

STORAGE NAME: h0525.hcc.doc

DATE: February 20, 2002

**HOUSE OF REPRESENTATIVES
COUNCIL FOR HEALTHY COMMUNITIES
ANALYSIS**

BILL #: HB 525

RELATING TO: Prostate Cancer Awareness Program

SPONSOR(S): Representative(s) Littlefield & others

TIED BILL(S):

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

- (1) HEALTH PROMOTION YEAS 10 NAYS 0
- (2) HEALTH & HUMAN SERVICES APPROPRIATIONS YEAS 12 NAYS 0
- (3) COUNCIL FOR HEALTHY COMMUNITIES YEAS 16 NAYS 0
- (4)
- (5)

I. SUMMARY:

THIS DOCUMENT IS NOT INTENDED TO BE USED FOR THE PURPOSE OF CONSTRUING STATUTES, OR TO BE CONSTRUED AS AFFECTING, DEFINING, LIMITING, CONTROLLING, SPECIFYING, CLARIFYING, OR MODIFYING ANY LEGISLATION OR STATUTE.

HB 525 establishes the prostate cancer awareness program in the Department of Health (DOH). The bill:

- Provides a short title: the "Prostate Cancer Awareness Act of 2002."
- Specifies that the purpose is to implement the public awareness recommendations of the December 2000 report from the Legislatively created Florida Prostate Cancer Task Force, to the extent specifically funded.
- Specifies the strategies to be used in the public education program.
- In implementing the program, authorizes the DOH to: conduct activities directly or enter into a contract with a qualified nonprofit community education entity; and seek available funds from a variety of sources.
- Directs the Secretary of Health to appoint a 9-member prostate cancer advisory committee to advise and assist the department in program implementation. Council members are to represent specified interests, and are authorized to receive reimbursement for travel and per diem related to council duties.

The bill's effective date is July 1, 2002.

The bill does not provide an appropriation for the program. The DOH has indicated the fiscal impact could be as high as \$5.5 million depending on the level of public awareness advertising and education.

When the Committee on Health Promotion heard the bill on January 8, 2002, one amendment was adopted which added as a member of the prostate cancer advisory committee one person with health education and social marketing experience.

SUBSTANTIVE ANALYSIS:

A. DOES THE BILL SUPPORT THE FOLLOWING PRINCIPLES:

- | | | | |
|-----------------------------------|---|--|---|
| 1. <u>Less Government</u> | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> | N/A <input type="checkbox"/> |
| 2. <u>Lower Taxes</u> | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input checked="" type="checkbox"/> |
| 3. <u>Individual Freedom</u> | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input checked="" type="checkbox"/> |
| 4. <u>Personal Responsibility</u> | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| 5. <u>Family Empowerment</u> | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |

For any principle that received a "no" above, please explain:

In creating the prostate cancer awareness program in the DOH, the bill increases the responsibility of the state, and the DOH in particular, with regard to prostate cancer awareness.

B. PRESENT SITUATION:

Prostate Cancer

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.

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 some people feel these numbers are too high, 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 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 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. That being said, the DOH has noted that:

- Although there is currently no Prostate Cancer Awareness Program within the department, 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.
- There are currently 5 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 32 persons, and 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 and universities, health professions, voluntary health organizations, legislators, state government, teaching hospitals, and consumers.

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 around 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 DOH, 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 issues, the task force recommendations 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.
- Campaign elements, 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.
- 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 ensure effective strategies for reaching audiences of various racial and ethnic groups, ages, and literacy levels.
- Consideration of the creation of a Division of Men's Health within the DOH, wherein a prostate cancer program could be located.
- An emphasis on 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.

C. EFFECT OF PROPOSED CHANGES:

HB 525 establishes the prostate cancer awareness program in the DOH. See the SECTION-BY-SECTION ANALYSIS which follows for additional details. A series of WHEREAS clauses provide justification as to the need for the bill.

D. SECTION-BY-SECTION ANALYSIS:

Section 1. Provides for the Prostate Cancer Awareness Program as follows:

Subsection (1) provides a short title: the "Prostate Cancer Awareness Act of 2002."

Subsection (2) specifies that the purpose of the bill is, to the extent funds are specifically made available for this purpose, to implement the public awareness recommendations from the December 2000 report of the Legislatively-created Florida Prostate Cancer Task Force, namely, to provide statewide outreach and health education activities as a means of ensuring that men are aware of and appropriately seek medical counseling for prostate cancer as an early detection health care measure.

Subsection (3) specifies the strategies to be used in the public education program, including, but not limited to: broadcast and print media advertisement, community education outreach and peer education approaches, brochures, posters, videos, and computer-based resources.

Subsection (4) authorizes the DOH, in implementing the program, to: conduct activities directly or enter into a contract with a qualified nonprofit community education entity; and seek available gifts, grants, or funds from a variety of sources: the state and federal governments, philanthropic foundations, and industry and business groups.

Subsection (5) directs the Secretary of Health to appoint a 9-member prostate cancer advisory committee to advise and assist the department in program implementation. Council members are specified as follows: 3 persons from prostate cancer survivor groups or cancer-related advocacy groups; 3 persons who are scientists or clinicians from public universities or research organizations; and 3 persons who are practicing cancer medical specialists from health organizations with a commitment to cancer research and control. Advisory committee members may receive reimbursement for travel and per diem expenses related to council duties.

Section 2. Provides for a July 1, 2002, effective date.

II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT:

A. FISCAL IMPACT ON STATE GOVERNMENT:

1. Revenues:

N/A

2. Expenditures:

In its review of the bill, the DOH indicated the following fiscal impact of the bill. Clearly, given the numbers provided, the department has in mind the establishment of an "ideal" awareness program. The scale of the program and its implementation is contingent upon funds being appropriated for that purpose.

<u>Department of Health</u>	<u>FY 02-03</u>	<u>FY 03-04</u>
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Expenses: Travel for the Advisory Committee (contractual): travel costs associated with 9 advisory committee members attending two meetings per year.

2 trips x 9 persons x \$300 airfare	\$ 5,400	\$ 5,400
2 trips x 9 persons x \$50 x 2 days per diem	\$ 1,800	\$ 1,800
2 trips x 9 persons x \$30 x 2 days car rental	\$ 1,080	\$ 1,080
2 trips x 9 persons x 2 nights lodging x \$80/night	\$ 2,880	\$ 2,880

TOTAL EXPENSES	\$11,160	\$11,160
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Contracted Services:

Contract Consultant	\$92,168	\$92,168
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Broadcast Media

Television

Production

Four 30-second spots with 15 second edits (includes all costs)	\$ 500,000	\$ 500,000
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Airtime

On the air in Florida's ten major designated Market Areas: Miami-Dade/Ft. Lauderdale, West Palm	\$3,400,000	\$3,400,000
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	<u>FY 02-03</u>	<u>FY 03-04</u>
Beach/Ft. Pierce, Ft. Myers, Orlando/Melbourne/Daytona, Tampa/St. Petersburg, Gainesville/Ocala, Tallahassee, Jacksonville, Pensacola, Panama City for approximately 6-8 months. Includes combination of network television and cable television.		
Radio		
<i>Production</i>		
Four 60-second spots with 30 second edits	\$ 80,000	\$ 80,000
<i>Airtime</i>	\$ 900,000	\$900,000
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		
<u>Billboards</u>	\$ 210,00	\$ 210,000
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.		
<u>Bus Shelters</u>	\$ 30,000	\$ 30,000
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.		
<u>Outdoor Storefront Placards</u>	\$ 252,000	\$ 252,000
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
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
Total Recurring Costs	<u>\$5,525,328</u>	<u>\$5,525,328</u>

B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

1. Revenues:

N/A

2. Expenditures:

N/A

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

Those in need of increased awareness of issues relating to prostate cancer will benefit to the extent that implementation of the awareness program achieves its expectations.

D. FISCAL COMMENTS:

None

III. 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 actions 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 in the expenditure of funds.

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

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

IV. COMMENTS:

A. CONSTITUTIONAL ISSUES:

None.

B. RULE-MAKING AUTHORITY:

None.

C. OTHER COMMENTS:

A question can be raised as to why this proposed program is necessary given the directive that already exists in s. 240.5121(4)(m), F.S., for the Cancer Control and Research Advisory Council to include prostate cancer education and screening information as part of its assigned duties.

In its review of the bill, the DOH suggested the addition of a person with health education and social marketing experience to the prostate cancer advisory committee.

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V. AMENDMENTS OR COMMITTEE SUBSTITUTE CHANGES:

When the Committee on Health Promotion heard the bill on January 8, 2002, one amendment was adopted (page 3, between lines 23 and 24) which added as a member of the prostate cancer advisory committee one person with health education and social marketing experience.

VI. SIGNATURES:

COMMITTEE ON COMMITTEE ON HEALTH PROMOTION:

Prepared by:

Staff Director:

Phil E. Williams

Phil E. Williams

AS REVISED BY THE COMMITTEE ON HEALTH & HUMAN SERVICES APPROPRIATIONS:

Prepared by:

Staff Director:

Tom Weaver

Cynthia Kelly

AS FURTHER REVISED BY THE COUNCIL FOR HEALTHY COMMUNITIES:

Prepared by:

Council Director:

Phil E. Williams

David M. De La Paz