate cancer and the public's awareness of the importance of the early detection and treatment of prostate cancer." The task force was given two years to complete its mission, and was directed to submit a report addressing specified topics to the Governor and the Legislature by January 15, 2000.

The January 2000 report from the Prostate Cancer Task Force contained recommendations in the areas of education, insurance coverage, research, and evaluation and ongoing activities. Specific to education, the task force report included goals and specific recommendations relating to public education, patient education, and professional education. The stated goal for public education was to increase awareness about risk factors and tests for prostate cancer so men can make informed decisions about prostate screening. Specific public education recommendations were:

- An appropriation of \$1 million per year for a community-based statewide education campaign, to include multi-media education material, an annual statewide symposium and local forums on prostate cancer, newspaper articles and feature stories, radio and television programs, and presentations to community groups.
- A focus on men at high risk for prostate cancer, such as African American men and those with a family history of the disease.
- Inclusion of representatives from the general public, prostate cancer survivors, and health care professionals in planning functions.
- Research-based communication strategies and education messages to reach audiences of various racial and ethnic groups, ages, and literacy levels.
- Consideration of the creation of a Division of Men's Health within the Department of Health, wherein a prostate cancer program could be located.

- Encouraging men to talk to their doctors and make informed choices about early detection, and specific strategies to identify men, especially those in high-risk categories, who do not have a doctor or health insurance and to refer them to a source of care.

III. Effect of Proposed Changes:

This bill creates the Prostate Cancer Awareness Act of 2002. To the extent that funds are available, a Prostate Cancer Awareness Program is established in the Department of Health to provide statewide outreach and health education activities relating to early detection of prostate cancer. The Department of Health is authorized to conduct activities or enter into a contract with a qualified nonprofit community education entity to implement the program.

The bill creates a prostate cancer advisory committee to advise the Department of Health in implementing the program. The Secretary of Health will appoint the committee, which will include three members of prostate cancer survivor groups or cancer-related advocacy groups, three members who are scientists or clinicians from public universities or research organizations, and three members who are practicing cancer medical specialists from health organizations with a commitment to cancer research and control. The committee members will serve without compensation but may be reimbursed for per diem and travel expenses under s. 112.061, F.S.

The bill takes effect July 1, 2002.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

The provisions of this bill have no impact on municipalities and the counties under the requirements of Art. VII, s. 18 of the Florida Constitution.

B. Public Records/Open Meetings Issues:

The provisions of this bill have no impact on public records or open meetings issues under the requirements of Art. I, s. 24(a) and (b) of the Florida Constitution.

C. Trust Funds Restrictions:

The provisions of this bill have no impact on the trust fund restrictions under the requirements of Art. III, s. 19(f) of the Florida Constitution.

V. Economic Impact and Fiscal Note:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

To the extent that the awareness program achieves the expectations set forth in the bill, individuals in need of increased awareness of issues relating to prostate cancer will benefit.

C. Government Sector Impact:

The Department of Health indicated the following fiscal impact of the bill for the first two years of implementation:

	<u>Amount Year 1</u>	<u>Amount Year 2</u>
1. Non-Recurring or First-Year Start-Up Effects: N/A		
2. Recurring or Annualized Continuation Effects:		
EXPENSES: TRAVEL FOR THE ADVISORY COMMITTEE: travel costs associated with 9 advisory committee members to attend 2 trips a year 2 trips x 9 persons x \$300 airfare= \$5,400 2 trips x 9 persons x \$50 x 2 days per diem= \$1,800 2 trips x 9 persons x \$30 x 2 days car rental = \$1,080 2 nights lodging x \$80/night x 9 persons x 2 trips = \$2,880 Total Expenses	\$11,160	\$11,160
CONTRACTED SERVICES Contract Consultant	\$92,168	\$92,168
Broadcast Media		
Television		
<i>Production</i> Four 30-second spots, with 15-second edits. Includes all costs.	\$500,000	\$500,000
<i>Airtime</i> On the air in Florida's ten major Designated Market Areas: Miami-Dade/ Ft. Lauderdale, West Palm Beach/ Ft. Pierce, Ft. Myers, Orlando/Melbourne/Daytona, Tampa/St. Petersburg, Gainesville/Ocala, Tallahassee,	\$3,400,000	\$3,400,000

Jacksonville, Pensacola, Panama City for approximately 6-8 months. Includes combination of network television and cable television.

Radio

<i>Production</i>	\$80,000	\$80,000
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Four 60-second spots with 30-second edits.
Includes all costs.

<i>Airtime</i>	\$900,000	\$900,000
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On the air in Florida's ten major Designated Market Areas: Miami-Dade/ Ft. Lauderdale, West Palm Beach/ Ft. Pierce, Ft. Myers, Orlando/Melbourne/Daytona, Tampa/St. Petersburg, Gainesville/Ocala, Tallahassee, Jacksonville, Pensacola, Panama City for approximately 6 months.

Outdoor and out-of- home media

<i>Billboards</i>	\$210,000	\$210,000
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A #25 (25 percent showing) using a combination of 30-sheet and 8-sheet poster panels in 6 of Florida's designated markets for approximately four months. These costs include production fees, distribution fees, posting fees, and rotation fees.

<i>Bus shelters</i>	\$30,000	\$30,000
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Approximately a 20-week schedule in Florida's South Florida designated markets (Miami-Dade, Ft. Lauderdale and West Palm Beach). These costs include production fees, distribution fees, posting fees, and rotation fees.

Outdoor store-front placards	\$252,000	\$252,000
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Approximately 2,000 outdoor placard panels across Florida's ten major designated markets for two months. These costs include production fees, distribution fees, posting fees, and rotation fees.

Market Testing	\$50,000	\$50,000
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Approximately two sets of six qualitative consumer testing groups for the purpose of gaining specific Floridian consumer information for accurately outlining messaging and delivery.

Total Contracted Services	\$5,514,168	\$5,514,168
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Total Recurring Costs	\$5,525,328	\$5,525,328
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Total Estimated Expenses	\$5,525,328	\$5,525,328
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This \$5.5 million cost estimate does not anticipate the availability of public service announcements or grants and donations by private business and not-for-profit organizations.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Amendments:

None.

This Senate staff analysis does not reflect the intent or official position of the bill's sponsor or the Florida Senate.
