

HOUSE OF REPRESENTATIVES STAFF ANALYSIS

BILL #: CS/CS/HB 137 Prostate Cancer Awareness Program
SPONSOR(S): Higher Education Appropriations Subcommittee; Renuart
TIED BILLS: **IDEN./SIM. BILLS:** SB 414

REFERENCE	ACTION	ANALYST	STAFF DIRECTOR or BUDGET/POLICY CHIEF
1) Health & Human Services Access Subcommittee	15 Y, 0 N, As CS	Holt	Schoolfield
2) Higher Education Appropriations Subcommittee	12 Y, 0 N, As CS	Garner	Heflin
3) Health & Human Services Committee			

SUMMARY ANALYSIS

Currently, the Prostate Cancer Awareness Program is housed within the Department of Health and has not been funded since the 2002-2003 fiscal year. The bill expands the purpose of the Prostate Cancer Awareness Program and transfers all duties and responsibilities for implementing the Prostate Cancer Awareness Program (Program) from the Department of Health and the Florida Public Health Institute, Inc. to the University of Florida, Prostate Disease Center (Center) to:

- Promote prostate cancer awareness;
- Communicate the advantages of early detection;
- Report recent progress in prostate cancer research and the availability of clinical trials;
- Minimize health disparities through outreach and education;
- Communicate best practices principles to physicians involved in the care of prostate cancer patients; and
- Establish a communication platform for patients and their advocates.

The bill changes the name of the Prostate Cancer Advisory Committee to the University of Florida Prostate Disease Center (UFPDC) Prostate Advisory Council (Council) and substantially expands the duties of the Council. The Center is directed to lead the Council in developing and implementing strategies to improve outreach and education to reduce the number of patients who develop prostate cancer. The bill amends the membership, appointment terms, duties, and deletes per diem and travel reimbursement provisions for the Council.

The bill has no fiscal impact to the state or local governments. (See Fiscal Comments.)

The bill provides for an effective date of July 1, 2011.

FULL ANALYSIS

I. SUBSTANTIVE ANALYSIS

A. EFFECT OF PROPOSED CHANGES:

Background

Prostate Cancer

Prostate cancer is cancer that starts in the prostate gland. The prostate is a gland in the male reproductive system located just below the bladder (the organ that collects and empties urine) and in front of the rectum (the lower part of the intestine)¹

Prostate cancer is now the second leading cause of cancer death in men, exceeded only by lung cancer.² Prostate cancer is uncommonly seen in men younger than 50 years; the incidence rises rapidly with each decade thereafter.³ There were 99,745 Floridians diagnosed with cancer in 2005. Prostate cancer accounted for 13 percent of that total.⁴

Number of New Cancer Cases, Florida, 2005

	All Cancers	Prostate	Breast
Florida	99,745	13,253	12,428
Female	46,575	-0-	12,428
Male	53,095	13,253	-0-
Black	8,734	1,701	1,077
White	88,333	11,125	11,034

Source: Florida Cancer Data System

Not everyone experiences symptoms of prostate cancer.⁵ Many times, signs of prostate cancer are first detected by a doctor during a routine check-up. Conversely, the signs of prostate cancer are not limited specifically to a diagnosis of cancer, instead, a doctor may identify a non-cancerous prostate problem.⁶ Symptoms include:⁷

- A need to urinate frequently, especially at night
- Difficulty starting urination or holding back urine
- Weak or interrupted flow of urine
- Painful or burning urination
- Difficulty in having an erection
- Painful ejaculation
- Blood in urine or semen

¹ National Institute of Health, National Cancer Institute, *General Information About Prostate Cancer*, available at: <http://www.cancer.gov/cancertopics/pdq/treatment/prostate/Patient> (last viewed February 11, 2011)

² National Institute of Health, National Cancer Institute, *Prostate Cancer Screening*, available at: <http://www.cancer.gov/cancertopics/pdq/screening/prostate/HealthProfessional/page2> (last viewed February 11, 2011).

³ *Id.*

⁴ Florida Department of Health, Bureau of Epidemiology, Florida Cancer Data System. *Florida Annual Cancer Report: 2005 Incidence and Mortality*, available at: http://www.doh.state.fl.us/disease_ctrl/epi/cancer/Annual.html (last viewed February 11, 2011).

⁵ Prostate Cancer Foundation, *Understanding Prostate Cancer: Prostate Cancer Symptoms*, http://www.pcf.org/site/c.leJRIROrEpH/b.5802031/k.6CE8/Prostate_Cancer_Symptoms.htm (last viewed February 11, 2011).

⁶ *Id.*

⁷ *Id.*

- Frequent pain or stiffness in the lower back, hips, or upper thighs (only when the cancer has spread)

Recommendations for Screening

When to start screening for prostate cancer varies depending upon risk. Age 40 is generally considered a reasonable time to start screening for those at highest risk (genetic predispositions or strong family histories of prostate cancer at a young age). Some recommend an initial prostate-specific antigen (PSA)⁸ blood test and digital rectal exam⁹ at age 40, and others recommend starting at age 50. Practitioners who recommend against regular screening rationalize that because most prostate cancers grow very slowly, the side effects of treatment would likely outweigh any benefit that might be derived from detecting the cancer at a stage when it is unlikely to cause problems.¹⁰ When to stop screening is also controversial among practitioners. Some practitioners propose 75 as a reasonable cut-off age. While others, suggest that screening and treatment is an individual decision based on life expectancy and overall current health.¹¹

Recent studies of screening in large U.S. and European populations have suggested that the benefits of screening may not occur for ten or more years after screening, given the long natural history of prostate cancer. These studies also suggest that many men will need to be screened (over 1,000) and treated (nearly 50) to save one life from prostate cancer.¹²

Effects of the Bill

Prostate Cancer Awareness Program

In 2004, the Legislature created the Prostate Cancer Awareness Program (Program) within the Department of Health (DOH).¹³ The Program is charged with implementing the recommendations of the January 2000 Florida Prostate Cancer Task Force and to provide for statewide outreach and health education activities to ensure men are aware of and appropriately seek medical counseling for prostate cancer as an early detection health care measure.¹⁴ According to s. 381.911(2), F.S., the DOH and the Florida Public Health Institute, Inc. (Institute) are tasked with implementing the Program by:

- Conducting activities directly or enter into a contract with a qualified nonprofit community education entity; and
- Seeking any available gifts, grants, or funds from the state, the Federal Government, philanthropic foundations, and industry or business groups.

The bill removes references to the DOH and Institute and transfers all duties and responsibilities related to the implementation of the Program to the University of Florida, Prostate Disease Center¹⁵ (Center). The bill expands the scope of the Program to:

- Promote prostate cancer awareness;
- Communicate the advantages of early detection;

⁸ Elevated levels of PSA in blood serum are associated with benign prostatic hyperplasia and prostate cancer.

⁹ A procedure, in which, the physician inserts a gloved finger into the rectum to examine the rectum and the prostate gland for signs of cancer.

¹⁰ Prostate Cancer Foundation, Understanding Prostate Cancer: Early Detection & Screening, http://www.pcf.org/site/c.leJRIROrEpH/b.5802037/k.6B8C/Early_Detection_Screening.htm (last viewed February 11, 2011).

¹¹ *Id.*

¹² *Id.*

¹³ ch. 2004-2, L.O.F.

¹⁴ s. 381.911(1), F.S.

¹⁵ The Dean of University of Florida, College of Medicine, approved the creation of the UF Prostate Cancer Disease Center on February 2, 2009. The Center is housed under the Department of Urology. The Center's mission strictly follows the University's strategic plan to become a national leader in translational research and teaching institute that ultimately means better overall patient care. The Center focuses on interdisciplinary research and educational efforts that facilitate the development of new and better diagnostic tools and treatment methods for prostate diseases, including prostate cancer, benign prostate hyperplasia, inflammatory prostate disorders, and other urogenital diseases.

- Report recent progress in prostate cancer research and the availability of clinical trials;
- Minimize health disparities through outreach and education;
- Communicate best practices principles to physicians involved in the care of prostate cancer patients; and
- Establish a communication platform for patients and their advocates.

The bill requires the center to work with other agencies, organizations, and institutions to create a systematic approach to community education and awareness.

Prostate Advisory Committee v. Council

The Prostate Cancer Advisory Committee (Committee) is created under s. 381.911(3), F.S., to advise and assist the DOH and the Institute in implementing the program. The State Surgeon General is responsible for appointing the following advisory committee members:

- Three persons from prostate cancer survivor groups or cancer-related advocacy groups;
- Three persons who are scientists or clinicians from public universities or research organizations; and
- Three persons who are engaged in the practice of a cancer-related medical specialty from health organizations committed to cancer research and control.

Committee members serve without compensation, but are entitled to reimbursement for per diem and travel expenses.

The bill changes the Committee to the UFPDC Prostate Cancer Advisory Council (Council). The Center is directed to lead the Council in developing and implementing strategies to improve outreach and education to reduce the number of patients who develop prostate cancer. The Executive Director of the Center, in consultation with the DOH's Comprehensive Cancer Control Program¹⁶, the Florida Cancer Control Program¹⁷, and the State Surgeon General are to create a geographically and institutionally diverse council, such that the composition includes:

- Two persons from prostate cancer survivor groups or cancer-related advocacy groups;
- A licensed allopathic physician;
- A licensed osteopathic physician;
- A scientist;
- The Executive Director of the UFPDC or a designee; and
- Three persons who are engaged in the practice of a cancer-related medical specialty from health organizations committed to cancer research and control.

The bill states that members of the Council are volunteers and deletes language that allows members to receive reimbursement for per diem and travel expenses. The bill creates 4-year staggered terms for appointed council members and requires them to meet annually, at the call of the Executive Director of the Center, or by a majority vote of the members. The bill stipulates that five members constitute a quorum and an affirmative vote of the majority is required for final actions.

The bill specifies that the Council is required to:

- Present prostate-cancer-related policy recommendations to the DOH and other appropriate governmental entities;

¹⁶ The Department of Health, Bureau of Chronic Disease Prevention and Health Promotion, Comprehensive Cancer Control Program, was created through a cooperative agreement with the Centers for Disease Control and Prevention (CDC). The program focuses on prevention activities that address risk behaviors, which impede health, such as tobacco use, poor nutrition, lack of physical activity, and UV exposure. Primarily, the program focuses its efforts on colorectal, lung, ovarian, prostate and skin cancers. *See*: <http://www.doh.state.fl.us/family/cancer/ccc/index.html> (last viewed March 1, 2011).

¹⁷ The Cancer Control and Research Act pursuant to s. 1004.435, F.S., creates within the H. Lee Moffitt Cancer Center and Research Institute, Inc., the Florida Cancer Control and Research Advisory Council. The council shall consist of 34 members, which are tasked with approving the Florida Cancer Plan. The Plan must include guidelines on the care and treatment of persons suffering from cancer and recommend the establishment of standard requirements for the organization, equipment, and conduct of cancer units or departments in hospitals and clinics in this state.

- Assess the accuracy of prostate cancer information disseminated to the public;
- Develop effective communication channels among all private and public entities in the state involved in prostate cancer education, research, treatment, and patient advocacy;
- Plan, develop, and implement activities designed to heighten awareness and educate residents regarding the importance of prostate cancer awareness;
- Disseminate information about recent progress in prostate cancer research and the availability of clinical trials;
- Minimize health disparities through outreach and education;
- Communicate best-practices principles to physicians involved in the care of patients with prostate cancer;
- Solicit grants and funding to conduct an annual prostate cancer symposium; and
- Submit an annual report to the Governor, Legislature, and State Surgeon General by January 15, 2012, and each year thereafter, to recommending legislative changes that:
 - Decrease the incidence of prostate cancer,
 - Decrease disparities among persons diagnosed with prostate cancer, and
 - Promote increased community education and awareness of prostate cancer.

The bill removes outdated language that references a January 2000 Florida Prostate Cancer Taskforce.

B. SECTION DIRECTORY:

Section 1. Amends s. 381.911, F.S., relating to the Prostate Cancer Awareness Program.

Section 2. Provides an effective date of July 1, 2011.

II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

A. FISCAL IMPACT ON STATE GOVERNMENT:

1. Revenues:

See Fiscal Comments.

2. Expenditures:

See Fiscal Comments.

B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

1. Revenues:

None.

2. Expenditures:

None.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

See fiscal comments.

D. FISCAL COMMENTS:

In Fiscal Year 2002-2003, the General Appropriations Act (GAA) provided \$200,000 non-recurring general revenue funds for a prostate cancer awareness program.¹⁸ The GAA, via proviso language, provided the Governor the authority to appoint a Florida Prostate Cancer Awareness Task Force to advise the DOH on the use of the funds. The funds were required to be used all or in part to seek pledges for matching funds from philanthropic foundations, industry, corporations, not for profit entities, or private individuals. Additionally, based on the pledges received the state could have elected in

¹⁸ Specific Appropriation 527 found in ch. 2002-394 s. 3, L.O.F.

future years to enact a program for matching funds. According to DOH, the Program has not received any additional state or grant funding since the initial appropriation.¹⁹

The Center has stated that they currently have funds available to support all the costs associated with implementing the provisions of the bill. According to the Center, the University of Florida, Department of Urology has a total of \$587,456 in unrestricted grant funds, \$ 1.9M in unrestricted philanthropic funds, and are anticipating an additional \$1M in pledged funds, which are available to support the Center's activities.²⁰

There will be a cost to the Center to convene the Council, and staff time to implement all the outreach and education initiatives outlined in the bill. The additional responsibilities given to the Center can be implemented using existing resources. The state does not provide budget authority for university grants or philanthropic funds, which are the existing resources the University of Florida will be using to support these additional responsibilities.

III. COMMENTS

A. CONSTITUTIONAL ISSUES:

1. Applicability of Municipality/County Mandates Provision:

Not applicable. The bill does not appear to: require counties or municipalities to spend funds or take an action requiring the expenditure of funds; reduce the authority that counties or municipalities have to raise revenues in the aggregate; or reduce the percentage of a state tax shared with counties or municipalities.

2. Other:

None.

B. RULE-MAKING AUTHORITY:

The provisions of the bill do not require rule-making authority to implement.

C. DRAFTING ISSUES OR OTHER COMMENTS:

None.

IV. AMENDMENTS/ COMMITTEE SUBSTITUTE CHANGES

On March 9, 2011, the Health & Human Services Access Subcommittee adopted a strike-all amendment and reported the bill favorably as a committee substitute. The amendment:

- Deletes fiscal language, "To the extent funds are specially made available for this purpose...", allowing the Center to implement the program without a specific state appropriation;
- Removes permissive language and requires the Center to work with other agencies, organizations, and institutions;
- Changes the UFPDC Prostate Cancer Taskforce to the UFPDC Prostate Cancer Advisory Council;
- Requires the advisory council to "assess" the accuracy of prostate cancer information instead of "verifying";
- Removes the requirement that the Taskforce establish a tissue bank; and
- Removes requirement that the Center work with other organizations to develop and maintain a Prostate Cancer Registry.

This analysis is drafted to the committee substitute.

¹⁹ Per email correspondence with DOH staff on file with the Health & Human Services Access Subcommittee staff (February 18, 2011).

²⁰ Per email correspondence with Thomas Crawford, MBA, FACHE, Chief Operating Officer, Prostate Disease Center, on file with the Health & Human Services Access Subcommittee staff (February 11, 2011).

On March 28, 2011, the Higher Education Appropriations Subcommittee adopted two amendments and reported the bill favorably as a committee substitute. The amendments:

- Specified only private grants may be sought as an available funding source for the implementation of the program; and
- Specified the UFPDC and advisory council shall be funded within existing resources of the university.