

**SUBJECT:** Implementing a cervical cancer initiative

**COMMITTEE:** Public Health — favorable, without amendment

**VOTE:** 8 ayes — Delisi, Laubenberg, Truitt, Coleman, Dawson, Jackson, McReynolds, Zedler

0 nays

1 absent — Solis

**WITNESSES:** For — Susan Crosby, Women in Government. (*Registered, but did not testify*: Syed Ahmed, Living Bank; Doc Arnold, American Cancer Society; Greg Herzog, TMA; Dinah Welsh, Texas Hospital Association; Lisa Whitaker)

Against — None

On — Cindy Jones, Department of State Health Services

**BACKGROUND:** Cervical cancer is the second most common cancer in women worldwide with about 470,000 cases diagnosed each year. Texas has the second-highest cervical cancer incidence in the United States with an estimated 10,370 cases and more than 3,700 related deaths this year. Cervical cancer is preventable with early detection and monitoring.

The Department of State Health Services and The Texas Cancer Council provide public health programs in disease prevention and education. DSHS has a wide variety of reporting programs, including a smoking/lung cancer prevention program and a program for early cancer detection awareness. The Texas Cancer Council has more than 30 prevention and education initiatives across the state, including early colon cancer detection, skin cancer awareness, and education for health care professionals. They also have established the 2003 Action Plan on Breast and Cervical Cancers for Texas.

**DIGEST:** HB 2475 would implement a cervical cancer initiative, placing the Department of State Health Services (DSHS) in charge of developing a

strategic plan to eliminate mortality from cervical cancer by 2015. In developing this plan, DSHS would:

- identify obstacles to effective screening and treatment
- identify ways to increase the number of women receiving regular screenings
- review current technologies and best practices for screening;
- review technology available to diagnose and prevent infection by Human Papilloma Virus (HPV);
- develop partnerships with public and private entities;
- identify gaps in service for screening and treatment;
- identify actions and a timeline to reduce the morbidity and mortality of women from cervical cancer by the year 2015.

DSHS and the Texas Cancer Council would assemble workgroups that could include physicians and nurses specializing in cervical cancer research, treatment, and screening; cancer epidemiologists; medical or public health school representatives; health educators from secondary or post-secondary institutions; representatives of geographic areas with high risk levels of cervical cancer; representatives of community-based organizations involved in awareness, support, or education; and any other representatives that DSHS determined were necessary.

The plan would be delivered by DSHS to the governor and members of the Legislature no later than December 31, 2006. The requirements of HB 2475 would expire on January 1, 2007.

The bill would take effect September 1, 2005.

**SUPPORTERS  
SAY:**

HB 2475 would prioritize prevention and elimination of cervical cancer. The cervical cancer initiative would heighten awareness and educate the public about the technology and information available to prevent the disease.

For the first time in human history, there is a real possibility that no one needs to die from a certain type of cancer. Technology has shown doctors what causes cervical cancer as well as how to treat and test for it. This initiative would map out how people could stop dying and suffering from this disease. Although eliminating cancer mortality is an ambitious goal, it also would have seemed impossible to say 100 years ago that something could be done to prevent deaths from smallpox or polio.

HB 2475 would give stakeholders, such as physicians, nurses, educators, and community-based organizers, the opportunity to contribute their expertise. The bill also would allow hospitals to develop relationships within the community.

Improved public education regarding cervical cancer is one of the most important components of beating and preventing it. Screenings and advanced technologies are an excellent way to prevent mortality. This bill ultimately could provide more women with access to knowledge of the services and technologies available for detection and treatment.

**OPPONENTS  
SAY:**

While developing a plan to coordinate efforts to prevent cervical cancer and promote public awareness is a worthy goal, the Texas Cancer Council already has established the 2003 Action Plan on Breast and Cervical Cancers for Texas, which was created in 1993 and updated and improved in 2003. Many of the goals and objectives of the current plan are similar to the proposed initiatives in HB 2475, including: providing information about breast and cervical cancer prevention, screening, diagnosis, treatment, rehabilitation, and support; ensuring appropriate access to and utilization of quality breast and cervical cancer control programs; stimulating and supporting collaborations among stakeholders to initiate, coordinate, and evaluate breast and cervical cancer policies and services; and ensuring continuity, quality, and timely availability of breast and cervical cancer data in Texas to assess progress in prevention and control and to support the development of research that furthers the goals of the Action Plan on Breast and Cervical Cancers for Texas. Updating or strengthening the current plan would be more financially sound than creating a new one.

Using the word "eliminate" when speaking of cancer mortality could set the initiative up for failure. Using the initiative to reduce, decrease, or lower the cervical cancer rate in women would be a more reasonable and realistic goal.