

***CANCER CONTROL
AND
RESEARCH ADVISORY COUNCIL
(C-CRAB)***

1993 ANNUAL REPORT

**Warren E. Ross, M.D., Chair
Dorothy F. Parker, M.H.S., Coordinator**

**C-CRAB
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February 15, 1994

**CANCER CONTROL AND RESEARCH ADVISORY COUNCIL
(C-CRAB)**

1993 ANNUAL REPORT

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1993 C-CRAB ANNUAL REPORT

EXECUTIVE SUMMARY

FLORIDA CANCER PLAN: C-CRAB approved the annual Florida Cancer Plan. The plan identifies breast and cervical cancer screening, and tobacco control programs as top priorities.

C-CRAB BUDGET REQUEST: To implement the programs recommended in the Florida Cancer Plan, a \$3.57M budget was developed. The budget includes funding for mobile mammography programs, a breast cancer treatment options brochure, and breast and cervical cancer outreach and education programs. It also proposes a network of resource centers, based at the university cancer centers, that will evaluate new technologies in cancer prevention and detection, minority issues in cancer control, pediatric cancers, cancer data management, and other areas of cancer control.

HEALTH CARE REFORM: Technical Advisory Group (TAG), composed of C-CRAB members and other health care experts, developed recommendations to AHCA regarding basic health care benefits. The recommendation was submitted to AHCA, and C-CRAB continues to provide input in the reform process on cancer-related issues.

TOBACCO-FREE FLORIDA PROGRAMS: In 1993, HRS received a federal grant to develop a Tobacco-Free Florida Plan and a form a statewide coalition. Under the direction of Dr. Joyner Sims, Office of Health Promotion and Wellness, a 50-member coalition was created, and they have developed a Plan that has been submitted to the Legislature in 1994. C-CRAB is participating in the coalition, and endorses its plan to reduce tobacco consumption in Florida.

BREAST AND CERVICAL CANCER EARLY DETECTION PROGRAM: HRS was also awarded a planning grant which is part of a nationwide effort to reduce breast and cervical cancer. The grant will enable HRS to convene a statewide advisory coalition, and to develop a comprehensive program to offer education and screening for low income, uninsured and high risk populations. The coalition will be created in 1994 under C-CRAB by reactivating C-CRAB's Breast and Cervical Cancer Technical Advisory Group (TAG).

BREAST CANCER TASK FORCE: The 1993 Legislature created a Breast Cancer Task Force to identify where public awareness and education about breast cancer are lacking and preparing recommendations to increase public awareness of the importance of early detection and treatment of breast cancer. The C-CRAB Coordinator at the H. Lee Moffitt Cancer Center also serves as the Coordinator of the Breast Cancer Task Force. C-CRAB is participating in the Task Force, which will terminate on January 15, 1995, with a final report to the Governor and Legislature.

MEMBERSHIP: Two members were added to C-CRAB in 1993; one representative of the University of Florida Shands Cancer Center, and one from the Agency for Health Care Administration (AHCA).

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BYLAWS: The Bylaws were revised to reflect the transfer of C-CRAB from the Department of Health and Rehabilitative Services (HRS) to the H. Lee Moffitt Cancer Center, as well as other changes such as the composition of the Executive Committee, selection of officers, schedule of meetings, etc.

CHAIRPERSON AND EXECUTIVE COMMITTEE: Warren E. Ross, M.D., representative from the University of Florida College of Medicine, is the current Chairperson. Dr. Ross heads the Executive Committee, which includes: Clarence H. Brown, III, M.D., Orlando Cancer Center; Jean Byers, Florida Tumor Registrars Association; Jeffrey P. Krischer, Ph.D., Florida Association of Pediatric Tumor Programs; John C. Ruckdeschel, M.D., H. Lee Moffitt Cancer Center; Charles Eytel, M.D., American Cancer Society; Edward J. Trapido, Sc.D., Sylvester Cancer Center; John J. Witte, M.D., HRS.

MEETINGS: There were two Council meetings and three Executive Committee meetings in 1993. The main issues discussed were cancer-related bills from the 1993 legislative session, revisions to the Florida Cancer Plan, funding for C-CRAB, recommendations to AHCA for cancer-related basic benefits, activities of the Bone Marrow Transplant Advisory Panel, and HRS projects in tobacco control, and breast and cervical cancer early detection.

For additional information about C-CRAB, please contact:

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1993 ANNUAL REPORT

I. ENABLING LEGISLATION

The Cancer Control and Research Advisory Council (C-CRAB) is created by Section 240.5121, Florida Statutes. Chapter 93-175, Laws of Florida (see **Attachment 1**), created the following changes in the C-CRAB statute:

- Increasing the number of members from 30 to 32 by adding a representative of the University of Florida Shands Cancer Center, and a representative of the Agency for Health Care Administration; and
- Requiring that at least 10 members of C-CRAB be minority persons as defined by s. 288.703(3), F.S., the Florida Small and Minority Business Assistance Act of 1985. The definition of minority persons includes racial and ethnic minorities, as well as women.

Eight of the current 27 members (30%) meet the criteria for minority persons. It is expected that other minority persons will be appointed to fill at least two of the five vacancies on the Council (see Membership Activity below).

As in previous years, no funds were appropriated for the Florida Cancer Control and Research Fund (s. 240.5121(6)) by the 1993 legislature. Therefore no grants or contracts were awarded for cancer control and prevention, cancer education and training, cancer research, nor were funds appropriated for C-CRAB operating expenses. Operating expenses were paid for by the H. Lee Moffitt Cancer Center & Research Institute.

II. MEMBERSHIP ACTIVITY

A current list of C-CRAB members can be found in **Attachment 2**. The following appointments were made in 1993:

A. Members Reappointed:

1. Jean A. Byers, C.T.R., Florida Tumor Registrars Association
2. Denis Cavanagh, M.D., University of South Florida College of Medicine
3. Jane D. Garcia, A.R.N.P., Florida Nurses Association
4. Herbert D. Kerman, M.D., Florida Society of Clinical Oncology
(formerly representing the Association of Community Cancer Centers)
5. Jeffrey P. Krischer, Ph.D., Florida Association of Pediatric Tumor
Programs
6. Warren E. Ross, M.D., University of Florida College of Medicine

B. New Appointments

1. Clarence H. Brown, III, M.D., Orlando Cancer Center
2. Kerry E. Chamberlain, D.O., Florida Osteopathic Medical Association
3. Marcia W. DeSonier, R.N., M.S.W., Florida Hospital Association
4. James T. Howell, M.D., Agency for Health Care Administration
5. Phillip J. Marty, Ph.D, University of South Florida College of Public Health
7. Nancy P. Mendenhall, M.D., University of Florida Shands Cancer Center
8. John C. Ruckdeschel, M.D., H. Lee Moffitt Cancer Center & Research Institute
9. William Schiff, D.D.S., Florida Dental Association
10. Frances Sykes, General Public
11. Jenó E. Szakacs, M.D., Florida Society of Pathologists

C. New Legislative Appointments

1. Senator Ginny Brown-Waite, appointed by President of the Senate, Ander Crenshaw
2. Representative Debby Sanderson, appointed by Speaker of the House, Bo Johnson

D. Current Vacancies: Nominations are being processed for the following positions:

1. Association of Community Cancer Centers
2. Florida Radiological Society
3. Florida Pediatric Society
4. Two general public representatives

III. BYLAWS

During the first few months of 1993, the C-CRAB Bylaws were revised to reflect changes resulting from the 1992 transfer from the Department of Health and Rehabilitative Services (HRS) to the H. Lee Moffitt Cancer Center, and changes in operating procedures, such as the composition of the Executive Committee, procedures for selecting officers, schedule of meetings, etc. The bylaws were adopted by the Council on April 27, 1993. A copy of the bylaws can be found in Attachment 3.

IV. C-CRAB CHAIRPERSON AND EXECUTIVE COMMITTEE

Warren E. Ross, M.D., representative from the University of Florida College of Medicine, was nominated as Chairperson of C-CRAB. He served as Acting Chair until his official appointment from the Governor, which was made in November, 1993.

As stipulated in the bylaws, the Executive Committee consists of the representatives from HRS, The American Cancer Society (ACS), the university-based cancer centers, and others appointed by the Chairperson. Members of the Executive Committee are:

Clarence H. Brown, III, M.D., Orlando Cancer Center
Jean Byers, Florida Tumor Registrars Association
Jeffrey P. Krischer, Ph.D., Florida Association of Pediatric Tumor Programs
Elisabeth McKeen, M.D., Florida Society for Clinical Oncology*
Warren E. Ross, M.D., University of Florida College of Medicine
John C. Ruckdeschel, M.D., H. Lee Moffitt Cancer Center
Don Thomas (for Dr. Charles Eytel), American Cancer Society
Edward J. Trapido, Sc.D., Sylvester Cancer Center
John J. Witte, M.D., HRS

* As of 12/1/93, Dr. McKeen is no longer on C-CRAB

V. MEETINGS

A. Council Meetings

There were two meetings held during 1993. Copies of the minutes from these meetings can be found in **Attachment 4**.

The first was held April 27th in Tampa. The main points of discussion were cancer-related issues from the 1993 legislative session, revisions to the Florida Cancer Plan, and a discussion about future funding for C-CRAB to implement the Plan.

The second meeting was held on September 28th in Tampa. The main issues were Florida's health care reform and C-CRAB's recommendations for basic benefits, the Florida Cancer Plan Summary and C-CRAB request, the recommendations of the Bone Marrow Transplant Advisory Panel, and HRS projects in tobacco control, and breast and cervical cancer early detection.

B. Executive Committee Meetings

The Executive Committee held three meetings in 1993: January 12, April 2 and July 19. Copies of the minutes from these meetings can be found in **Attachment 5**. Issues discussed included C-CRAB Bylaws, 1993 legislative issues such as the proposed tobacco tax increase and the Breast Cancer Task Force, the creation of a Technical Advisory Group to address health care reform and basic benefits in Florida, cancer control activities in other states as a model for Florida, and plans for funding of C-CRAB.

VI. FLORIDA CANCER PLAN SUMMARY AND C-CRAB BUDGET REQUEST

The *Florida Cancer Plan* is revised each year to include updates in data, suggestions from C-CRAB, and to meet requirements of the Data Based Intervention grant that HRS received from the National Cancer Institute. The current version was approved by C-CRAB in September, 1993. The top priorities identified in the Plan are prevention/reduction of tobacco use, and early detection of breast and cervical cancer. Other areas addressed in the plan are Access to Preventive Care and Screening, Emerging Issues (in cancer control), and coordination and focus of cancer prevention and control efforts in Florida. The Executive Summary of the Plan can be found in Attachment 6, and a copy of the 73-page report can be obtained by calling the HRS Cancer Epidemiology Program at (904) 488-2907 or the C-CRAB Coordinator's office at (813) 632-1339.

To implement the recommendations outlined in the Florida Cancer Plan, C-CRAB developed a Florida Cancer Plan Summary and a budget request for \$3.57 million to implement the recommendations of the Florida Cancer Plan (see Attachment 7). These documents will be distributed to legislators during the 1994 session.

The specific programs for which funding is requested include mobile mammography programs, a breast cancer treatment options brochure (as mandated by law but not currently funded), breast and cervical cancer outreach and education programs. In addition, the budget includes funds for resource centers, to be located at the university-based cancer centers, that will serve as a clearinghouse, research and education center for new technologies and methods in cancer prevention and detection, e.g., colorectal and prostate cancers. Centers that address minority issues in cancer control, pediatric cancers, and cancer data management are also proposed, as is a national cancer control symposium that will enhance visibility of Florida's cancer control activities. In addition, C-CRAB proposes to establish an Office of Cancer Control at each of the university-based cancer centers (Shands, Moffitt and Sylvester) plus two satellite centers (in Orlando and Jacksonville). These offices will coordinate cancer control activities in their region, and provide a core staff to seek additional funding for cancer control programs. Funding for tobacco control and smoking cessation programs are not included in the C-CRAB budget request; they will be requested in the Tobacco-Free Florida Plan, which is coordinated out of the HRS Office of Health Promotion and Wellness.

VII. TECHNICAL ADVISORY GROUPS

C-CRAB's mechanism for addressing specific issues is to form a Technical Advisory Group (TAG) on that issue. The TAGs are composed of both C-CRAB members as well as other professionals in the state with expertise related to the group's task. In 1991 and 1992, there were four TAGS that helped develop the Florida Cancer Plan.

The groups were: Breast and Cervical Cancer; Smoking Cessation and Tobacco Issues; Emerging Issues; and Access to State-of-the-Art Treatment. These committees were not active in 1993 because their task of developing the Florida Cancer Plan was completed. However, the Breast and Cervical Cancer TAG will be reactivated in 1994 and will serve as a statewide advisory body for a federal grant received by HRS for the Breast and Cervical Cancer Early Detection Program, funded by the federal Centers for Disease Control and Prevention.

A. Health Care Reform TAG

In 1993, a new TAG was created to make recommendations to the Agency for Health Care Administration (AHCA) on health care reform activities in Florida as they relate to cancer. The TAG consisted of the following individuals:

Phillip Marty, Ph.D., Univ. of So. FL College of Public Health [Chair]
Clarence Brown, M.D., Orlando Cancer Center
Albert Einstein, M.D., H. Lee Moffitt Cancer Center
Richard Hopkins, M.D., HRS
James Howell, M.D., Agency for Health Care Administration
Bob Powell, Sylvester Cancer Center
Jim Studnicki, Sc.D., Univ. So. Florida College of Public Health
Gary Walker, J.D., Univ. of So. FL College of Public Health

When the Agency for Health Care Administration formed its Advisory Groups in July, 1993, the Health Care Reform TAG obtained materials regarding the committee's activities, and C-CRAB staff attended some of the meetings. It was decided to focus on the Basic Benefit Standards Committee, and to develop recommendations for benefits to be included in the basic package.

A copy of the recommendations developed by the TAG can be found in Attachment 8. These were presented at a public hearing held by the AHCA Basic Benefits Standards Committee on September 15, 1993.

Since the full C-CRAB Council did not meet until September 28th, after the recommendations were presented, a few revisions were made based on the Council's discussion. The revised recommendations were forwarded to AHCA.

A copy of the draft proposed basic benefits, which was released on November 15, was reviewed by the C-CRAB TAG and Executive Committee. Reaction to the draft was prepared and submitted to AHCA on December 15th. The final proposed benefits package was presented to the Legislature on January 4, 1994. The revised package contained a significant change, recommended by C-CRAB: moving coverage for screening mammograms to Preventive and

Education Services which are not subject to insurance copayments, coinsurance or calendar year deductibles. This will remove financial barriers for insured women to obtaining mammograms.

The proposed benefits are generous in the area of screening and early detection for cancer; coverage for Pap smears, colorectal and prostate screening are included under the Preventive and Education Services. Issues that still concern C-CRAB that are not covered in the proposed benefits package are coverage for off-label drugs, coverage for medical care costs associated with patients on clinical investigation protocols, and coverage for smoking cessation programs and treatments.

B. Breast and Cervical Cancer TAG

The Breast and Cervical Cancer TAG will be reactivated in 1994 to serve as the statewide advisory coalition for the federally-funded Breast and Cervical Cancer Early Detection Program, operated out of HRS (see Section VIII below for details).

VIII. BREAST AND CERVICAL CANCER EARLY DETECTION PROGRAM

In 1993, HRS received a planning (Core Capacity Building) grant from the federal Centers for Disease Control (CDC). The funding is part of a nationwide effort that stems from the federal Breast and Cervical Cancer Mortality Prevention Act of 1990 (Public Law 101-354, Title XV, Public Health Service Act). In this program, money is granted to state health departments to ultimately make screening for breast and cervical cancers available to all women, with a special focus on low income, uninsured and high risk populations. HRS plans to apply for a Comprehensive Grant from CDC which will enable them to implement the plans developed via the Core Capacity Building Grant. The Comprehensive Grant will provide federal dollars for screening and follow-up for low income and uninsured women, which will be a major asset to Florida's cancer control efforts.

As part of the Core Capacity Building Grant, a statewide advisory coalition is being formed. It has been decided that the C-CRAB Breast and Cervical Cancer Technical Advisory Group (TAG) will be revitalized (e.g., new members appointed) to serve as this advisory body. It is expected that the coalition will be in place by Spring 1994. A Steering Committee for the coalition has been formed, consisting of HRS staff, the C-CRAB Coordinator, ACS staff, and the directors of the Cancer Information Service and the Florida Cancer Data System.

IX. TOBACCO-FREE FLORIDA PLAN AND COALITION

The HRS Office of Health Promotion and Wellness, which is headed by Dr. Joyner Sims, has taken the lead in tobacco prevention and control activities. The activities follow from the priorities established in the Florida Cancer Plan, and have been endorsed by C-CRAB. To help implement its programs, HRS received a federal grant to plan and organize tobacco control activities in Florida. The activities include the formation of a Tobacco-Free Florida Coalition, and a Tobacco-Free Florida Plan that will be submitted to the legislature in 1994.

The 50-member Coalition includes representatives from many of the organizations represented on C-CRAB, e.g., American Cancer Society, Florida Dental Association, Florida Hospital Association, Florida Medical Association, Florida Nurses Association, Florida Osteopathic Medical Association, Florida Pediatrics Association, H. Lee Moffitt Cancer Center, HRS, University of Florida, and University of South Florida. Dr. Warren Ross represents C-CRAB on the Tobacco-Free Florida Coalition, Dr. John Ruckdeschel represents the H. Lee Moffitt Cancer Center, Dr. William Schiff represents the Florida Dental Association, and Dr. Phillip Marty, Chair of the Coalition, represents the University of South Florida College of Public Health. The C-CRAB Coordinator, Dorothy Parker, is working with the Coalition and its staff to help achieve its objectives.

The Coalition met twice in 1993 (plus once by conference call). To date, they have (1) approved the Tobacco-Free Florida Plan which will be submitted to the legislature, (2) with the ACS as the lead agency, developed a grant proposal for the Robert Wood Johnson Foundation's SmokeLess States Initiative to fund statewide education and legislative programs to reduce tobacco consumption, and (3) are planning a statewide conference for June 1994 to raise the awareness of tobacco issues and to facilitate local communities to develop methods to address their problems within their communities.

C-CRAB will continue to participate in the Tobacco-Free Florida Coalition and its activities, and to provide support and coordination where needed.

X. BREAST CANCER TASK FORCE

The 1993 Florida Legislature created a Breast Cancer Task Force (Chapter 93-175, see Attachment 1). The Task Force is charged with identifying where public awareness and education about breast cancer are lacking and preparing recommendations to increase public awareness of the importance of early detection and treatment of breast cancer. The Task Force was created within the H. Lee Moffitt Cancer Center, but is separate from C-CRAB. However, the C-CRAB Coordinator, Dorothy Parker, also serves as the Coordinator of the Breast Cancer Task Force. Also, a C-CRAB

representative is one of the 16 members of the Task Force. A copy of their recommendations will also be given to C-CRAB.

The Task Force has met twice; November 12, 1993 and January 21, 1994. They have formed four committees, invited others with expertise in certain areas to work with them, and are in the process of evaluating the problem and making recommendations which will be submitted to the Governor and the Legislature by January 15, 1995.

XI. PLANS FOR 1994

C-CRAB's top priority for 1994 is for funds to be appropriated to the Cancer Control and Research Fund and to implement the Florida Cancer Plan. A packet containing a description of C-CRAB's mission, a summary of the Florida Cancer Plan, and the C-CRAB Budget Request has been prepared and will be distributed to legislators during the 1994 session.

Other priorities for 1994 are: (1) ongoing monitoring of health care reform activities in Florida, and making additional recommendations regarding basic benefits and other reform issues that will impact cancer prevention, early detection and treatment services; (2) ongoing support for legislation such as the Clean Indoor Air Act and other legislation that will help reduce cancer incidence and mortality; (3) working with the Tobacco-Free Florida Coalition; (4) work with Breast Cancer Task Force; (5) work with the Breast and Cervical Cancer Advisory Group; and (6) work with the Agency for Health Care Administration and the Department of Health and Rehabilitation Services to integrate its plan into other state health plans.

LIST OF ATTACHMENTS

- 1 Chapter 93-175, Laws of Florida**
- 2 Current Membership List**
- 3 Bylaws**
- 4 Council Meeting Minutes**
April 27, 1993
September 28, 1993
- 5 Executive Committee Minutes**
January 12, 1993
April 2, 1993
July 19, 1993
- 6 Executive Summary of Florida Cancer Plan**
- 7 Cancer Plan Summary and C-CRAB Budget Request**
- 8 C-CRAB's Basic Benefits Recommendations to AHCA**

ATTACHMENT 1

**Chapter 93-175,
Laws of Florida**

CHAPTER 93-175

Senate Bill No. 2084

An act relating to cancer control and research; establishing the Breast Cancer Task Force; providing for representation on the task force; providing responsibilities; requiring a report to the Governor and the Legislature; amending s. 240.5121, F.S.; providing two additional members of the Florida Cancer Control and Research Advisory Council; providing an effective date.

WHEREAS, the Legislature finds that the incidence of breast cancer has increased at an estimated rate of 3 percent per year since 1980, that one out of nine women will develop breast cancer over their lifetimes, and that this rate has climbed steadily since 1960 when one out of 14 women developed breast cancer, and

WHEREAS, the Legislature also finds that an estimated 10,500 women in this state will develop breast cancer in 1991 and that there is a greater incidence of breast cancer than any other form of cancer in women, and that breast cancer was projected to account for 14.4 percent of all cancers diagnosed in this state in 1991 and has been estimated to represent 7.9 percent of all cancer-related deaths in 1991, and

WHEREAS, the Legislature finds that 58 percent of all deaths caused by breast cancer could be prevented through early detection and prompt treatment, and

WHEREAS, through the establishment of a state task force on breast cancer, the Legislature intends to decrease the number of deaths due to breast cancer by increasing public awareness of breast cancer and by increasing, through public education, the percentage of women who conduct self examinations of the breast, seek breast examinations by physicians, and obtain mammograms, NOW, THEREFORE,

Be It Enacted by the Legislature of the State of Florida:

Section 1. Breast Cancer Task Force.—

(1) There is created within H. Lee Moffitt Cancer Center and Research Institute, the Breast Cancer Task Force to identify where public awareness and public education about breast cancer are lacking and to prepare recommendations to increase the public's awareness of the importance of the early detection and treatment of breast cancer.

(2) The task force is composed of 16 members to be appointed by July 1, 1993. The Governor shall appoint one representative of the University of Miami School of Medicine, one representative of the public who is a consumer advocate and who has been diagnosed with breast cancer, one representative of the Florida Cancer Control and Research Advisory Council, one representative of the H. Lee Moffitt Cancer Center and Research Institute, one representative from a statutory teaching hospital affiliated with a community-based cancer center, and the Secretary

of Health and Rehabilitative Services or his designee. At least two members appointed by the Governor shall be members of an ethnic or racial minority group. The President of the Senate shall appoint one representative of a business that has fewer than 100 employees, one representative of the University of Florida College of Medicine, one representative of the American Cancer Society, one representative of the public who is a consumer advocate and who has been diagnosed with breast cancer, and one member of the Senate. At least one member appointed by the President of the Senate shall be a member of an ethnic or racial minority group. The Speaker of the House of Representatives shall appoint one representative of a business that has more than 300 employees, one representative of the University of South Florida College of Medicine, one representative of the Association of Community Cancer Centers, one representative of the public who is a consumer advocate, and one member of the House of Representatives. At least one member appointed by the Speaker of the House of Representatives shall be a member of an ethnic or racial minority group.

(3) The task force shall exist for 1 1/2 years and shall meet as often as necessary to carry out its duties and responsibilities. Within existing resources, the H. Lee Moffitt Cancer Center and Research Institute shall provide support services to the task force.

(4) The members of the task force shall serve without compensation.

(5) The task force may obtain information and assistance from any state agency. All state agencies must give the task force all relevant information and reasonable assistance on matters related to breast cancer.

(6) The task force shall collect research and information on breast cancer and shall prepare recommendations for reducing the number of deaths related to breast cancer in this state in an interim report to the Governor and the Legislature by January 15, 1994, to be followed by a final report to the Governor and the Legislature by January 15, 1995. The reports must include specific recommendations on:

(a) Approaches to be used by state and local governments to increase public awareness of breast cancer;

(b) A plan for reducing the number of deaths related to breast cancer in this state, including:

1. The best methods to ensure that the percentage of women in this state who receive mammograms increases;

2. The best methods to ensure that the percentage of women in this state who conduct breast self examinations and who seek breast examinations from physicians increases;

(c) A system to evaluate compliance with sections 232.246, 627.6418, and 627.6613, Florida Statutes; and

(d) A program to monitor the implementation and effectiveness of task force recommendations.

(7) The task force shall provide the Florida Cancer Control and Research Advisory Council a copy of its report and all relevant materials upon the completion of its work.

(8) The task force shall cease to exist on January 15, 1995.

Section 2. Paragraph (a) of subsection (4) of section 240.5121, Florida Statutes, 1992 Supplement, is amended to read:

240.5121 Cancer control and research.—

(4) FLORIDA CANCER CONTROL AND RESEARCH ADVISORY COUNCIL; CREATION; COMPOSITION.—

(a) There is created within the H. Lee Moffitt Cancer Center and Research Institute, Inc., the Florida Cancer Control and Research Advisory Council. The council shall consist of ~~32~~ 30 members, which includes the chairperson, all of whom must be residents of this state. All members, except those appointed by the Speaker of the House of Representatives and the President of the Senate, must be appointed by the Governor. At least one of the members appointed by the Governor must be 60 years of age or older. One member must be a representative of the American Cancer Society; one member must be a representative of the Florida Tumor Registrars Association; one member must be a representative of the Sylvester Comprehensive Cancer Center of the University of Miami; one member must be a representative of the Department of Health and Rehabilitative Services; one member must be a representative of the University of Florida Shands Cancer Center; one member must be a representative of the Agency for Health Care Administration; one member must be a representative of the Florida Nurses Association; one member must be a representative of the Florida Osteopathic Medical Association; one member must be a representative of the American College of Surgeons; one member must be a representative of the School of Medicine of the University of Miami; one member must be a representative of the College of Medicine of the University of Florida; one member must be a representative of Southeastern College of Osteopathic Medicine; one member must be a representative of the College of Medicine of the University of South Florida; one member must be a representative of the College of Public Health of the University of South Florida; one member must be a representative of the Florida Society of Clinical Oncology; one member must be a representative of the Florida Obstetric and Gynecologic Society who has had training in the specialty of gynecologic oncology; one member must be a representative of the Florida Medical Association; one member must be a member of the Florida Pediatric Society; one member must be a representative of the Florida Radiological Society; one member must be a representative of the Florida Society of Pathologists; one member must be a representative of the H. Lee Moffitt Cancer Center and Research Institute, Inc.; three members must be representatives of the general public acting as consumer advocates; one member must be a member of the House of Representatives appointed by the Speaker of the House; one member must be a member of the Senate appointed by the President of the Senate; one member must be a representative of the Department of Education; one member must be a representative of the Florida Dental Association; one member must be a representative of the Florida Hospital Association; one member must be a representative of the Association of Community Cancer Centers; one member shall be a representative from a statutory teaching hospital affiliated with a community-based cancer center; and one member must be a representative of the Florida Association of Pediatric Tumor Programs, Inc. Of the members of the council appointed by the Governor, at least 10 must be individuals who are minority persons as defined by s. 288.703(3).

Section 3. This act shall take effect upon becoming a law.

ATTACHMENT 2

Current Membership List

**CANCER CONTROL AND RESEARCH ADVISORY COUNCIL (C-CRAB)
MEMBERSHIP LIST**

Pos. No.	Name & Address	Phone/Fax	Dates of Term	Organization Represented
16	Elizabeth A. Bacon-Pituch Dept. of Education 325 W. Gaines St., Rm. 422 Tallahassee, FL 32399-0400	(904) 488-3586 Fax: (904) 488-6319	2/14/92-12/31/95	Dept. of Education
30	Clarence H. Brown, III, M.D. VP for Med. Affairs & Medical Director Orlando Cancer Center 85 W. Miller St. Orlando, FL 32806	(407) 648-3800 x1851 Fax: (407) 425-5203	9/20/93-9/19/97	Statutory teaching hospital affiliated with a community cancer center (Orlando Cancer Center)
25	The Honorable Ginny Brown-Waite District Office: Hernando Govt. Complex, Rm. 361 20 N. Main St. Brooksville, FL 35601 Tallahassee Office: Senate Office Building, Rm. 316 Tallahassee, FL 32399-1100	(904) 544-2344 or (800) 949-2483 (904) 487-5040 Fax: (904) 487-5842	1/7/93-1/6/97	Florida Senate
3	Jean A. Byers, CTR 3160 Auburn Blvd. Ft. Lauderdale, FL 33312	Home: (305) 584-7671 Beeper: (305) 355-9140	12/1/93-11/30/97	Florida Tumor Registrars Association
10	Denis Cavanagh, M.D. Harbourside Medical Tower 4 Columbia Dr., Suite 470 Tampa, FL 33606	(813) 254-7774 Fax: (813) 254-0940	4/7/93-12/1/96	University of South Florida College of Medicine
7	Kerry E. Chamberlain, D.O. 13644 Walsingham Road Largo, FL 34644	(813) 595-2519 Fax: (813) 595-3872	12/1/93-11/30/97	Florida Osteopathic Medical Association
18	Marcia W. DeSonier Cancer Support Services Baptist Hospital P.O. Box 17500 Pensacola, FL 32522-7500	(904) 469-2240	12/1/93-11/30/97	Florida Hospital Association

Pos. No.	Name & Address	Phone/Fax	Dates of Term	Organization Represented
1	Charles S. Eytel, M.D. 400 8th St., N. Naples, FL 33940	(813) 649-3311 Fax: (813) 649-3301	2/14/92-12/31/95	American Cancer Society
2	Daniel M. Finkelstein, D.O. 1750 N.E. 167th St. North Miami Beach, FL 33162-3017	(305) 949-4000 x1512 Fax: (305) 957-1606	2/14/92-7/1/95	Southeastern University of the Health Sciences
6	Jane D. Garcia, A.R.N.P. EMSA 100 N.W. 70th Ave. Ft. Lauderdale, FL 33317	(305) 584-1000 x7680 or (800) 443-3672 x7680 Fax: (305) 424-7496	4/8/93-12/1/96	Florida Nurses Association
9	W. Jarrard Goodwin, Jr., M.D. Dept. of Otolaryngology (D-48) University of Miami P.O. Box 016960 Miami, FL 33101	(305) 585-7995	2/14/92-12/31/95	University of Miami School of Medicine
32	James T. Howell, M.D. Director, Health Policy & Cost Control Agency for Health Care Administration 325 John Knox Rd., Suite 301 Atrium Tallahassee, FL 32303	(904) 488-1295 Fax: (904) 488-1261	9/20/93-9/19/97	Agency for Health Care Administration
12	Herbert D. Kerman, M.D. Halifax Medical Center 303 N. Clyde Morris Blvd. Daytona Beach, FL 32015	(904) 254-4210 Fax: (904) 254-4383	12/1/93-11/30/97	Florida Society of Clinical Oncology
20	Jeffrey P. Krischer, Ph.D. Associate Director of Cancer Control H. Lee Moffitt Cancer Center 12902 Magnolia Dr. Tampa, FL 33612-9497	(813) 632-1300 Fax: (813) 632-1334	12/31/91-12/31/95	Florida Association of Pediatric Tumor Programs
13	Jack W. MacDonald, M.D. Senior V.P. of Medical Affairs Tallahassee Mem. Regional Med. Center Magnolia Dr. & Miccosukee Rd. Tallahassee, FL 32308	(904) 681-5121 Fax: (904) 681-5883	2/14/92-12/31/95	Florida Medical Association

Pos. No.	Name & Address	Phone/Fax	Dates of Term	Organization Represented
29	Phillip J. Marty, Ph.D. Dept. of Community & Family Health USF College of Public Health, MDC 56 13201 Bruce B. Downs Blvd. Tampa, FL 33612	(813) 974-6701 or 4867 Fax: (813) 974-5172	9/20/93-9/19/97	University of South Florida College of Public Health
31	Nancy P. Mendenhall, M.D. Dept. of Radiation Oncology Univ. of Florida Health Science Center P.O. Box 100385 Gainesville, FL 32610-0385	(904) 395-0287 FAX: (904) 395-0546	9/20/93-9/19/97	Shands Cancer Center
26	James W. Orr, M.D. Watson Clinic 1600 Lakeland Hills Blvd. Lakeland, FL 33804-5000	(813) 680-7578 Fax: (813) 680-7954	2/14/92-12/1/95	Florida Obstetric & Gynecologic Society
11	Warren E. Ross, M.D. [Chair] Executive Associate Dean University of Florida College of Medicine Box J-215, JHMH Gainesville, FL 32610-0215	(904) 392-5265 Fax: (904) 392-6482	12/1/93-11/30/97	University of Florida College of Medicine
28	John C. Ruckdeschel, M.D. Center Director & CEO H. Lee Moffitt Cancer Center 12902 Magnolia Dr. Tampa, FL 33612	(813) 972-7265 Fax: (813) 979-3090	12/1/93-11/30/97	H. Lee Moffitt Cancer Center & Research Institute
24	The Honorable Debby Sanderson District Office: 4800 N.E. 20th Terr., Suite 401 Ft. Lauderdale, FL 33308 Tallahassee Office: The Capitol, Room 212 Tallahassee, FL 32399-1300	(305) 491-0093 Fax: (305) 467-4315 (904) 488-0635 Fax: (904) 488-4346	2/1/93-1/31/97	Florida House of Representatives

Pos. No.	Name & Address	Phone/Fax	Dates of Term	Organization Represented
17	William M. Schiff, D.D.S. Univ. of Miami School of Medicine Dept. of Oral/Maxillofacial Surgery Doctors' Hospital 5000 University Dr. Coral Gables, FL 33146	Tues & Wed.: (305) 661-9970 Fax: (305) 661-1108 Home: (305) 443-7930	4/8/93-12/1/96	Florida Dental Association
8	David H. Shapiro, M.D. 1260 S. Greenwood Ave., Suite E Clearwater, FL 34616	(813) 441-8142 Fax: (813) 441-1651	12/20/90-12/1/94	American College of Surgeons
21	Frances Sykes 13327 Lake George Pl. Tampa, FL 33618	(813) 961-5760	9/20/93-12/1/96	Consumer/general public
27	Jeno E. Szakacs, M.D. Prof. of Pathology & Dir. Anatomic Pathology H. Lee Moffitt Cancer Center 12902 Magnolia Drive Tampa, FL 33612-9497	(813) 972-4673 x2959 Fax: (813) 979-3092	12/1/93-11/30/97	Florida Society of Pathologists
4	Edward J. Trapido, Sc.D. Associate Director Sylvester Comprehensive Cancer Center PO Box 016960 (D4-11) Miami, FL 33101	(305) 547-3356 Fax: (305) 548-4871	12/20/90-12/1/94	Sylvester Comprehensive Cancer Center
5	John J. White, M.D., M.P.H. Assistant Health Officer Disease Control & AIDS Prevention 1317 Winewood Blvd. Tallahassee, FL 32399-0700	(904) 487-3684 Fax: (904) 487-1521	2/14/92-12/31/95	Dept. of Health and Rehabilitative Services
14	vacant			Florida Pediatric Society
15	vacant			Florida Radiological Society
19	vacant			Assoc. of Community Cancer Centers
22	vacant			Consumer/general public
23	vacant			Consumer/general public

ATTACHMENT 3

Bylaws

BYLAWS OF THE FLORIDA CANCER CONTROL AND RESEARCH ADVISORY COUNCIL

ARTICLE I: AUTHORITY AND TITLE

- 1.1 **AUTHORITY:** Under the authority of Florida Statute, Section. 240.5121, known as the Cancer Control and Research Act, there is established the Florida Cancer Control and Research Advisory Council (also known as C-CRAB).
- 1.2 **TITLE:** These bylaws may be known and cited as the bylaws of the Florida Cancer Control and Research Advisory Council.

ARTICLE II: MISSION AND PROCEDURES

- 2.1 **MISSION:** In an effort to reduce morbidity and mortality associated with cancer in Florida -- through prevention, early detection, and state-of-the-art curative and palliative therapy -- the Council's mission is:
 - a. To advise the Governor, the Legislature, and state agencies in their efforts to promote cancer control.
 - b. To approve an annual Florida Cancer Plan;
 - c. Pending the availability of resources, to allocate funds for innovative research and demonstration projects that address priorities set forth in the Florida Cancer Plan.

2.2 PROCEDURES

- 2.2.1 **Advisory Capacity:** Issues may be brought to the Council by any member or other interested person by notifying the Chairperson or the Coordinator. Issues may be addressed at a Council meeting, by the Executive Committee, by a committee or Technical Advisory Group, or other action as determined by the Chairperson.

Recommendations shall be made in writing to the Board of Regents, the Secretary of the Department of Health and Rehabilitative Services (HRS), legislators, other government or elected officials, or other appropriate individuals or agencies.

- 2.2.2 **Resource allocation:** Priorities, policies and criteria for allocating resources will be developed by committees and/or Technical Advisory Groups, and approved by the Council. The Executive Committee will develop procedures and make recommendations to the Council on the allocation of funds.

ARTICLE III: COMPOSITION OF THE COUNCIL

- 3.1 **COMPOSITION:** Membership criteria, agencies represented, and requirements for minority representation are as specified in Florida Statute, Section 240.5121(4)(a)

ARTICLE IV: NOMINATION AND APPOINTMENT PROCESS

4.1 NOMINATION PROCESS

4.1.1 New Nominations

4.1.1.1 **Organizations:** When a new organization is added through amendment of the statute, the Coordinator will obtain from the organization the name of one nominee to serve as their representative.

4.1.1.2 **General public:** Nominations for the general public representatives may be submitted by any agency or individual, including self-nominations. The Executive Committee will recommend which name to submit for nomination.

4.1.2 Renominations

4.1.2.1 **Organizations:** Three months prior to the end of a member's term, the Coordinator will ask the organization represented to either renominate the current member or nominate another individual.

4.1.2.2 **General public:** Three months prior to the end of a member's term, the Coordinator will ask the general public representative if he/she wants to be renominated. Others names may also be placed in nomination. The nomination process will be the same as described in 4.1.1.1.

4.2 APPOINTMENT PROCESS

- 4.2.1 **Gubernatorial Appointments:** New nominees and renominees will complete a *Questionnaire for Gubernatorial Appointments*, which is forwarded to the Governor's Appointments Office by the Coordinator. After the application has been processed and approved, a letter of confirmation from the Governor is send to the member.

If a nominee is not approved by the Governor, the Coordinator will ask the organization represented to nominate another individual. If a general public nominee is not approved, the Executive Committee will review the other nominees (or seek new nominees) and forward another name to the Governor.

- 4.2.2 Legislative Appointments: The Coordinator will ask the President of the Senate and/or the Speaker of the House to appoint a new C-CRAB representative when:
- The representative is not re-elected;
 - The representative resigns; or
 - The four-year term has ended (renomination is permissible).

ARTICLE V: MEMBERSHIP RULES

- 5.1 **TERMS OF SERVICE**: Terms of service are staggered. Members are appointed for a term of four years, and can be reappointed for an unlimited number of terms. Each position has an established term of service regardless of when the gubernatorial appointment is made. Therefore, appointments made after the established start date will be valid only through the established end date, rather than four years from the appointment date.

- 5.2 **RESIGNATION**: A member wishing to resign prior to the end of his/her term shall submit a letter of resignation to the Chairperson and Coordinator. The letter will be forwarded to the Governor's Appointment Office.

The organization represented by the resigning member will be asked by the Coordinator to nominate someone to fill the vacancy. The appointment process shall be as described above in 4.2.

The new member will serve only through the end of the resigning member's four-year term. The organization will have the opportunity at that time, to renominate the newly appointed representative or to nominate another individual.

- 5.3 **CONFLICT OF INTEREST**: No member of the Council shall participate in any discussion or decision to recommend grants or contracts to any qualified nonprofit association or to any agency of this state or its political subdivisions with which the member is associated as a member of the governing body or as an employee or with which the member has entered into a contractual arrangement.

- 5.4 **REMUNERATION**: Council members will serve without pay.

- 5.5 **TRAVEL REIMBURSEMENT:** Members are expected to arrange for their travel expenses to be covered by the organization for which they work or by the organization they represent. Pursuant to the provisions of Florida Statute, Section 112.061, members may be entitled to be reimbursed for per diem and travel expenses *pending the availability of funds* and in accordance with the following guidelines:
- 5.5.1 General public representatives: General public representatives may request reimbursement for air fare to attend meetings not in their home town.
 - 5.5.2 Other members: It should be the responsibility of the sponsoring organization to obtain or arrange for funds to cover travel expenses for their representative.
 - 5.5.3 Transportation arrangements: Request for reimbursement must be approved by the Coordinator prior to the meeting. Air travel arrangements should be made through with the Coordinator.
 - 5.5.4 Meals: Meals during scheduled meetings will be provided when possible. There are no provisions to reimburse members for meals.

ARTICLE VI: OFFICERS

- 6.1 **TERMS OF OFFICE:** No member shall hold more than one office at a time, and no member shall be eligible to serve more than two consecutive terms in the same office.
- 6.2 **CHAIRPERSON:** A Chairperson shall be appointed by the Governor for a term of two years. The Chairperson will function as leader and facilitator, preside at meetings, select and direct the Executive Committee, and provide direction to staff.
 - 6.2.1 Nomination Process: Three months prior to the end of a Chairperson's term, the Executive Committee will select a nominee to serve as the next Chairperson, and forward their recommendation to the Council for approval. The final selection is then forwarded to the Governor for appointment.
 - 6.2.2 Resignation: If the Chairperson is unable to perform the duties of the office, a new Chairperson will be selected by the Executive Committee.
- 6.3 **OTHER OFFICERS:** The Chairperson may appoint other officers (e.g., Vice-Chairperson, Secretary) as he/she deems necessary. These offices will serve only during the term of that Chairperson.

ARTICLE VII: COMMITTEES

- 7.1 **EXECUTIVE COMMITTEE:** The Chairperson shall appoint an Executive Committee of no fewer than three persons, at least one of whom shall be a non-physician.

7.1.1 Composition: The Executive Committee will consist of the C-CRAB representatives from the H. Lee Moffitt Cancer Center and Research Institute, Shands Cancer Center, Sylvester Comprehensive Cancer Center, American Cancer Society, HRS, and at least two other Council members appointed by the Chairperson.

The Chairperson of C-CRAB will serve as the Chairperson of the Executive Committee. If the Chairperson is the representative from one of the agencies listed above, he/she will also serve as that agency's representative on the Executive Committee.

- 7.1.2 Role and authority: The Executive Committee's responsibilities include, but are not limited to:
- a. developing procedures for allocating funds;
 - b. making recommendations to the Council on the allocation of funds;
 - c. overseeing the Technical Advisory Groups;
 - d. overseeing staff activities;
 - e. nominating the next Chairperson, and forwarding their selection to the Council for approval;
 - f. issuing official policy statements on behalf of the Council.

- 7.2 **OTHER COMMITTEES:** The Chairperson shall appoint Committees as are necessary to implement the law.

- 7.3 **TECHNICAL ADVISORY GROUPS:** The Chairperson may form Technical Advisory Groups (TAGs) to address specific issues under consideration by the Council. The TAGS may include Council members, as well as others with expertise and experience that the area. Findings and recommendations will be presented to the Council, which may forward them to state agencies, the Legislature, the Governor, and other appropriate organizations or individuals.

ARTICLE VIII: DUTIES OF THE COUNCIL

- 8.1 **DUTIES:** The duties of the Council shall include, but are not limited to, the following (taken directly from the statute):

- a. "advise the Board of Regents, the secretary and the Legislature with respect to cancer control and research."
- b. "approve each year a program for cancer control and research to be known as the 'Florida Cancer Plan' which shall be consistent with the State Health Plan developed by the Statewide Health Council and integrated and coordinated with existing programs in this state."
- c. "formulate and recommend to the secretary a plan for 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..." and "recommend to the secretary the designation of cancer units following a survey of the needs and facilities for treatment of cancer in various localities throughout the state."
- d. "[include] in the Florida Cancer Plan recommendations for the coordination and integration of medical, nursing, paramedical, lay, and other plans concerned with cancer control and research. Committees shall be formed so that the following areas will be established as entities for actions:
 - 1. Cancer plan evaluation: tumor registry, data retrieval systems, and epidemiology of cancer in the state and its relation to other areas.
 - 2. Cancer prevention
 - 3. Cancer detection
 - 4. Cancer patient management: treatment, rehabilitation, terminal care, and other patient-oriented activities
 - 5. Cancer education: lay and professional
 - 6. Unproven methods of cancer therapy: quackery and unorthodox therapies
 - 7. Investigator-initiated project research."
- e. "recommend to the Board of Regents or the secretary the awarding of grants and contracts to qualified profit or non-profit associations or governmental agencies in order to plan, establish, or conduct programs in cancer control or prevention, cancer education and training, and cancer research."
- f. "If funds are specifically appropriated by the Legislature...develop and prepare a standardized written summary...informing [actual and high-risk breast cancer patients] of the medically viable treatment alternatives available to them in the effective management of breast cancer..." and "...periodically update the pamphlet to reflect current standards of medical practice in the treatment of breast cancer."

"The Council shall 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."

- g. "advise the Board of Regents and the secretary on methods of enforcing and implementing laws already enacted and concerned with cancer control, research, and education."
- h. "formulate and put into effect a continuing educational program for the prevention of cancer and its early diagnosis and disseminate to hospitals, cancer patients, and the public, information concerning the proper treatment of cancer."

ARTICLE IX: MEETINGS

- 9.1 **REGULAR MEETINGS:** The Council shall meet no less than semi-annually on dates agreed upon through parliamentary procedure adopted by the Council. Notification of such meetings shall be at least thirty days prior to the meeting date.
- 9.2 **SPECIAL MEETINGS:** Special meetings may be called by the Chairperson at his/her discretion upon the written request of four members of the Council. Notification of such meetings shall be at least fifteen days in advance of the meeting date.
- 9.3 **QUORUM:** Sixteen members shall constitute a quorum for the purpose of exercising the powers of the Council. A vote of the majority of the members present is sufficient for all actions of the Council.
- 9.4 **SUBSTITUTES:** If a member cannot attend a meeting, he/she may send a substitute, who is authorized to vote. If time permits, the member shall notify the Coordinator prior to the meeting if a substitute will be attending and who the substitute will be.
- 9.5 **ABSENCES:** Members shall inform the Coordinator if they are unable to attend a scheduled meeting. In the event of two consecutive absences without just cause or prior notification, a member may be asked by the Chairperson to submit a letter of resignation. A member may also be asked to resign if he/she has been unable to attend any meetings within a 12-month period. The sponsoring organization will be informed of these actions, and asked to nominate another representative.

ARTICLE X: AMENDMENT OF BYLAWS

- 10.1 **PROCEDURE:** The Council may prescribe, amend, and repeal bylaws governing the manner in which the business of the Council is conducted. The bylaws can be amended by a two-thirds vote of the entire Council, provided that the amendment has been submitted in writing to all members at least fifteen days in advance of the next regular or special meeting, and that a quorum is present.

ARTICLE XI: PARLIAMENTARY AUTHORITY

- 11.1 **RULES OF ORDER:** The rules contained in the current edition of "Roberts Rules of Order" shall govern the Council in all cases to which they are applicable, and in which they are consistent with these bylaws and any special rules of order the Council shall adopt.

ARTICLE XII: LOCATION AND STAFF

- 12.1 **LOCATION:** The Council's operations shall be located at the H. Lee Moffitt Cancer Center and Research Institute, Inc., at the University of South Florida, in Tampa.
- 11.2 **STAFF:** The H. Lee Moffitt Cancer Center and Research Institute, Inc., shall provide such staff, information, and other assistance as reasonably necessary for the completion of the responsibilities of the Council.
- 11.2.1 **Coordinator:** The C-CRAB Coordinator is responsible for providing administrative and technical support to the Council, Executive Committee, and Technical Advisory Groups. This shall include, but is not limited to, planning and organizing meetings; processing nomination and appointment papers; assisting in the development of the Florida Cancer Plan, implementation plans, and proposals for funding; preparing an annual report; and other activities, as appropriate.

Adopted April 27, 1993

ATTACHMENT 4

Council Meeting Minutes

April 27, 1993

September 28, 1993

FLORIDA CANCER CONTROL AND ADVISORY COUNCIL MEETING



APRIL 27, 1993
10:00 am - 3:00 pm
Crown Sterling Suites
4400 W. Cypress Ave., Tampa

1. Introductions
2. Approval of minutes from 11/5/92
3. Update on legislative session
 - a. C-CRAB bill
 - b. Breast Cancer Task Force
 - c. Cigarette tax
 - d. Health Care Reform Act
 - e. Minority Health Care Initiative
 - f. Other bills
4. Status of C-CRAB appointees: update from Governor's Office
5. Report on Executive Committee meetings
6. Discussion of revised bylaws
7. 1994 Florida Cancer Plan & Data Based Intervention Project (HRS)

12:00 - 1:00 LUNCH

8. C-CRAB's Legislative priorities for 1994
9. Reactivation of Technical Advisory Groups
10. Other business
 - a. Sister Mary Clare Hughes' resignation
 - b. Report on conference on Minorities, the Medically Underserved and Cancer"
 - c. Activities in other states
 - d. Federal programs
11. Next meeting date

FLORIDA CANCER CONTROL AND RESEARCH ADVISORY COUNCIL (C-CRAB)

MINUTES FOR MEETING HELD ON APRIL 27, 1993

Crown Sterling Suites
Tampa, FL

MEMBERS AND NOMINEES PRESENT:

Elizabeth Bacon-Pituch
Dept. of Education
Clarence Brown, M.D.
Orlando Cancer Center
Ginny Brown-Waite
Florida Senate
Jean Byers, C.T.R.
FL Tumor Registrars' Assn.
W. Jarrard Goodwin, M.D.
Univ. of Miami School of Medicine
Jerry Harris, M.D.
FL Society of Pathologists
Jeffrey Krischer, Ph.D.
FL Assn. of Pediatric Tumor Programs
Phillip Marty, Ph.D.
USF College of Public Health
Elisabeth McKeen, M.D.
FL Society of Clinical Oncology
James Orr, M.D.
FL OB/GYN Society
Warren Ross, M.D. (Acting Chairperson)
Univ. of Florida, School of Medicine
John Ruckdeschel, M.D.
H. Lee Moffitt Cancer Center
William Schiff, D.D.S.
Florida Dental Association
Frances Sykes
General Public
Edward Trapido, Ph.D.
Sylvester Comprehensive Cancer Center

Substitutes:

James Fiorica, M.D. (for Denis Cavanagh, MD)
USF College of Medicine
Mary Beth Reardon (for Jane Garcia, ARNP)
FL Nurses Assn.
Don Thomas (for Charles Eytel, MD)
American Cancer Society
Richard Hopkins, M.D (for John Witte, MD)
Health and Rehabilitative Services

MEMBERS ABSENT:

Rita Bjork
General Public
Daniel Finkelstein, D.O.
Southeastern Univ. of Health Sciences
Herbert Kerman, M.D.
Assn. of Comm. Cancer Centers
Jack MacDonald, M.D.
FL Medical Assn.
Arnold Miller, D.O.
Osteopathic Medical Assn.
Paul Pitel, M.D.
FL Pediatric Society
Debby Sanderson
FL House of Representatives
David Shapiro, M.D.
American College of Surgeons

Guests:

Martha Dalfino, Secretary
H. Lee Moffitt Cancer Center
Carol Palomino, Governmental Relations
H. Lee Moffitt Cancer Center
JoBeth Speyer, Cancer Information Service

Staff:

Dorothy Parker, Coordinator

CALL TO ORDER AND INTRODUCTIONS: The meeting was called to order at 10:10 a.m. by Warren Ross, M.D., Acting Chairperson. Dr. Ross asked that those present introduce themselves.

APPROVAL OF MINUTES

MOTION: A motion was made to approve the minutes of the last C-CRAB meeting held on November 5, 1992. The minutes were previously sent to all members of the Council.

ACTION: The minutes were approved as written.

UPDATES ON LEGISLATIVE SESSION

1. Copies of SB 2084 were distributed, which includes modification of the C-CRAB statute and the creation of the Breast Cancer Task Force.

C-CRAB BILL: Two organizations were added: the Agency for Health Care Administration, and Shands Cancer Center. Also, a phrase was added requiring that at least 10 members be minorities as defined in the statute on small and minority business, i.e., Blacks, Hispanics, Asian and Native Americans and women.

BREAST CANCER TASK FORCE: A Breast Cancer Task Force has been established within the H. Lee Moffitt Cancer Center. It will be composed of 16 members, appointed by the Governor, Speaker of the House and President of the Senate, by July 1, 1993. By January 15, 1995, the Task Force will make recommendations for increasing public awareness of early detection of breast cancer. Dorothy Parker will coordinate the Task Force. It was emphasized that the Task Force should utilize existing resources and data and that efforts not be duplicated.

Dr. Ross asked about federal (CDC) funding for Breast and Cervical Cancer Early Detection Programs. Dr. Hopkins explained why the previous two proposals submitted by HRS were not funded, and announced that they will be submitting another proposal within the next few months. Dr. Ross offered the assistance of C-CRAB members and staff in developing the proposal.

2. **CIGARETTE TAX:** The 25¢ per pack tax did not pass, but Senator Brown-Waite said there was significant support in the Legislature for the tax and it may be reintroduced in the upcoming special session. (Dr. Schiff pointed out that it should be referred to as a tobacco tax, not a cigarette tax.) There was discussion about the possibility of a federal tobacco excise tax increase, and its impact on a state tax increase.
3. **HEALTH CARE REFORM ACT:** A summary of the health care reform legislation

was distributed. The basic benefits package as it relates to cancer was briefly discussed.

Within the Health Care Reform Act, there is section that addresses bone marrow transplant coverage, which now applies to both HMOs and private insurers. However, self-insured employers are not covered.

4. OTHER BILLS:

The *Minority Health Improvement Act* passed; a copy of the bill was distributed. It was agreed that C-CRAB should work with the Minority Health Care Commission regarding cancer issues. Dr. Trapido asked if there were appropriations with this bill. Dorothy said she did not know, but would find out.

An amendment to the statute on *occupational health and safety* which would remove the exclusion of agricultural and seasonal farm workers from having the right to know about exposure to toxic substances in the work place did not pass.

The amendment to the *Florida Clean Indoor Air Act* did not pass. Dr. Hopkins announced that a public workshop on rules for implementing the Clean Indoor Air Act of 1992 is schedule for next month. There is still discussion regarding the application of the Act to dormitories, airport concourses, shopping malls. After the Public Workshop, there will be a Public Hearing (in 60 days).

STATUS OF NEW APPOINTEES

Dorothy Parker announced she is still waiting to hear from the Governor's office about six new members and three re-appointments, as well as Dr. Ross's official appointment as Chair of the Council. The Governor has asked that there be more racial and gender balance on all statewide councils, including C-CRAB, and therefore some nominees may not be approved.

REPORT ON EXECUTIVE COMMITTEES

Dr. Ross has selected 8 people to serve on the Executive Committee: Drs. Brown, Krischer, McKeen, Ruckdeschel, Trapido, Witte, Jean Byers and Don Thomas. There have been two Executive Committee meetings: January 12, 1993, and April 2, 1993. A copy of the minutes from those meetings will be mailed to Council members.

DISCUSSION OF BYLAWS

A copy of the revised bylaws was mailed to Council members 15 days prior to this meeting and discussion. Most of the discussion focused on the role, composition and responsibility of the Executive Committee. Further changes were suggested in Sections 2.2.2, 3.1, 5.5.2, 7.1.1,

and 7.1.2.

The questions was raised if C-CRAB operates under the Sunshine Laws. It was assumed that it did, but the full implications were not clear. Senator Brown-Waite was asked to check with the Attorney General's Office on this issue. Carol Palomino and Dorothy Parker will follow through and report back at the next meeting.

MOTION: A motion was made to adopt the bylaws with the changes discussed.

ACTION: Approved as modified. Dorothy will make the changes and mail revised copies to all members.

1994 FLORIDA CANCER PLAN

HRS has been required by NCI to revise the 1993 Florida Cancer Plan as part of its Data Based Intervention grant application. Dr. Witte gave a copy of an Executive Summary to members of the C-CRAB Executive Committee at their April 2nd meeting, and asked for comments. In addition, copies of the revised (1994) Florida Cancer Plan were mailed to C-CRAB members prior to today's meeting.

There was discussion about the recommendations attributed to C-CRAB in the revised plan, which may have changed since they were developed last year. For example, the idea of a ballot initiative for tobacco tax increases is not something that C-CRAB plans to initiate next year, as previously recommended. Dr. Hopkins was directed to use the language in the minutes of the C-CRAB meeting of April 30, 1992 to reflect the group's position.

Other recommendations in the Plan concerned services that may be included in the basic benefits package under the new health care reform, e.g., prevention and screening. Dr. Ross mentioned that all Floridians will not be covered by this package, and universal access is still an important issue.

MOTION: A motion was made that the C-CRAB recommendations in the 1994 Florida Cancer Plan be addressed through the health care reform process, and that a document be prepared describing what should be included in a basic benefits package.

The motions was seconded, with the addition that the reform package be included as part of the cancer plan.

ACTION: The motion was passed.

Dr. Hopkins suggested that the C-CRAB Chairperson could write to the Agency for Health

Care Administration and the Department of Insurance to state C-CRAB's position and recommendations on this issue.

Dr. Ross suggested that a Technical Advisory Group be formed to accomplish this. He asked Dr. Phil Marty to take the lead. Any members interested in working on this group should contact Dr. Marty.

DISCUSSION: FUNDING AND PROMOTION ISSUES

Dr. Ross raised the issue of submitting a legislative budget request, and if it should be part of HRS or the Board of Regents (BOR).

Senator Brown-Waite asked how much money would be requested and what it would be used for. The response was that several budget proposals have been developed, including what is in the 1994 Florida Cancer Plan.

Senator Brown-Waite suggested that a request through the BOR might be more appropriate because of the support for education through the Moffitt and Shands Cancer Centers. However, she expressed concern about the effect on Shands' and Moffitt's funding, and suggested that there be a clear distinction between the goals of C-CRAB and those of the university-based cancer centers. C-CRAB could work with HRS to advocate programs but not submit a budget request through that agency.

Dr. Ruckdeschel suggested that C-CRAB develop a plan and a budget, and let the legislature decide how it could be funded.

The effectiveness of this approach depends on the level of awareness among legislators about cancer and C-CRAB. Dr. Ross brought up the need for an educational campaign to inform legislators about C-CRAB and Florida's cancer problem. Dr. Ross would like to undertake this effort before the next session, and to use the resources of the member organizations of C-CRAB.

It was suggested that it is important that we meet individually with legislators with a clear definition of our goals, and to have community support. Dr. Hopkins mentioned the need to work with the newly created Health and Human Services Councils.

The need for a plan that is clear, concise, and attractive was pointed out--something that can be shown to legislators and others in Tallahassee to get their attention, e.g., a public relations-type document. C-CRAB's lack of visibility was discussed. Jo Beth Speyer suggested looking at plans from other states. Dr. Ross suggested that C-CRAB members who are involved in cancer control, e.g., Drs. Krischer, Marty and Trapido, would be helpful in this endeavor.

Don Thomas raised the issue of hiring a lobbyist for C-CRAB, suggesting that perhaps agencies represented on C-CRAB might contribute the cost. This raised the question of the legal limitations for hiring a lobbyist. Carol Palomino will look into this.

MOTION: It was moved that the Executive Committee be charged with taking ownership of the Florida Cancer Plan, consolidate it into a brief, clear set of priorities and recommendations, and determine what funds are needed and how the funds would be used.

ACTION: The motion was passed.

It was suggested that the funding issue should be kept separate from the cancer plan.

MOTION: It was moved that the Executive Committee should explore ways to educate and inform the governor, the legislature, and the District Health and Human Services Councils regarding cancer control in Florida.

DISCUSSION: The need for a clearly defined plan for spending money was emphasized. Dr. Hopkins pointed out that not all recommendations in the Plan require funding.

ACTION: The motion was passed.

TECHNICAL ADVISORY GROUPS

There was discussion about creating new and reactivating old TAGs. The consensus was not to reactivate the old groups, but to form new ones: one to address health care reform and basic benefits (Dr. Marty), and other to address minority issues in cancer control. Dr. Ross asked Dr. Trapido to head that TAG. In addition, a Breast Cancer TAG may be created to work with the Breast Cancer Task Force.

OTHER BUSINESS: Dr. Ross reported that Sister Mary Clare Hughes, past Chairperson of C-CRAB, has had to resign from C-CRAB as well as from her position at St. Vincent's Hospital due to poor health. Dorothy will have a plaque made up for her in recognition of her contribution to C-CRAB.

NEXT C-CRAB MEETING: The next meeting will be in late September; a date was not set, but it was suggested that the meeting be held in Miami.

The meeting was adjourned at 2:50 p.m.

Minutes prepared by D. Parker, 5/3/93

CANCER CONTROL AND RESEARCH ADVISORY COUNCIL
AGENDA

September 28, 1993
1:00 - 4:00 pm
Tampa Airport Marriott Hotel

1. OLD BUSINESS
 - a. Minutes from last C-CRAB meeting (4/27/93)
 - b. Minutes from Executive Committee Meeting (7/19/93)
 - c. Status of gubernatorial appointments
 - d. Ruling on sunshine law (Sen. Brown Waite)
2. HEALTH CARE REFORM
 - a. Health Care Reform TAG: Recommendations for basic benefit package (Dr. Marty)
 - b. Other advisory committees, e.g., Practice Parameters
3. STRATEGIES FOR 1994 LEGISLATIVE AGENDA
 - a. Short version of cancer plan (Dr. Ross)
 - b. Presentations at legislative committee meetings and meetings with legislators
4. FLORIDA CANCER PLAN
 - a. Distribute revised plan (Dr. Hopkins & Mr. Buckley)
 - b. Sections to be added:
 1. Health care reform and insurance issues
 2. Description of university-based cancer centers
5. UPDATES ON:
 - a. Bone Marrow Transplant rule
 - b. Clean Indoor Air Act
 - c. Breast Cancer Task Force
 - d. DBI project
 1. District Health & Human Services Council assessment project (Dr. Marty)
 - e. Grant proposals submitted since last meeting
 1. Breast and cervical cancer screening (HRS)
 - a. CDC Core Capacity Building grant and the statewide advisory committee
 2. Tobacco control programs (HRS)
 - a. Tobacco Free Florida Plan and the statewide advisory committee
 3. Breast cancer surveillance (Moffitt)
 4. Prevention programs for farm populations (HRS & FAMU)
6. OTHER NEW BUSINESS
7. SCHEDULE NEXT C-CRAB MEETING

CANCER CONTROL AND RESEARCH ADVISORY COUNCIL (C-CRAB)

MEETING MINUTES SEPTEMBER 28, 1993 Tampa Airport Marriott Hotel Tampa, FL

MEMBERS AND NOMINEES PRESENT:

Elizabeth A. Bacon-Pituch
Dept. of Education
Clarence H. Brown, M.D.
Orlando Cancer Center
Ginny Brown-Waite
Florida Senate
Jean A. Byers, C.T.R.
Florida Tumor Registrars' Assn.
Denis Cavanagh, M.D.
Univ. of South Florida College of Medicine
Marcia W. DeSonier
Florida Hospital Association
Charles S. Eytel, M.D.
American Cancer Society
Daniel M. Finkelstein, D.O.
Southeastern Univ. of Health Sciences
Jane D. Garcia, A.R.N.P.
Florida Nurses Association
Herbert D. Kerman, M.D.
Assn. of Community Cancer Centers
Jeffrey P. Krischer, Ph.D.
Florida Assn. of Pediatric Tumor Programs
Phillip J. Marty, Ph.D.
USF College of Public Health
James W. Orr, M.D.
Florida OB/GYN Society
Warren E. Ross, M.D. (Chairperson)
Univ. of Florida School of Medicine
John C. Ruckdeschel, M.D.
H. Lee Moffitt Cancer Center
Debby Sanderson
Florida House of Representatives
William M. Schiff, D.D.S.
Florida Dental Association
Frances Sykes
General Public
Edward J. Trapido, Ph.D.
Sylvester Comprehensive Cancer Center

Substitutes:

Bob Powell for W. Jarrard Goodwin, M.D.
Univ. of Miami School of Medicine
Richard Hopkins, M.D. for John Witte, M.D.
Health and Rehabilitative Services

MEMBERS ABSENT:

Jerry L. Harris, M.D.
Florida Society of Pathologists
Jack W. MacDonald, M.D.
Florida Medical Assn.
Elisabeth S. McKeen, M.D.
Florida Society of Clinical Oncology
Arnold I. Miller, D.O.
Florida Osteopathic Medical Assn.
David H. Shapiro, M.D.
American College of Surgeons

Guests:

JoBeth Speyer, Cancer Information Service
Don Webster, ACS

Staff:

Dorothy F. Parker, Coordinator

CALL TO ORDER AND INTRODUCTIONS:

The meeting was called to order at 1:10 p.m. by the Chairperson, Dr. Warren Ross.

APPROVAL OF MINUTES

There was one correction to the minutes from April 17, 1993. Dr. Schiff noted that he represents the Florida Dental Society, not the University of Miami School of Medicine.

MOTION: A motion was made to approve the minutes with that correction.

ACTION: The minutes were approved as corrected.

STATUS OF GUBERNATORIAL APPOINTMENTS TO C-CRAB

Ms. Parker reported that the Governor made appointments to C-CRAB last week. The appointments included members reappointed for another term (Cavanagh, Garcia, Krischer), members appointed to replace former members (DeSonier, Ruckdeschel, Schiff, Sykes), and new members (Brown, Howell, Marty and Mendenhall). Also, Dr. Ross was appointed as Chairperson.

There are two organizational vacancies (Florida Pediatric Society and Florida Radiological Society), and two vacancies for general public members. A few names have been suggested for the general public slots, but Dr. Ross mentioned that we need to find people who can be effective advocates in the community.

ACTION: Dr. Ross asked for names to be forwarded to him within the next few weeks for possible general public members. The Executive Committee will review the suggestions before submitting the nominations to the Governor.

SUNSHINE LAW

At the last meeting, the question was raised if C-CRAB operates under the Government in the Sunshine Law. Senator Brown-Waite investigated this issue. The Attorney General's Office referred her to an existing opinion in the Annual Report of the Attorney General, AGO 92-53, regarding an advisory council. Interpretation of this opinion is that C-CRAB is covered by the Sunshine Law. Ms. Parker will work with Senator Brown-Waite's staff to determine the specific implications, e.g., publishing public notice of meetings, and will follow the procedures in the future.

HEALTH CARE REFORM TECHNICAL ADVISORY GROUP (TAG)

Recommendations to AHCA Basic Benefits Advisory Committee: Dr. Phil Marty, who chairs the TAG, reported that they developed recommendations on cancer-related services to be included in Florida's basic benefit package. Dr. Marty described the process by which the TAG developed the recommendations, which were presented to the AHCA Advisory Committee by Dr. Ruckdeschel on September 21, 1993.

There was discussion on the recommendations: in general, they were well received by the Council. Dr. Eytel expressed concern about reference to Medicare reimbursement levels for off-label drugs because they are based on DRGs and are well below costs. Dr. Ruckdeschel clarified that Medicare was not intended to be considered the gold standard, but agreed that there may be limitations to mentioning it in this context.

Dr. Schiff expressed concern about the phrase "treating physician" when there may be more than one physician involved, and suggested that perhaps "physician" should be pluralized. Dr. Ross said that he interpreted the phrase to mean the physician who was involved in that particular aspect of care. Dr. Ruckdeschel suggested that this was a policy issue, and that an explanation would be more useful than making the typographical change.

Dr. Cavanagh suggested changing the recommendations for cervical cancer screening to read as the breast cancer section, e.g., "more frequently if recommended by physician" instead of "more frequently for high risk women."

Dr. Ross asked for the group's thoughts about including flexible sigmoidoscopy for asymptomatic individuals for colon cancer screening. Dr. Eytel agreed, citing the ACS guidelines. Dr. Hopkins stated that HRS has decided to adopt the U.S. Public Health Services Preventive Health Guidelines, which did not include it, nor PSA. Dr. Ruckdeschel pointed out that the clause referring to "established medical guidelines" provides flexibility without mentioning all tests for all types of cancer.

Ms. DeSonier suggested considering yearly screening for high risk groups for prostate cancer, e.g., nonwhite males and men over 40 with a family history of cancer, as per national guidelines (ACS and the American Urologic Foundation). She offered to send a copy of the recommendations to Dr. Marty for consideration.

MOTION: (1) Include the phrase, "other diagnostic tests and procedures recommended by established medical guidelines" under the asymptomatic guidelines as well as those for high risk populations, and (2) add flexible sigmoidoscopy to colon cancer tests to the asymptomatic guidelines.

ACTION: Approved.

Ms. Byers suggested that the document be dated since the word "current guidelines" is used.

Dr. Eytel raised the issue of recommending that screening and prevention services be excluded from insurance co-payment or deductible requirements as a means to increase utilization of these procedures. This is proposed under federal health care reform, and is recommended by ACS and AMA.

MOTION: Amend C-CRAB recommendations to add that cancer screening and preventions services should not be subject to co-payment or deductibles.

ACTION: Approved.

Dr. Eytel suggested making this point at the public hearing on October 29th (?) in Tallahassee.

Other AHCA Committees: Ms. Parker asked if C-CRAB wished to make recommendations to any of the other AHCA advisory committees, particularly the one dealing with practice parameters. Dr. Brown reported that the Orlando Cancer Center, in conjunction with M.D. Anderson, is developing guidelines for at least five common cancers in several clinical areas. Dr. Ruckdeschel reported that USF has also formed a group to look at practice guidelines, involving faculty from the College of Medicine, Moffitt and the College of Public Health. It was agreed that the groups should communicate with each other and report back to the Health Care Reform TAG, which will report back to C-CRAB.

MOTION: Since C-CRAB does not have the expertise to get involved in developing practice parameters, it should follow the progress of those who are working on this issue.

ACTION: Approved.

FLORIDA CANCER PLAN SUMMARY AND C-CRAB BUDGET REQUEST

Over the past nine months, C-CRAB staff and the Executive Committee have been working on materials to distribute to legislators to increase awareness about C-CRAB and its plans. A packet of materials, which was designed and printed by Shands Hospital, was distributed for review. The packet included the *Florida Cancer Plan Summary*, the *C-CRAB Budget Request*, a brochure describing C-CRAB's mission, and a fact sheet to be customized for each legislator showing hospital costs for cancer in their district, and presenting what other states are spending on cancer control.

It was pointed out that some of the incidence figures in the *Florida Cancer Plan Summary* were incorrect. Dorothy will get the correct numbers from Dr. Trapido and/or Doug Palin, and Dr. Ross will see about getting the materials reprinted.

There was discussion about how best to approach legislators. Dr. Ross mentioned that he recently spoke to Senator Pat Thomas, the new President of the Senate. Senator Brown-Waite suggested going to Delegation meetings which will be held from late October through January in the counties. She also stressed the importance of getting community support, including advocacy groups such as the hospice groups and cancer survivors.

Dr. Ross asked that all C-CRAB members approach their local legislators to advocate for C-CRAB funding this year. A specific strategy needs to be developed, and he will fax a letter to all members indicating their "assignments." This needs to be done within the next few months; committees are already meeting and the legislative session begins February 8, 1994.

The question of linking the C-CRAB budget request to a tobacco tax was raised, but the consensus was that funds should come out of general revenue. There was discussion about including the request as part of Moffitt's budget, which would go through the Board of Regents; however, this approach was not favored. The pros and cons of a legislative initiative were also discussed. It was suggested that the request be included in proviso language in the budget.

Dr. Hopkins mentioned that HRS has submitted two LBRs relating to cancer--one for the enforcement of the Clean Indoor Air Act, and one for breast and cervical cancer detection projects--and suggested that these be complementary to any C-CRAB request.

FLORIDA CANCER PLAN

Dr. Hopkins distributed a revised copy of the Florida Cancer Plan. Revisions were made based on the discussion at the last C-CRAB meeting, and the sections with the C-CRAB budget request were removed.

BONE MARROW TRANSPLANT RULE

There was discussion about the proposed rule developed by the Bone Marrow Transplant Advisory Panel. Dr. Ross expressed his concern about the list of conditions for which bone marrow transplant (BMT) is considered "medically acceptable and not experimental." Last month he wrote to the Secretary of HRS, Mr. Towey, about these concerns, and received a reply inviting C-CRAB to review the rule and submit comments. Dr. Hopkins mentioned that the rule will soon be published in the Florida Administrative Weekly, and after about a month, there will be a public hearing.

Dr. Ruckdeschel addressed the concerns for overuse or inappropriate use of BMT, by stating that BMT facilities must be approved by the Certificate of Need process, thus limiting the number of approved centers in the state. He also mentioned that a bone marrow specialist must agree that the procedure is appropriate.

Dr. Kerman suggested that since C-CRAB does not have the expertise to review the rule, any review should be referred back to the expert advisory panel. Dr. Ross mentioned that another option was to have the rule reviewed by an external panel of experts or a "mini TAG" convened by C-CRAB.

Senator Brown-Waite asked if cost was considered in developing the rule. Dr. Ross replied that it was not part of their charge. Representative Sanderson mentioned that health care reform and federal insurance changes may impact this rule in the future.

Dr. Ross stated that the panel focused on medically acceptable criteria more than the non-experimental criteria. Dr. Orr and others mentioned that they thought several conditions on the list were experimental.

Ms. DeSonier expressed concern that the list of approved conditions may cause confusion for patients if their condition is included on the list but their physician does not recommend BMT.

The options for C-CRAB are: (1) to take no action; (2) to develop an advisory group to review the rule; or (3) to ask that the BMT Advisory Panel reconsider its findings.

MOTION: Transmit a recommendation to the Secretary of HRS that the Bone Marrow Transplant Advisory Panel be reconvened to re-examine the scope of their recommendations based on C-CRAB's concerns.

ACTION: The motion passed (1 member opposed)

CLEAN INDOOR AIR ACT

Information on the current status of the Clean Indoor Air Act was distributed. Ms. Parker suggested that C-CRAB write a letter in support of the new rules, which Dr. Hopkins distributed, and in support of the HRS budget request for enforcement of the rules, as is being done by the Tri-Agency Coalition for Smoking or Health. There was agreement that such a letter should be written.

BREAST CANCER TASK FORCE

Ms. Parker reported that the Governor made his appointments and the Task Force can now convene. C-CRAB members Representative Sanderson and Dr. McKeen will be on the task force. The first meeting is being scheduled in November.

DATA BASED INTERVENTION PROJECT

Dr. Marty reported on a survey conducted by the College of Public Health for HRS of members of the Health and Human Service Boards. The questionnaire and interviews were designed to determine the extent of knowledge these members had about cancer, and if cancer was perceived as a major health problem in their district. A copy of the results were distributed, which includes implications for technical assistance given to the Board members.

GRANT PROPOSALS SUPPORTED BY C-CRAB

Several grant proposals were submitted during the last six months for which C-CRAB was asked to write a letter of support. They were a breast cancer surveillance project submitted to NCI by the Moffitt Cancer Center, a cancer prevention program for farm populations submitted to CDC by HRS and FAMU, and a breast and cervical cancer program submitted to CDC by HRS.

BREAST AND CERVICAL CANCER PROGRAM

Although the breast and cervical cancer grant submitted to CDC this year was not funded, they did fund a core capacity building grant submitted by Dr. Hopkins' group last year. This grant calls for the formation of a statewide advisory committee on breast and cervical cancer. It was agreed that the C-CRAB Breast and Cervical TAG should be reconvened to work with HRS on this project. Membership on the TAG will be re-examined to insure representation from the appropriate groups.

The next C-CRAB meeting will be scheduled in April. It was agreed that the Tampa Airport was a good location.

The meeting was adjourned at 4:00 p.m.

Minutes prepared by D. Parker, 10/1/93

ATTACHMENT 5

Executive Committee Minutes

January 12, 1993

April 2, 1993

July 19, 1993

**MINUTES
C-CRAB EXECUTIVE COMMITTEE MEETING**

January 12, 1993
2:00 - 4:00 pm
Hyatt Hotel, Orlando Airport

Members Present: Warren Ross, M.D., Acting Chair
Jean Byers
Clarence Brown, M.D.
Richard Hopkins, M.D. (for Dr. Witte)
Jeff Krischer, Ph.D.
Don Thomas (for ACS)
Ed Trapido, Sc.D.

Members Absent: Elisabeth McKeen, M.D.

Staff: Dorothy Parker

Dr. Ross introduced himself in his new role as Acting Chairperson. His name has been submitted to the Governor for official appointment. He gave a brief overview of C-CRAB's history and track record, and his plans and hopes for change.

Tobacco Tax: Don Thomas gave an update on the status of the tobacco tax increase. Their plan for a \$1/pack increase with no specified allocation of the revenues has been endorsed by the other agencies on the Tri-Agency Coalition (Heart Assn. and Lung Assn.). They are holding meetings statewide to inform the public and journalists about their plan, and are trying to get support. They do not yet have a sponsor for the bill in either house. It was noted that the national ACS is planning to lobby for a \$2/pack increase in the federal excise tax, and Florida needs to get its increase passed before this happens.

Dr. Ross reiterated C-CRAB's position, which is to support an increase in the cigarette tax, both as a deterrent and to raise revenues. However, our support is not tied to a specific tax amount. C-CRAB also supports earmarking of revenues for cancer control programs, but it does not relate the two issues.

Dr. Hopkins stated that HRS will not be submitting a bill for a 1¢ tax increase, as originally planned.

Bylaws: A draft of revised bylaws was distributed. Dr. Ross asked members to forward comments to Dorothy.

C-CRAB Membership: Dorothy reported that Mr. Moffitt and Carol Palomino (from the Moffitt Cancer Center) are planning to submit an amendment to the C-CRAB statute to add representation from the Agency for Health Care Administration. This newly created state

agency is developing the state health plan, and it is felt that their representation on C-CRAB, as well as C-CRAB's representation on their Advisory Council, would be beneficial to coordinated planning. Dorothy asked if there were other suggestions for changes to the Statute, and asked the committee members to get back to her if they thought of any. [Dr. Trapido later suggested that the Cancer Information Service be represented.]

There was also discussion about the composition of C-CRAB as it relates to the Council's effectiveness. Jean Byers suggested that there should be some accountability of C-CRAB members to the organizations that they represent. How to do this was not discussed. Dr. Krischer suggested that C-CRAB should look towards people who "do cancer control for a living" for advice.

C-CRAB Funding: There was brief discussion about other state councils and their experience with getting state appropriations. The Diabetes Advisory Council (FS 385.203) was mentioned as an example, and it was suggested that their success may be related to their links with the university medical schools.

In further discussion as to why C-CRAB has not been successful in getting money, its lack of lobbying activity and lack of visibility in both the executive and legislative branches were pointed out. Don Thomas suggested that C-CRAB needs to have input to the governor's office, and that it would benefit from having general public representatives who have some power and influence in the political process. It was also suggested that we should bring together the various lobbyists who work on behalf of the universities, ACS, and other cancer-related interests, and staff of C-CRAB member organizations and institutions, to form a network of people who are working towards the same goal.

There was discussion about how money would be spent if it were allocated. Dr. Hopkins stated that in the past, it would have gone through the HRS State Health Office. However, due to competitive budgetary demands, allocation to cancer programs has been limited. This does not mean that HRS staff did support cancer programs. There has actually been an increase in cancer funding in HRS, but it came from federal block grants rather than state allocations. In the future, the allocation of federal block grants will be done under the "sunshine laws," so there may be more competition for non-cancer programs.

There was a questions as to whether C-CRAB should request funds for programs operated out of state agencies (HRS, DOE), and it was suggested that there may be a better chance of getting the appropriations if they are bundled in a C-CRAB appropriation, plus there can be some control over how the money is spent.

Dr. Ross gave a description of the cancer control program in Kentucky, where he used to work. Although Kentucky is very different from Florida, the concept of regional programs and a central operational base may be applicable here. Since C-CRAB as an advisory body is limited in its ability to function in an operational sense, we might think of another

structure to accomplish that end, should funds be allocated.

There was discussion about the C-CRAB plan and the programs recommended in it; should we be asking for money to fund specific programs at this time, or only for start-up and planning phase funds? If program funds are to be requested, detailed supporting documentation should accompany the plan if it is going to legislators. There may be insufficient time to put together that type of document. Furthermore, if funds are allocated, what would C-CRAB do with them? A mechanism and structure needs to be established to operationalize the programs recommended in the C-CRAB plan. It was decided that there will be a conference call between Dr. Ross, Don Thomas, Mr. Moffitt and Dr. Gerold Schiebler (from UF in Gainesville) to discuss the politics of the approach, and we will go from there.

Cancer Plan: One of C-CRAB's roles is to approve a state cancer plan. Dr. Hopkins clarified the various plans in existence, e.g., the HRS State Health Plan, the State Public Health Plan, and the Cancer Plan that C-CRAB endorsed at its last meeting. Dorothy Parker mentioned that the Agency for Health Care Administration (AHCA) has developed an Interim Health Plan for the state (a final plan will be out in December, 1993), and asked about the relationship of this plan to the HRS plans. Mr. Moffitt recently met with Doug Cook (director of AHCA) and Tom Wallace (who works for Doug Cook) to discuss having C-CRAB's plan be integrated into their document. They were receptive to this idea.

There was no date set for a meeting of C-CRAB, but Dr. Ross indicated that the Executive Committee may need to meet one more time prior to the full council meeting to finalize issues discussed today.

The meeting was adjourned at 4:00 p.m.

Prepared by D. Parker, 1/20/93

MINUTES
C-CRAB EXECUTIVE COMMITTEE

April 2, 1993
1:00 - 3:00 pm
Tampa Airport Marriott Hotel

Members Present: Clarence Brown, M.D.
(none absent) Jean Byers
Jeff Krischer, Ph.D.
Elisabeth McKeen, M.D.
Warren Ross, M.D., Acting Chair
John Ruckdeschel, M.D.
Ed Trapido, Sc.D.
Don Webster (for ACS)
John Witte, M.D.

Guests: Robert Powell, Sylvester Cancer Center
Staff: Dorothy Parker

1. UPDATE ON LEGISLATIVE ISSUES

- A. Cigarette Tax: The 25 cent tax did not pass. Lessons learned from this year's efforts, including political forces that effected the outcome, were discussed. The potential impact of a federal tax increase was also mentioned.
- B. C-CRAB Statute: An amendment that added two new members (Shands and AHCA) passed. Also, language was added requiring at least 10 members to be minorities, but the definition of minorities includes women.
- C. The Breast Cancer Task Force was amended to the C-CRAB statute, under the Moffitt Cancer Center.

ACTION: Review work done by C-CRAB's Breast Cancer TAG last year, ACS Breast Cancer Task Force, and other groups to determine what has already been done and where to go from there.

Dorothy will get copies of the final bills, and provide an update at the meeting on 4/27.

2. GUBERNATORIAL APPOINTMENTS: Based on a phone call to the Governor's Appointment Office yesterday, they are just now reviewing the applications which were submitted in early January. They promised to take some action within the next week or so.

3. **BYLAWS:** Proposed revisions to the existing bylaws were discussed.

ACTION: The Committee voted to approve the proposed revisions with the changes that were discussed. A copy with these revisions will be distributed to all Council members next week. Discussion of the bylaws will be scheduled for the next Council meeting (4/27/93).

4. **MEETINGS**

- A. **C-CRAB Meetings:** There was discussion about regularly scheduled full Council meetings.

ACTION: It was decided to hold full C-CRAB meetings twice a year, once in April (after the legislative session) and once in September (to develop legislative agenda for next year).

- B. Agenda items for the 4/27 C-CRAB meeting were discussed. They are:

1. Update on legislative session
2. Mission and organization of C-CRAB and Executive Committee
3. Discussion and vote to adopt amended bylaws
4. Legislative priorities for 1994
5. Re-forming Technical Advisory Groups
6. 1994 Florida Cancer Plan/DBIR Project (HRS)

- C. **Executive Committee meeting:** It was decided to meet next time at Orlando Airport - after the May 27th meeting of the University Cancer Centers (no specific date selected).

5. **PLANS AND ACTIVITIES FOR 1993**

Dr. Ross mentioned two priorities for this year: (1) getting involved in the health care reform process and having input regarding a basic benefits package, and (2) educating legislators about cancer in Florida and C-CRAB.

- A. **Health Care Reform Bill:** C-CRAB should have input into the new Florida health care reform plan's basic benefits package. Funding for cancer-related services not covered in the basic package should be sought from other sources.

- B. **Campaign to educate legislators:** Dr. Ross commented on the lack of knowledge about cancer, cancer control, and C-CRAB among state legislators. He suggested developing an information campaign which will help in

developing legislation for next year.

Dr. Witte suggested that it is important to target members of health care committees. He also mentioned that prelegislative hearings begin in November this year. Dr. Ross added that meetings with legislators can begin this summer to lay the groundwork for introducing legislation next session.

Dr. Ross suggested that funding for cancer control should not be linked to a cigarette tax next year; we ought to educate legislators about the problem, and let them come up with a way to fund solutions. There was no disagreement with this.

ACTION: Dr. Ross asked Dorothy to find out what other states do to support cancer control activities.

C. Legislative activities this year

Dr. Witte asked what lobbying efforts were undertaken this year. Dr. Ross replied that not much happened, although he and Mr. Webster worked with legislators on the cigarette tax. Dorothy reported that she sent copies of cancer-related bills and a questionnaire to C-CRAB members, and then distributed the resulting recommendations to bill sponsors, health committee members and staff, and other interested legislators.

Dr. Ross commented that many legislators do not even know about C-CRAB. Dorothy mentioned that a one-page summary of the 1992 Annual Report was sent to all senators and representatives in February. It appears that such a mailing is not effective method of providing information.

D. Process for developing plans and budgets for next year

Dr. Ross asked what the Committee thought was the best way to develop such a plan for the coming year. Dr. Trapido suggested using the Technical Advisory Groups (TAGs) since they have already done much of this already, including budgets.

ACTION: At next council meeting, the TAGs will be re-activate, with new membership. They will be asked to report at the September meeting on (1) what needs to be part of basic benefit package, (2) what things need to be funded separately, and (3) develop a plan and a budget.

E. Legislative Budget Request (LBR)

There was discussion about submitting a LBR, which Dr. Witte explained is done by a state agency (e.g., HRS) that wants new legislation with money attached. It was not clear if BOR Bills have to get approval of Governor. Dr. Ruckdeschel asked if a request could go directly to the Governor, with efforts to get support from HRS and BOR.

ACTION: Dr. Ross will check with Dr. Schiebler about this; Dorothy will ask Carol Palomino.

F. Funding for cancer control infrastructure

Dr. Ross mentioned that funding requests need to include money for a cancer control infrastructure at the three cancer centers in addition to money for specific projects, e.g., funding for cancer control resident positions. No one objected to having it be part of budget request, e.g., a minimum of 1 faculty FTE at each center.

Dr. Krischer mentioned that the BOR may be interested in supporting a statewide effort to coordinate cancer control and to build a statewide infrastructure.

G. Minority Issues

C-CRAB needs to address the high rates of cancer among certain minority groups. It was suggested that we work with the Black and Hispanic Caucuses in developing recommendations. Dorothy is planning to attend a national symposium on "Minorities, the Medically Underserved and Cancer" in Houston later this month, and will bring back ideas of how other states are addressing this issue.

ACTION: Establish a TAG to address cancer among minorities, and involve minority caucuses.

H. Florida Cancer Plan: HRS staff have just completed the 1994 Florida Cancer Plan, which is being submitted to NCI as part of their Data Based Intervention Project. NCI requires that C-CRAB approve the plan. Dr. Witte distributed a copy the Executive Summary for review.

ACTION: Members of the Executive Committee were asked to review the Executive Summary, and forward their comments to Dr. Ross early next week. HRS will mail a

copy of the complete Plan to all C-CRAB members for discussion at the Council meeting on April 27.

Upon approval of the plan, Dr. Ross to send letters to the Secretary of HRS (Buddy McKay), Doug Cook (AHCA), Tom Gallagher (Insurance Commissioner), and the President of ACS to ask what their organization is doing relative to the plan's recommendations.

It was also agreed to set up a meeting with these individuals, possibly in Tallahassee. Don Webster offered to contact the ACS President to discuss the feasibility of his participation.

I. ACS Public Issues Priorities

Don Webster explained that ACS is beginning their process of selecting legislative priorities, and would like input from C-CRAB. A letter requesting input has been sent to Dr. Ross.

Dr. Ross offered that C-CRAB will endorse what ACS decides to do regarding the cigarette tax.

ACTION: In addition to replies from members of the Executive Committee, Dorothy will send the questionnaire to C-CRAB members and ask them to respond individually.

The meeting was adjourned at 3:00 pm.

Prepared by D. Parker, 4/8/93

APPENDIX 1

COMMENTS REGARDING BYLAWS REVISION

Page 1 - discussion of why this is a council and not a board, and why the name "C-CRAB" is used.

Page 2 - Resource allocation...council develops priorities (global issues most important for funding) then Executive Committee (EC) makes decisions on allocation of funds. Statute says the EC will prepare materials for council but make no final decisions. So "based on approved priorities, the EC will make recommendations on allocation of funds for council approval."

Composition - are all agencies active? We need to reexamine composition for next legislative session.

Dr. Witte asked about Senate and House representatives. New representatives have been appointed (Sen. Ginny Brown-Waite and Rep. Debby Sanderson), both of whom are interested in advancing cancer control efforts.

There was discussion as to what extent C-CRAB can become effective political lobbying group. We need to mobilize groups represented. Would like more public representatives - major, well connected, business, philanthropic or high profile figures, to help further C-CRAB's agenda. People with name recognition. Need to look at who fills public representative slots.

Dr. Witte asked re: procedure for nominating public representatives, and concurred that we need to identify key people that are visible and has interest in cancer.

Dr. Trapido asked about geographic distribution for public representatives since parts of the state not represented. The reply was that true representation cannot be achieved in such a large state with only 3 positions. However, if there is a part of the state that has a person with political clout, that would fit the bill.

Change 4.1.1.2 to say the EC will act on all general public nominations - not just if more than one name submitted. Exclude race and ethnicity - this is handled in new statute language on minorities. But minority is important.

Page 4 - Question about conflict of interest - what is written has not changed--it follows established procedures for grants and contracts: people cannot participate in discussion or vote regarding their institution.

Page 5 - Travel reimbursement - no questions

Page 6 - Business of EC decided on majority vote...Roberts Rules of Order apply; majority vote applies for everything except adopting bylaws which requires 2/3 vote.

Page 6 - Composition of EC - there was discussion whether or not to specify agency representation. It was agreed to leave it in, but change additional phrase to read "at least 2 members appointed by the Chairperson."

Role of EC - needs to be consistent with page 2 regarding allocation of resources: The Council develops policies for funding, and the EC develops procedures for funding and makes recommendations regarding allocation of resources.

Page 7 - Reference to recommendations to HRS Secretary regarding cancer units may be holdover from when HRS had C-CRAB. Now recommendations would go to BOR & HRS, if any were asked for. There was discussion about removing that section from the statute next year since it is not something C-CRAB has ever done. However, it was decided to leave it in so that C-CRAB could have the authority to help making decisions regarding technology in the future, in needed.

Page 8 - Dr. Trapido asked about the quorum and votes taken at meetings where there is no quorum. Dr. Ruckdeschel thought that, based on Robert's Rules of Order, unless someone specifically asks "is there a quorum present" then business can be conducted even if there is no quorum. This needs to be researched, and perhaps the bylaws could be amended to address this.

Page 5 - Mr. Webster asked if was realistic to start the process for selecting a new Chairperson 3 months prior to the current Chairperson's term. Dorothy thought that it was, and wanted to avoid the situation encountered last year when the Chairperson's term ended and there had been no action to choose another one. In addition, the Governor's appointment process takes a long time, so a long lead time would be helpful.

MINUTES

C-CRAB EXECUTIVE COMMITTEE

July 19, 1993

1:00 - 3:00 pm

Tampa Airport Marriott Hotel

Members Present:

Jean Byers
Jeff Krischer, Ph.D.
Warren Ross, M.D., Acting Chair
John Ruckdeschel, M.D.
Ed Trapido, Sc.D.
Don Webster (for ACS)
John Witte, M.D.

Members Absent:

Clarence Brown, M.D.
Elisabeth McKeen, M.D.

Guests:

Susan Knowles, Univ. of Florida College of Medicine
Carol Palomino, H. Lee Moffitt Cancer Center
Robert Powell, Sylvester Cancer Center

Staff:

Dorothy Parker

1. STRATEGIES FOR C-CRAB'S 1994 LEGISLATIVE AGENDA

A revised draft Florida Cancer Plan summary was distributed for discussion. Dr. Ross indicated that this document will serve as the basis for C-CRAB's budget request and materials to be presented to the legislature. Comments from today's discussion would be incorporated into another revision, which will be distributed to all C-CRAB members for review and approval. The format for the plan will be developed once the content is approved; Susan Knowles from the UF College of Medicine has offered to work with Dorothy Parker on the layout and production.

Dr. Ross proposed that we request funding for (1) specific projects, (2) resource centers, and (3) infrastructure support for cancer control. The infrastructure support would include Offices of Cancer Control at each of the university-based cancer centers (Shands, Moffitt, Sylvester), as well as satellite units in other locations, e.g., Jacksonville and Orlando. The university-based centers would request 3 FTEs (1 director, 1 coordinator, 1 assistant) plus promotion, administrative, and capital expenses, totally \$310,000 each (\$930,000 for all three). Satellite center in Jacksonville and Orlando would support the potential for cancer control activities in those areas, and would include 2 FTEs (a coordinator and staff assistant plus some expenses(\$100,000 each).

Dr. Ross also proposed the creation of three resource centers: one for prostate cancer, one for colorectal cancer, and one for minority issues, with one located at each of the university-based cancer centers. They would serve as a clearinghouse for information and evaluate new advances in screening technology. He thought Miami might be an appropriate location for the minority center, and that the others could be at either Gainesville or Tampa. Each would be funded at \$50,000.

These ideas were supported by the Committee.

Additional suggestions: A resource center to address the need for improved access to data from the Florida Cancer Data System, which could be linked to other data bases on population and exposures to carcinogens, was discussed.

The Committee agreed to add it at the same funding level as the other proposed Centers (\$50,000).

Dr. Krischer requested that a center be established to address childhood cancers, given the increasing number of survivors and their medical and psycho-social needs.

The Committee agreed to this also (same funding level: \$50,000).

It was also suggested that we ask for funds to sponsor an annual national symposium on cancer control that would focus on activities and research in Florida, but would involve other states.

The suggestion was approved (amount suggested: \$40,000).

The questions was raised about skin cancer, since it is an important issue in a climate such as Florida's. Since there is concern about poor data on skin cancers, and because the consensus of C-CRAB is that we should focus on a few main issues, it has been decided to not ask for a line item budget for this issue. However, it could be addressed through one of the Offices of Cancer Control, as could issues such as nutrition and cancer.

Language reflecting this should be added to the short cancer plan.

Dr. Ross mentioned that measures of accountability and evaluation should be included in the budget items.

Tobacco Control Programs

There was discussion about funding for tobacco control programs in light of two related plans developed by HRS: (1) a CDC grant proposal, submitted last month, for the enhancement of a statewide tobacco prevention and control program, and a Tobacco Free Florida Coalition; and (2) the Tobacco Free Florida Plan. Both plans have been developed by Dr. Joyner Sims, who heads the Office of Health Promotion and Wellness, which is under Family Health Services.

The CDC proposal is for approximately \$500,000/year for 4 years. A copy of the proposal was brought to the meeting by ACS. There was some concern that it was not shared with C-CRAB prior to submission, and that C-CRAB was not included in the proposal.

A draft of the Tobacco Free Florida Plan was distributed to Executive Committee members prior to the meeting. It includes a budget of \$62M for a wide range of tobacco control programs. Don Webster mentioned that this plan is in draft form, that ACS was involved in developing and revising it, and that the \$62M was unrealistic and would be most likely reduced. There was also discussion about the HRS request being linked to a 5-cent cigarette tax increase. Dr. Ross expressed support for the proposed programs but not for linking the funding to a tax increase. The need to coordinate efforts was emphasized, and Dr. Ross offered to discuss this matter with the State Health Officer, Dr. Charles Mahan, and others at HRS.

The decision about C-CRAB's budget request for smoking programs will wait until Dr. Ross talks to Dr. Mahan.

2. FLORIDA CANCER PLAN

Dr. Witte distributed a revised version of the 1994 Florida Cancer Plan. He reminded the committee that the HRS NCI grant (Data Based Intervention project) requires that they produce a cancer plan, and that the plan be approved by C-CRAB. At the last meeting, C-CRAB approved the draft plan pending changes in several areas, primarily those dealing with insurance issues. It is important that we submit these changes to HRS within the next month. Dr. Phil Marty is heading the C-CRAB Health Care Reform TAG. Dr. Ross also mentioned that something needs to be added to the Plan to reflect the plan to develop and fund Offices of Cancer Control at the university-based cancer centers.

Dorothy will work with Dr. Marty, and talk to Dr. Hopkins, to submit these changes in a timely manner (see discussion of Health Care Reform TAG below).

There was discussion about the logos and attributions that would appear on the cover of the Florida Cancer Plan. It was suggested that the HRS and C-CRAB logos, as well as a listing of the university-based cancer centers, with their new umbrella name, the University Cancer Centers of Florida (UCCF) be included. [Dr. Brown, who could not attend the meeting, later raised an objection to the inclusion of UCCF on the cover. Dr. Ross agreed that it would be omitted.]

3. UPDATES ON TECHNICAL ADVISORY GROUPS

- a. Health Care Reform (Dr. Marty, Chair): Dorothy reported that she met with Dr. Marty last week. He has been compiling background information on health care reform issues as they relate to cancer, but they were not in a form to be distributed at this time. C-CRAB members who have expressed interest in serving on the TAG are Drs. Brown and McKeen. Dr. Albert Einstein from Moffitt is also interested, as is Dr. Hopkins from HRS. Dr. Marty is considering asking either Dr. Jim Studnicki or Gary Walker from the USF College of Public Health. It was also agreed that Dr. Howell from AHCA should be asked to participate. And a representative from Miami, possibly Bob Powell, would also be involved.

Dorothy also reported that she has made inquiries to AHCA to find out the person and process for submitting C-CRAB recommendations regarding the health care reform plan and the basic benefits package. To date, there has been no definitive response.

- b. Minority Issues TAG (Dr. Trapido, Chair): Dr. Trapido and Dorothy put together an outline of issues to be addressed, which was distributed to Committee members. There was discussion about possible members. It was suggested that we work with the newly formed Minority Health Commission. Dr. Trapido and Dorothy will work on developing this further.

4. C-CRAB APPOINTMENTS

The Governor's Appointment Office has still not acted on the nominations to C-CRAB, some of which were forwarded to his office in January, including the appointment of Dr. Ross as Chair. Dr. Ruckdeschel has sent a letter to the Governor expressing our concern that appointments be made as soon as possible.

New nominations to C-CRAB include Dr. Nancy Mendenhall, a radiation oncologist, to represent the Shands Cancer Center, and Dr. James Howell to represent the Agency for Health Care Administration. It was suggested that Dr. Howell be asked to serve on the Executive Committee.

5. C-CRAB REPRESENTATIVE FOR THE BREAST CANCER TASK FORCE

The Governor has not yet made appointments to the Breast Cancer Task Force, one of which will be from C-CRAB. It was suggested that Dr. Beth McKeen serve on this task force; Dorothy will ask her if she is interested and then forward her name to the Governor's Appointment Office.

6. UPDATE ON SUNSHINE LAW AND C-CRAB

Senator Ginny Brown-Waite had offered to look into this issue. She wrote to the Attorney General's Office, but has not received an answer. The issue was tabled until the next meeting.

7. LOBBYIST FOR C-CRAB

At the last C-CRAB meeting, the issue was raised about hiring a lobbyist to work on behalf of C-CRAB. Carol Palomino offered to check into this, and found that a formal request needs to be submitted to the Ethics Commission. The question was raised if we want to pursue this inquiry. It was decided that we did not, and that we could call about lobbyist available through the cancer centers if we can present them with a clear agenda.

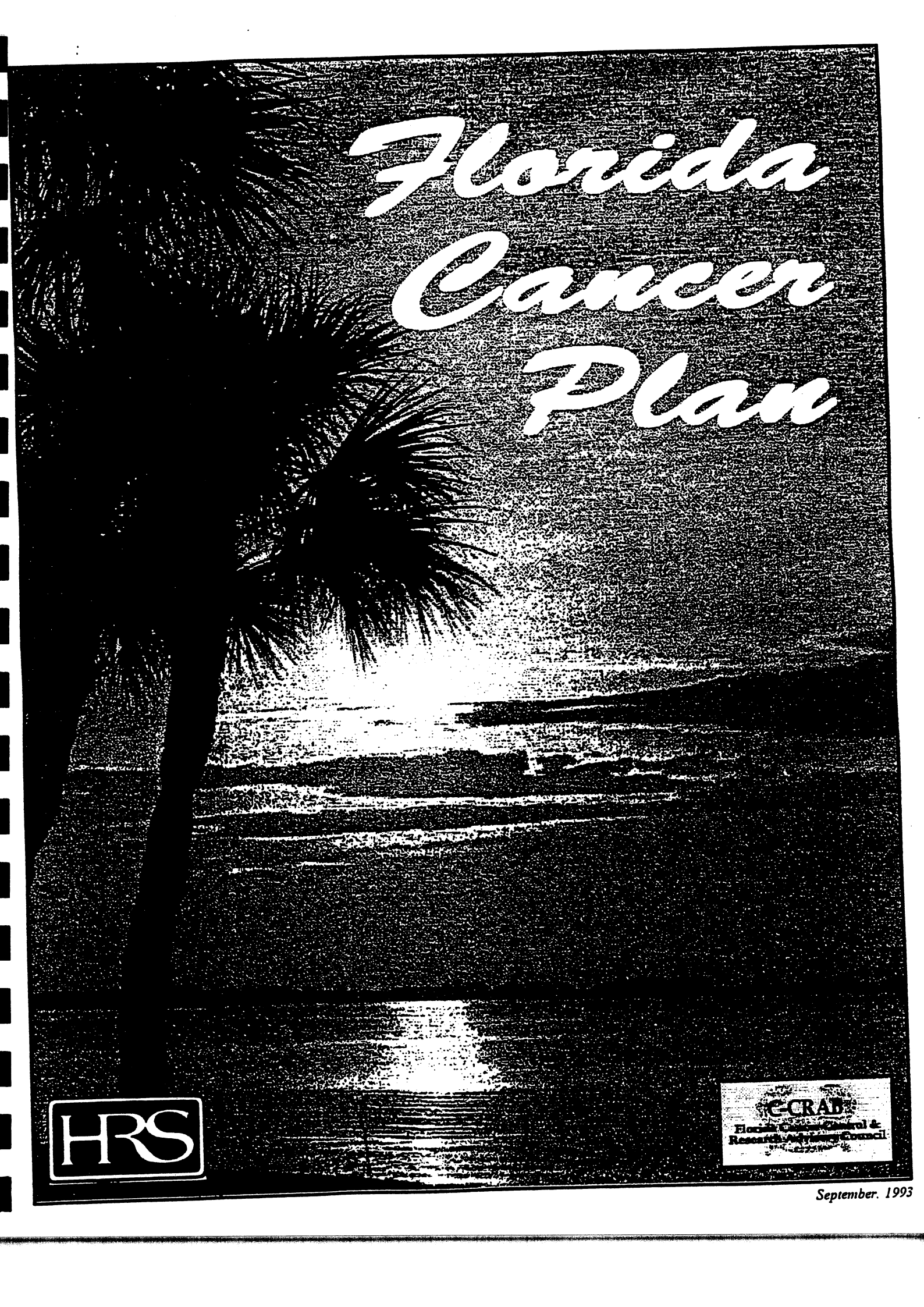
8. ENFORCEMENT OF THE CLEAN INDOOR AIR ACT

Jean Byers brought to our attention efforts underway in Broward County to issue citations to individuals who smoke in non-smoking areas. She is concerned about efforts at the local level that are more restrictive than state efforts, and asked if this is something C-CRAB should address. It was suggested that C-CRAB write to the division responsible for enforcing the Clean Indoor Air Act to express our concern that state guidelines be established so that local jurisdictions' actions are consistent with state rules. Dorothy will look into this.

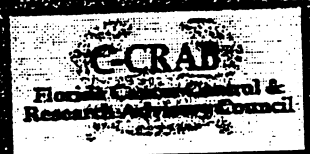
9. The next full C-CRAB meeting will be scheduled for late September.

ATTACHMENT 6

**Executive Summary
of
Florida Cancer Plan**



Florida Cancer Plan



September, 1993

ACKNOWLEDGMENTS

We gratefully acknowledge the contributions and approval of the thirty members of the Florida Cancer Control and Research Advisory Council (C-CRAB) and the organizations they represent. We would like to acknowledge the contributions of those persons who are not C-CRAB members but contributed so significantly to the Technical Advisory Groups whose efforts form the core of this document.

We would like to recognize the support and recommendations of Charles S. Mahan, M.D., State Health Officer; Edward A. Feaver, Assistant Deputy Secretary for Health; John J. Witte, M.D., M.P.H., Assistant State Health Officer for Disease Control and AIDS Prevention; Marianne Haenlein, Ph.D., DBIR Project Director, NCI; Tom Baranowski, Ph.D., Emory University School of Public Health; Jon Kerner, Ph.D., Memorial Sloan-Kettering Cancer Center; and Dorothy Parker, M.H.S., C-CRAB.

Special thanks to all the staff members of the HRS Cancer Epidemiology Program for the production of this document and especially to Michelle Houle and Terry Work for all the time and effort put into this project.

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EXECUTIVE SUMMARY

PURPOSE:

The purpose of the Florida Cancer Control Plan is to provide specific recommendations which, if implemented, will reduce the human and economic costs of cancer in Florida. The Plan describes the effects of cancer on the population of Florida and the measures which can reduce the human and economic costs of cancer. It is for the use of state legislators and other decision makers at the state, regional and local level in the allocation of resources for cancer prevention and control. The recommendations in this Plan were finalized in the Spring of 1993. New scientific and medical findings may lead C-CRAB to change its priorities or recommendations in later versions of this plan.

This plan has been developed by staff of the Florida Department of Health and Rehabilitative Services (HRS) with the cooperation and advice of the Florida Cancer Control and Research Advisory Council (C-CRAB). Partial funding for the development of this Plan was provided through a grant from the National Cancer Institute (NCI).

OVERVIEW:

Florida has the highest crude death rate from cancer of any state in the United States (with a rate of 255.3/100,000 versus 203.2/100,000 for the U.S. in 1990). "Cancer" is not a single disease. Cancer is a name given to a group of over 200 diseases which affect all organ systems of the body. In simplest terms, cancer is a pattern of abnormal tissue growth. Cancers are usually characterized by the organ or organ system of the body which they affect and the type of cells affected. The exact etiology or cause of most cancers is not known. Extensive research has shown relationships of certain genetic, behavioral and environmental factors to certain cancers, but none are fully understood.

The Plan focuses on those modifiable behavioral and environmental factors which, if changed, can prevent or alter the course of the disease. Cancer of the lung (10,065 deaths in Florida in 1990) can be virtually eliminated through changes in smoking behaviors. Cancer of the cervix (267 deaths in Florida in 1990) can be virtually eliminated through early detection and treatment. Cancer of the female breast (2,646 deaths in Florida in 1990), while not preventable, can have a much more favorable outcome if diagnosed and treated at an early stage. These are the high priority areas for preventive action in Florida.

Access to appropriate preventive and diagnostic care is the key to prevention and control of some cancers. The Plan addresses access to care and presents specific recommendations for improving access.

The outcome of some cancers, such as cancer of the colon and rectum (3,635 deaths in Florida in 1990) and cancer of the prostate (2,417 deaths in Florida in 1990), may be improved by early detection and treatment. However, analysis of current information does not show scientific consensus on the application of these technologies to the general population. Melanoma (a skin cancer with poor prognosis) may also be a candidate for cancer control efforts, but Florida data are incomplete. These issues warrant continued analysis as the advances in technology are documented. These cancers are addressed in this plan as "Emerging Issues". The conclusions and recommendations with regard to "emerging issues" are less specific than those above. Continued development and evaluation of these

The Florida Cancer Plan

and other emerging technologies for prevention and diagnosis rests with the scientific community under the leadership of Florida's three premier cancer research and treatment centers.

Some cancers, such as cancer of the pancreas (1,646 deaths in Florida in 1990), exact a high toll in terms of mortality but control of mortality depends on improvements in treatment. These cancers, while very important, are not addressed in this plan. Occupational exposure to carcinogens are not specifically addressed in this plan, as all occupational safety enforcement in Florida is carried out by the federal government. Community exposures to carcinogens are addressed briefly under emerging issues.

Finally, the plan addresses the coordination, focus and delivery of cancer prevention and control services in Florida. Presented are recommendations which, if followed, can result in decreased human and economic costs through more efficient and effective delivery of cancer prevention and control services at the local level.

The recommendations in this Plan were finalized in the Summer of 1993. New scientific and medical findings may lead C-CRAB to change its priorities or recommendations in later versions of this plan.

CANCERS OF THE LUNG AND BRONCHUS:

Findings:

The major findings from the analysis of the data presented in the body of this Plan are:

- ◆ Smoking prevalence has not fallen in Florida over the period 1988-91.
- ◆ Residents of north Florida (area code 904) have the highest regional prevalence of smoking (29.8%).
- ◆ Cigarette smoking is higher at lower income and educational levels, and among non-Hispanic whites.
- ◆ Smoking prevalence is generally highest in those aged 30 to 59, and lower at younger and older ages.
- ◆ Smoking is more common among those with little or no health insurance and those not having seen a physician recently.
- ◆ Cancer of the lung and bronchus continues to increase in women, but appears to have peaked in men.

Recommendations:

The following recommendations are developed in the Plan for the prevention of cancer of the lung and bronchus.

Other:

1. That C-CRAB, in concert with the Coalition for Smoking OR Health and HRS, obtain funding for and conduct an intensive media campaign based on the California model. This campaign should be designed to change attitudes and perceptions about tobacco use among decision-makers, health care professionals, and the general public.
2. That C-CRAB, in concert with the Coalition for Smoking Or Health, strongly support an excise tax on cigarettes and tobacco products.
3. That C-CRAB and HRS seek funding to make affordable smoking cessation programs and nicotine replacement therapy available to every Floridian through the HRS county public

The Florida Cancer Plan

health units, volunteer organizations and community-based programs. C-CRAB and its constituent agencies should pursue the passage of legislation which requires health maintenance organizations and health insurance companies to cover the preventive costs of nicotine replacement therapy.

4. That C-CRAB and HRS seek funding for adequate education and enforcement activities under the Florida Clean Indoor Air Act.

CANCER OF THE FEMALE BREAST:

Findings:

The major findings from the analysis of the data presented in the body of this Plan are:

- ◆ Breast cancer is the most common malignancy and the second highest cause of cancer mortality among women in Florida.
- ◆ In 1990, 2,646 Florida women lost their lives to breast cancer.
- ◆ The proportion of women receiving mammograms has increased markedly in recent years, and there has been a corresponding increase in early diagnosis of breast cancer.
- ◆ One-third of Florida women aged 40 and over report never having had a mammogram.
- ◆ Low-income women and older minority women are least likely to have participated in breast cancer screening.
- ◆ Non-white women are less likely to have an early diagnosis of cancer of the breast, and this measure is not improving.

Recommendations:

The following recommendations are developed in the Plan for the control of cancer of the female breast.

Access:

1. That HRS promote the provision of community-based screening and early detection programs, including referral for and follow-up of mammograms, through county public health units, and seek funding to support such activities.
2. That C-CRAB through its constituent agencies initiate a professional educational campaign, including both continuing medical education and medical school curricula reform, to encourage clinicians to follow breast cancer screening guidelines by performing clinical breast examinations and referring women for mammograms.
3. That C-CRAB and its constituent agencies support the Healthy Communities, Healthy People plan for improvements in coverage of preventive health services under Florida health insurance plans.
4. That C-CRAB support the HRS Data Based Intervention Project in addressing the use of objective data in the assessment, planning and evaluation of community cancer control efforts under the auspices of the Health and Human Services Boards in each of the 15 HRS Districts.

Other:

1. That HRS monitor compliance with Florida Statute 404.22(6) that requires "all radiation machines used for mammography shall meet the accreditation criteria of the American College of Radiology or similar criteria established by the department."

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2. That HRS monitor compliance with the Mammography Quality Standards Act of 1992 that requires all facilities to meet quality standards established by the American College of Radiology (takes effect by October 1, 1994).
3. That HRS initiate amendments to existing Administrative Rules to require licensed mammography facility operators to include demographic information on the number and characteristics of women receiving mammograms with the other required information reported annually to HRS.
4. That C-CRAB and its constituent agencies seek funding for programs to educate business and community leaders statewide about the importance of mammography, emphasizing the economic incentives to maintain a healthy community and work force based on the model "Breast Cancer Summit" program in Miami offered by the Sylvester Cancer Center through NCI funding.
5. That the Florida Department of Insurance monitor utilization of screening mammography provided by health insurance carriers under section 627.6613, F.S.
6. That HRS allocate Federal Preventive Health Services Block Grant funds to support technical assistance to county public health units for development of collaborative breast cancer control programs, to support the enhancement of the Florida Cancer Data System (FCDS), and to support the collection and analysis of Behavioral Risk Factor Surveillance System (BRFFS) data.
7. That HRS provide support in the design and evaluation of cancer control activities to ensure that a strong evaluation component is included in all C-CRAB sponsored cancer control interventions.
8. Carry out C-CRAB's statutory requirements regarding breast cancer treatment and public education.

CANCER OF THE CERVIX:

Findings:

The major findings from the analysis of the data presented in the body of this Plan are:

- ◆ Minority women, including Hispanics and nonwhites, are more likely to be diagnosed with cervical cancer in the later stages of disease when treatment is more radical and survival is reduced.
- ◆ Older nonwhite women are three and a half times more likely to die of cervical cancer than are older white women.
- ◆ Hispanic women were the least likely to have had a Pap smear within the past year.

Recommendations:

The following recommendations are developed in the Plan for the prevention and control of cancer of the cervix.

Access:

1. That C-CRAB initiate legislation to require third party payers to cover routine Pap smears.
2. That HRS promote the provision of community-based screening and early detection programs for cervical cancer through county public health units and seek funding to support such activities.

Other:

1. That C-CRAB and its constituent agencies seek funding for the development and implementation of public education programs to change knowledge, attitudes and behaviors of women to increase their likelihood of receiving Pap smears as recommended, as well as encouraging preventive measures that a woman can take to reduce her risk for cervical cancer.
2. That C-CRAB through its constituent agencies develop and implement professional education programs to increase the likelihood that health care providers will educate, motivate and/or remind patients to adhere to recommended screening guidelines.
3. That HRS monitor compliance with the Clinical Laboratory Information Act of 1988 (CLIA '88), which will take effect January 1, 1994. The requirements include: (1) proficiency testing (i.e., annual onsite examinations) of individuals involved in screening and interpreting gynecologic preparations, (2) quality control, and (3) reporting and documenting cases.

ACCESS TO PREVENTIVE CARE AND SCREENING:

Findings:

The major findings from the analysis of the data presented in the body of this Plan are:

- ◆ Members of minority groups are less likely to have adequate insurance, as are younger people.
- ◆ Members of minority groups are less likely to be insured, even among those over age 60.
- ◆ Southeast Florida (area code 305) is a problem area for health insurance, with lower prevalence of insurance and higher prevalence of reported access problems.
- ◆ People without health insurance are more likely to report cost as a barrier to preventive care.
- ◆ People without health insurance, or with insurance that does not cover outpatient or preventive services, are less likely to see a doctor for a checkup and less likely to receive mammography or Pap smear, and more likely to be smokers.

Recommendations:

The following are recommendations developed in the Plan with regard to access to preventive care.

Access:

1. That C-CRAB and its constituent agencies support the Healthy Communities, Healthy People Plan (goal #6, on insurance reform).
2. That C-CRAB and its constituent agencies initiate legislation to establish or expand preventive health care coverage by providing education and incentive programs to the insurance industry.
3. That the Agency for Health Care Administration formulate and implement state policies that will result in a uniform plan for insurers regarding the provision of preventive health care benefits.
4. That C-CRAB and its constituent agencies initiate health insurance reform designed so that, among all its other features, it addresses the particular problems of southeastern Florida. These problems include a large proportion of recent immigrants and of older persons not receiving Medicare, as well as large minority populations who suffer the usual problems with health-care access.
5. That the Agency for Health Care Administration seek revision of the medical reimbursement codes to reflect preventive services, including time spent educating patients.

Other:

1. That the Florida Department of Insurance monitor preventive health care programs and benefits offered by insurance companies licensed in Florida by legislative mandate.

The Florida Cancer Plan

2. That the Agency for Health Care Administration monitor the extent to which consumers use covered health promotion and screening benefits and the cost to insurers of these benefits.
3. That C-CRAB and its constituent agencies support legislation to provide financial incentives, such as reduction or elimination of co-payments for preventive services, waiver of a deductible for these services, coverage of a higher percentage of the cost of these services, and/or premium discounts for employers who sponsor qualifying wellness programs.
4. That the Agency for Health Care Administration seek revisions to the Employment Retirement Income Security Act (ERISA) to give states some oversight regarding self-insured health plans and greater latitude in assuring the preventive health care they desire for their citizens.
5. That HRS monitor the usage of preventive health services by Florida residents and its relation to insurance through BRFSS.

EMERGING ISSUES:

The major findings from the analysis of the data presented in the body of this Plan are:

Cancer of the Colon and Rectum:

- ◆ There is a lack of consensus whether currently available screening technology is effective enough to warrant making widespread screening a public health priority, though progress in this area is rapid.

Cancer of the Prostate:

- ◆ There is a lack of consensus whether currently available screening technology is effective enough to warrant making widespread screening a public health priority.

Cancers of the Skin:

- ◆ The lack of reliable data on incidence of melanoma and the absence of data on other cancers of the skin preclude any conclusions or meaningful recommendations.

COORDINATION AND FOCUS OF CANCER PREVENTION AND CONTROL EFFORTS:

To improve coordination of cancer prevention and focus cancer control efforts:

C-CRAB will:

Initiate requests for funding to the legislature and appropriate private sources to design, conduct and evaluate community-based cancer prevention and control projects.

Monitor scientific and technological advances and recommend implementation of new community based prevention or control pilot or demonstration projects to demonstrate the efficacy of these technologies in a community setting.

Serve as the technological "clearing house" for information and expertise on community based cancer prevention and control activities.

Focus legislative and public attention on cancer control activities and treatment capabilities of Florida's cancer centers.

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HRS will:

Conduct cancer surveillance and epidemiologic studies of risk factors for cancer, and environmental hazards possibly linked to cancer.

Maintain the Florida Cancer Data System (FCDS) and Behavioral Risk Factor Surveillance System (BRFSS) and make the data available, as permitted by law.

Provide technical support on health issues to district Health and Human Service Boards and other state and regional decision-making bodies.

Provide technical support to HRS county public health units, and other agencies authorized by law, for community-based cancer prevention and control activities.

ATTACHMENT 7

**Cancer Plan Summary
and
C-CRAB Budget Request**

FLORIDA CANCER PLAN SUMMARY

THE PROBLEM

Florida has the highest crude (non age-adjusted) cancer mortality rate in the US. In 1991, 34,204 Floridians died from cancer (25% of all deaths):

- 10,365 from cancer of the lung
- 3,617 from cancers of the colon and rectum
- 2,592 from cancer of the breast (female)
- 2,435 from cancer of the prostate
- 287 from cancer of the cervix

In 1990, over 65,000 Floridians were diagnosed with cancer:

- 10,918 with cancer of the lung
- 9,460 with cancer of the prostate
- 9,203 with cancer of the colon and rectum
- 9,232 with cancer of the breast (female)
- 831 with invasive cancer of the cervix; over 25,000 dysplasia and carcinoma in situ of the cervix

OTHER FACTS

Minorities and the medically underserved are usually diagnosed at more advanced stages of disease and have higher mortality rates.

Many cancer deaths can be prevented by lifestyle changes, screening, and early detection.

THE GOAL

To reduce cancer morbidity and mortality in Florida through prevention, and universal access to screening, early detection services, and state-of-the-art treatment.

C-CRAB

Florida Cancer Control &
Research Advisory Council

PRIORITIES FOR 1993-94 LUNG, BREAST, AND CERVICAL CANCER

LUNG CANCER

The incidence of lung cancer can be reduced by primary prevention, ie, by reducing or eliminating exposure to known causes, such as tobacco products.

Goal

Reduce the use of tobacco products among current smokers, and prevent the initiation of tobacco use among teenagers.

Plans

- Develop and implement a statewide anti-tobacco media campaign to combat the increasing promotional efforts of the tobacco industry.
- Increase school-based anti-tobacco education programs.
- Include smoking cessation education and treatment as part of basic health insurance benefits.

BREAST CANCER

Since the causes of breast cancer are not known at this time, primary prevention is not feasible. The most effective prevention strategy is routine screening, early detection, and access to treatment services. Groups least likely to get routine screening include minorities, the elderly, and women without health insurance.

Goal

Increase the number of women who adhere to recommended screening guidelines, eg, perform monthly breast self examination, and receive routine mammograms and clinical examinations.

Plans

- Increase community-based education and outreach programs to increase participation in breast cancer screening.
- Increase access to and utilization of cost-effective mammography screening.
- Increase health care providers' adherence to recommended screening guidelines for breast cancer.

CERVICAL CANCER

Although the number of deaths from cervical cancer is relatively small, most are preventable. Pap smears are an inexpensive, safe, and effective method to detect cervical cancer at early, treatable stages. Groups least likely to get routine Pap smears include minorities and women without health insurance.

Goal

Increase the number of women who receive routine Pap smears, and who have access to treatment services.

Plans

- Increase community-based education and outreach programs targeted to high risk populations.
- Require health insurance companies to cover routine Pap smears.
- Endorse efforts to improve the accuracy of Pap smear results by ensuring that cytology laboratories meet federal regulations as specified in the Clinical Laboratory Information Act of 1988 (as of 1/94).

OTHER ISSUES

ACCESS TO SCREENING AND CARE

Access to cancer care is restricted for the estimated 1.9 million Floridians with no health insurance and the 3.4 million without coverage for preventive care. This problem will partially be addressed through the Health Care and Insurance Reform Act of 1993, which will include a basic benefit package for those participating in community health purchasing alliances. However, the reforms will not ensure universal access.

Goal

Reduce financial barriers to all Floridians for cancer prevention, screening, diagnosis, and treatment services.

Plans

- Include cancer prevention and screening in the basic benefits provided by the future community health purchasing alliances under the Health Care and Insurance Reform Act of 1993.
- Draft legislation to ensure that coverage for prevention and cancer screening is provided by all insurance companies and plans.

EMERGING ISSUES

The Florida Cancer Plan addresses other cancer sites under the heading "emerging issues" because methods for screening, prevention, and/or surveillance are still being evaluated.

Goal

Evaluate new evidence for effective ways to reduce morbidity and mortality for other cancer sites.

Plans

- Evaluate new technologies and recommendations about screening for colorectal cancer.
- Evaluate new technologies and recommendations about screening for prostate cancer.
- Improve surveillance of malignant melanoma, eg, expand reporting from non-hospital settings to better determine the true incidence of this condition.

THE PLAYERS

CANCER CONTROL AND RESEARCH ADVISORY COUNCIL

The Cancer Control and Research Advisory Council (C-CRAB) was created by the Florida Legislature to advise state government about cancer control policies (s.240.5121, F.S.). C-CRAB also *approves* an annual Florida Cancer Plan that establishes priorities for cancer control programs. Funds appropriated for the Cancer Control and Research Fund would be allocated for innovative research and demonstration projects.

UNIVERSITY-BASED CANCER CENTERS

Florida has three university-based cancer centers: the H. Lee Moffitt Cancer Center & Research Institute at the University of South Florida in Tampa, the University of Florida Shands Cancer Center in Gainesville, and the Sylvester Comprehensive Cancer Center at the University of Miami. Each has a wide range of services, including education, screening, diagnosis, and treatment, and clinical and basic science research. They serve as the hub of cancer control activities in their respective geographic areas and collaborate to serve the needs of the state.

DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES

The state health department is responsible for cancer surveillance, data collection, and analysis, as well as screening, follow-up, health education and promotion activities implemented through local health departments and clinics. In conjunction with C-CRAB, it prepares the annual Florida Cancer Plan. HRS also contracts with the University of Miami to operate the statewide cancer registry (Florida Cancer Data System, s.385.202, F.S.).

OTHER PROGRAMS

The **American Cancer Society** offers public, patient and professional education, advocacy, screening, and outreach programs, etc. The **Cancer Information Service** at the Sylvester Comprehensive Cancer Center is Florida's federally funded toll-free phone service that provides current information and community education programs. The **Florida Department of Education** is also involved with cancer control through school-based anti-tobacco and health programs. In addition, community hospitals and hospital-based cancer programs, eg, the **Orlando Cancer Center**, throughout the state offer education, screening, diagnosis, treatment, and rehabilitation services. There are also numerous community organizations and agencies involved in cancer control activities.

C-CRAB BUDGET REQUEST

Funds allocated to the Cancer Control and Research Fund would be distributed by C-CRAB for the priorities and strategies outlined in the Florida Cancer Plan. The university-based cancer centers (H. Lee Moffitt, Shands, and Sylvester) would serve as regional centers for cancer control activities.

SPECIFIC PROGRAMS

● Statewide Anti-Tobacco Media Campaign	*
● School-Based Anti-Tobacco Education Program	*
● Smoking Cessation Program	*
● Smoking Cessation Education for Health Professionals	*
● Mobile Mammography Programs	\$ 1,550,000
● Breast Cancer Treatment Options Brochure	\$ 100,000
● Breast Cancer Outreach and Education Programs	\$ 250,000
● Cervical Cancer Outreach and Education Programs	\$ 250,000
● Colorectal Cancer Resource Center	\$ 50,000
● Prostate Cancer Resource Center	\$ 50,000
● Center for Minority Issues in Cancer Control	\$ 50,000
● Pediatric Cancer Resource Center	\$ 50,000
● Cancer Data Management Center	\$ 50,000
● Annual National Cancer Control Symposium	\$ 40,000
● Infrastructure Support for University-Based Cancer Centers	\$ 1,130,000
TOTAL	\$ 3,570,000

**Funding requests for tobacco control programs will be developed by the Department of Health and Rehabilitative Services in accordance with the Tobacco Free Florida Plan.*

C-CRAB

**Florida Cancer Control &
Research Advisory Council**

BUDGET EXPLANATION

BREAST CANCER PROJECTS

1

Mobile mammography screening—Florida has several successful models for mobile mammography programs (using buses that are equipped with mammography machines) to provide screening for women who do not have easy access to screening facilities. To expand these services to other areas of the state, a comprehensive needs assessment and feasibility study should be conducted to determine which areas are at greatest need for such a program, and to evaluate how to optimize its success. This will include planning community-based outreach and education, scheduling, staffing, radiologists' reading of films, reimbursement, referral, and follow-up for diagnostic or treatment services, etc. Based on the findings, up to four programs will be implemented in different parts of the state.

● Planning phase (6 months)	\$ 50,000
● Purchase of bus and equipment: \$300,000 per bus x 3 sites (one bus will be purchased by ACS)	\$ 900,000
● Operation and maintenance of van and equipment: \$150,000 per van per year (for 6 months)	\$ 300,000
● Educational outreach and case management: \$150,000 x 4 sites per year (for 6 months)	\$ 300,000
SUBTOTAL	\$ 1,550,000

2

Educational materials/breast cancer treatment options brochure—Chapter 240.5121(7)(m), F.S. requires C-CRAB to prepare, distribute, and update a pamphlet to inform women of treatment options for breast cancer. The brochure purchased in 1984 is no longer current. Funds are requested to produce, purchase, and distribute an updated brochure.

● Production/purchase and distribution costs	\$ 100,000
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3

Breast Cancer Outreach and Education Programs—The C-CRAB statute also stipulates calls for the development and implementation of "educational programs to inform citizen groups, associations, and voluntary organizations about early detection and treatment of breast cancer." Funds are requested for planning, implementing, and evaluating community-based projects targeted to high risk populations, eg, elderly, minority and/or medically indigent women.

● 5 programs @ \$50,000 each	\$250,000
TOTAL BREAST CANCER PROJECTS	\$ 1,900,000

CERVICAL CANCER PROJECTS

1

Cervical Cancer Outreach and Education Programs—Programs to increase Pap smear screening among high risk women increase the proportion of early cancers that are detected at treatable stages. Funds would be used for planning, implementing, and evaluating community-based outreach, education, and screening programs for high risk women.

● 5 projects @ \$50,000 each	\$250,000
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RESOURCE CENTERS AND SPECIAL PROJECTS

Funds are requested to establish the following Resource Centers and special projects. They will be based at one of the Offices of Cancer Control (described below), but will serve as a resource for the entire state:

- 1
Prostate Cancer Resource Center**
 - Serve as a clearinghouse for emerging issues about prostate cancer screening, detection, and treatment.
 - Critically evaluate and assess studies of new technology and its applications.
 - Make recommendations for screening policies in Florida.
 - Promulgate information and education, including professional education to primary care and other community physicians.

- 2
Colorectal Cancer Resource Center**
 - Same functions as above, but as applied to colorectal cancer.

- 3
Center for Minority Issues in Cancer Control**
 - Serve as a clearinghouse for information on effective strategies for reducing the excess in cancer mortality and morbidity among minority populations.
 - Evaluate and critically assess data on cancer among minority groups in Florida.
 - Serve as a liaison to the new Minority Health Commission, HRS, and other agencies, as well as to community organizations and leaders in the minority communities.

- 4
Pediatric Cancer Resource Center**
 - Serve as a clearinghouse for information on childhood cancers (eg, leukemia and lymphomas), and make recommendations for policy and programs about such issues as physical/growth and emotional/psychosocial development consequences of cancer, insurability, re-entry into the school system, employment, etc.

- 5
Cancer Data Management Center**
 - Facilitate access to and use of such data from the Florida Cancer Data System and other statewide databases as population estimates and exposure to carcinogens.
 - Provide data and/or produce reports on rates and risks for policy-making and program-planning.

- 6
National Cancer Control Symposium**
 - Provide a forum for sharing information about cancer control activities in Florida with health professionals within the state and around the country through an annual symposium.
 - Enhance visibility and promote work done in Florida, and provide an opportunity to share and compare with other states' programs.

INFRASTRUCTURE SUPPORT FOR UNIVERSITY-BASED CANCER CENTERS

Establish an Office of Cancer Control at each of the three university-based cancer centers:

● 1 faculty FTE Director (doctoral-level)	\$120,000
● 1 Program Coordinator (master's level)	\$ 50,000
● 1 Staff Assistant	\$ 30,000
● Promotional activities and materials	\$ 50,000
● Administrative expenses	\$ 30,000
● Capital expenses (computers, furniture)	\$ 30,000
TOTAL	\$310,000 x 3 = \$930,000

These offices would be able to develop their own programs and grants, as well as implement state-funded cancer control programs, coordinate cancer control activities in their catchment area, serve as a resource for the state, and serve as a liaison with HRS (state and local programs), AHECs, ACS, etc. They would also be able to address other cancer control issues, such as skin cancer, the role of diet in cancer prevention, etc.

Funds allocated to the Office of Cancer Control at the H. Lee Moffitt Cancer Center & Research Institute would also be used to support the operation of the Cancer Control and Research Advisory Council (C-CRAB) and the Breast Cancer Task Force.

In addition, a satellite unit would be established to support cancer control activities at two locations:

- 1 Jacksonville campus of the University of Florida College of Medicine
- 2 Orlando Cancer Center

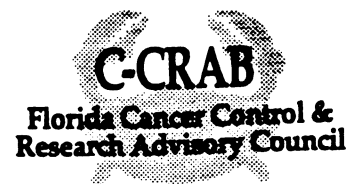
● 1 Program Coordinator	\$ 50,000
● 1 Staff Assistant	\$ 30,000
● Administrative expenses	\$ 20,000
TOTAL	\$ 100,000 x 2 = \$ 200,000
TOTAL INFRASTRUCTURE SUPPORT	\$ 1,130,000

ATTACHMENT 8

C-CRAB's Basic Benefits

Recommendations to AHCA

RECOMMENDATION FOR CANCER-RELATED BASIC BENEFITS



BENEFIT	RECOMMENDATIONS
Mandated Basic Benefits	The basic benefits listed in s. 627.6699, F.S., (e.g., inpatient hospitalization and outpatient services) should cover procedures necessary for the diagnosis and treatment of cancer including biopsies and other diagnostic procedures, and surgery, chemotherapy, radiation, and other therapies.
Pre-Existing Conditions	Restrictions on eligibility for health insurance due to an individual's pre-existing condition, health status or claims history should be eliminated (s. 65 of ch. 93-129, Laws of Florida, which modifies s. 627.6699, F.S.).
Catastrophic Expenses	Individuals and families should be protected from devastating out-of-pocket medical expenses resulting from cancer treatments by establishing individual and family annual maximum out-of-pocket expenses, and no maximum lifetime limit.
Cancer Screening and Early Detection	<p>Based on current medical guidelines, the following screening and early detection procedures are recommended. To reduce financial barriers, they should <u>not</u> be subject to cost-sharing mechanisms such as co-payments or deductibles:</p> <p><i>For asymptomatic individuals:</i></p> <ul style="list-style-type: none"> • Cervical Cancer: Annual Pap test, as part of a pelvic examination, for women who are or have been sexually active, or who have reached age 18. After three consecutive normal annual exams, Pap test every 3 years, or more frequently as recommended by physician. • Breast Cancer: Mammogram and clinical breast examination as per s. 627.6418, F.S., i.e., baseline for women age 35-39; every two years for women age 40-49 (more frequently as recommended by physician); annually for women after age 50. • Prostate Cancer: Prostate Specific Antigen (PSA) and digital rectal exam every 3 years after age 50. • Colorectal Cancer: Annual digital rectal exam and fecal occult blood, as part of a regular physical examination, after age 50; flexible sigmoidoscopy every 3 years after 2 yearly negative findings after age 50. • General: Physical examination and medical history, including smoking history, family history, and other risk factors: Every 1-3 years from age 40-64; annually for ages 65+. • Other diagnostic tests and procedures recommended by established medical guidelines. <p><i>For high risk individuals or groups:</i></p> <ul style="list-style-type: none"> • Diagnostic tests and procedures recommended by established medical guidelines.
Cancer Prevention	Include coverage for counseling by health care providers to reduce cancer risk (e.g., tobacco cessation, and diet and nutrition), and to promote early detection (e.g., self-examination methods).
Outpatient prescription drugs	Include coverage for medications prescribed for the treatment and management of cancer and its sequelae, and for treatment for tobacco addiction.
"Off-Label" Drugs	Include coverage for FDA-approved drugs prescribed for clinical conditions other than those included on the FDA "label" when such use is recognized in standard medical compendia or in the medical literature.
Bone Marrow Transplants	Include coverage for bone marrow transplant procedures recommended by the treating physicians for neoplastic conditions identified in the Florida Department of Health and Rehabilitative Services Bone Marrow Transplantation Rule No. 10D-127.001.

C-CRAB • at H. Lee Moffitt Cancer Center & Research Institute

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BENEFIT	RECOMMENDATIONS
Investigational Treatment	<p>Reimbursement should be provided for investigational treatment, including the tests and procedures that accompany such treatment, when:</p> <ul style="list-style-type: none"> • treatment is provided according to a clinical trial approved by the National Institutes of Health, National Cancer Institute or any of its cancer centers, cooperative groups or community clinical oncology programs, the Food and Drug Administration; the Department of Veteran Affairs, or a qualified nongovernmental research entity as identified in the guidelines for NCI cancer center support grants; and • the study approved by a qualified institutional review board; and • the facility and personnel providing the treatment are capable of doing so by virtue of their experience or training; and • patients meet all protocol requirements; and • no clearly superior, non-investigational alternative to the protocol treatment is available for the individual patient; and • clinical or preclinical data provide a reasonable expectation that the protocol treatment will be at least as efficacious as established alternatives.
Mental Health Services	<p>Include coverage for psychosocial treatment, consistent with a comprehensive program of mental health services, for cancer patients and their families. Treatment can be provided by health care professionals such as physicians, psychologists, licensed counselors or licensed social workers for consequences of cancer.</p>
Rehabilitative Services	<p>Include coverage for rehabilitative services—such as physical, occupational, speech, respiratory or inhalation, nutrition and other therapy—when prescribed by the treating physicians to rehabilitate patients for disabling conditions resulting from the treatment of cancer.</p>
Reconstructive Surgery	<p>Include coverage for reconstructive surgery and prosthetic devices prescribed subsequent to procedures such as mastectomy, limb amputation, facial and ocular surgery, surgery resulting in sexual dysfunction, or other conditions which result in disfigurement or dysfunction, as recommended by the treating physicians.</p>
Hospice, Home Health and Related Services	<p>Provide coverage for home health and hospice services when such care is the most appropriate and cost-effective method of treatment.</p>

OTHER BASIC BENEFITS AND POLICY ISSUES	
Fibrocystic Conditions	<p>Health insurance should not be denied or canceled for individuals with fibrocystic conditions even if the condition is diagnosed through a breast biopsy that demonstrates an increased disposition to developing breast cancer (amend or repeal s. 627.6419, F.S.).</p>
Access to Cancer Treatment and Research Centers	<p>Basic benefits should ensure access to any medical facility within the state of Florida that can provide the most appropriate level of cancer treatment for a patient regardless of CHPA district boundaries.</p>
Self-Insured Employer Plans	<p>C-CRAB endorses efforts to amend the federal Employee Retirement Income Security Act (ERISA) that exempts self-insurance plans from state insurance laws and regulations. This will help ensure that Florida's basic health benefits package applies to all Floridians, including those covered by self-insured group plans.</p>

