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2004 Regular Session (4lr1871)

ENROLLED BILL

-- Education, Health, and Environmental Affairs/Health and Government Operations --

Introduced by Senators Lawlah, Astle, Brinkley, Britt, Brochin, Colburn,
Conway, Currie, DeGrange, Della, Dyson, Exum, Forehand, Frosh,
Garagiola, Giannetti, Gladden, Green, Greenip, Grosfeld, Hafer, Haines,
Harris, Hogan, Hollinger, Hooper, Hughes, Jacobs, Jimeno, Jones,
Kasemeyer, Kelley, Kittleman, Klausmeier, Kramer, McFadden,
Middleton, Miller, Mooney, Munson, Pinsky, Pipkin, Ruben, Schrader,
Stoltzfus, Stone, and Teitelbaum

Read and Examined by Proofreaders:	
	Proofreader.
ed with the Great Seal and presented to the Governor, for his approval thisday of at o'clock,M.	Proofreader.
	President.
CHAPTER	
AN ACT concerning	
<u>Task Force on the Prevention and Elimination of State Council on Cancer</u> <u>Control - Cervical Cancer Committee of the Maryland Comprehensive</u> <u>Cancer Control Plan</u>	
FOR the purpose of establishing a Task Force on the Prevention and Elimination of Cervical Cancer Committee of the Maryland Comprehensive Cancer Control	
Plan; providing for the composition, chairman, vice chairman, and staff of the	
	ed with the Great Seal and presented to the Governor, for his approval this

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1 2 3	Mental Hygiene to staff the Committee; providing for the duties of the Task Force Committee; requiring the Task Force to submit an annual report Committee to present certain findings and recommendations to the Governor						
4	and to the General Assembly on or before certain dates; providing for the						
5	termination of this Act; and generally relating to the Task Force on the						
6	Prevention and Elimination of Cervical Cancer Committee of the Maryland						
7	Comprehensive Cancer Control Plan.						
8	<u>Preamble</u>						
9	WHEREAS, Cervical cancer is the tenth most common cancer among females in						
	the United States; and						
	The Cities States, that						
	WHEREAS, Cervical cancer disproportionately affects minorities since the rate of new cases of cervical cancer is higher among females from racial and ethnic groups than among white females; and						
	WHEREAS, The Centers for Disease Control and Prevention estimates that 12,200 new cases of cervical cancer were diagnosed in 2003 and that of the women diagnosed, 4,100 will die of the disease; and						
	<u></u>						
17	WHEREAS, Routine screening for cervical cancer can prevent the disease,						
	although between 2 and 3 million of the approximately 50 million pap tests performed						
	in the United States annually produce inconclusive results, leading to no treatment or						
	inappropriate treatment; and						
21	WHEREAS, Examining methods of preventing and providing for the earlier						
	detection of cervical cancer will help to ensure that the most current technologies and						
	best practices are used in Maryland to prevent cervical cancer as well as to provide						
	optimal care and lifesaving measures for women with the disease; now, therefore,						
	<u>ep en e </u>						
25 26	SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND, That:						
27 28	(a) There is a Task Force on the Prevention and Elimination of Cervical Cancer <u>Committee of the Maryland Comprehensive Cancer Control Plan.</u>						
29	(b) The Task Force consists of the following members:						
30 31	(1) one member of the Senate of Maryland, appointed by the President of the Senate;						
32	(2) one member of the House of Delegates, appointed by the Speaker of the House;						
	(3) two officers of the Women Legislators of Maryland, one to be appointed by the President of the Senate and one to be appointed by the Speaker of the House;						

1 2	(4) Health and Mental H		aty Secretary for Public Health Services of the Department of the Deputy Secretary's designee;
3	(5) Health and Mental H		the Deputy Secretary's designee;
5 6	(6) Department of Health		etor of the Center for Cancer Surveillance and Control in the stal Hygiene;
7	(7)	the Chai	rperson of the State Council on Cancer Control; and
8	(8)	the follo	wing members, appointed by the Governor:
9 10	Obstetrics and Gynec	(i) cology;	one physician who is a member of the American College of
11 12	Family Physicians;	(ii)	one physician who is a member of the American Academy of
13 14	Cancer Society;	(iii)	one physician who is an oncologist and represents the American
15		(iv)	one registered nurse;
16		(v)	one representative of a women's health organization;
17		(vi)	one representative of the American Academy of Pediatrics;
18		(vii)	one representative of the health insurance industry;
19		(viii)	one teacher;
20 21	station; and	(ix)	one representative of a local newspaper, television, or radio
22 23	cancer survivor.	(x)	two members of the public, one of whom shall be a cervical
24	(e) The Go	vernor sh	all designate the chairman of the Task Force.
25	(d) The Tas	k Force s	hall elect a vice chairman from among its members.
26 27	(e) (b) the Task Force <u>Com</u>		partment of Health and Mental Hygiene shall provide staff for
28	(f) The Cha	airman of	the Task Force may:
29 30	(1) Task Force: and	establish	a committees for the purpose of completing the duties of the

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1 2	on each committee.	appoint individuals who are not members of the Task Force to serve
	the Task Force, but is	per of the Task Force may not receive compensation for serving on entitled to reimbursement for expenses under the Standard ons, as provided in the State budget.
6	(h) (c)	The Task Force Committee shall:
7 8	(1) prevalence and burde	be briefed by the Department of Health and Mental Hygiene on the n of cervical cancer in the State;
9 10	(2) and the State Counci	in collaboration with the Department of Health and Mental Hygiene l on Cancer Control;
13		(i) promote public awareness on the causes and nature of cervical factors, the value of prevention, early detection, options for its, new technology, medical care reimbursement, and physician
15	ana haina davalanad	(ii) examine new and emerging medicines, including vaccines, that in an effort to cure cervical cancer;
17	(3) laws, and regulations	identify and examine the limitations of existing programs, services,
19		(i) cervical cancer awareness; and
20 21	for the diagnosis and	(ii) the availability of health insurance coverage and public service treatment of cervical cancer;
22 23	(4) and strategies for pla	develop a statewide comprehensive Cervical Cancer Prevention Plan n implementation and public promotion of the plan;
		facilitate coordination and communication among State and local ations regarding achieving the goals of the Cervical Cancer cloped by the Task Force Committee;
		receive public testimony from individuals, local health departments, ganizations, and other public and private organizations to gather duals' and organizations':
30 31	treatment; and	(i) contributions to cervical cancer prevention, diagnosis, and
32 33	treatment in the State	(ii) ideas for improving cervical cancer prevention, diagnosis, and e.
34 35	(i) (d) of the State Council	The Task Force Committee shall present an in the annual report on Cancer Control its findings and recommendations to the

- 1 Governor and, in accordance with § 2-1246 of the State Government Article, the
- 2 General Assembly, on or before October 1 of each year beginning October 1, 2004.
- 3 SECTION 2. AND BE IT FURTHER ENACTED, That to the extent practicable,
- 4 appointments to the Task Force Cervical Cancer Committee of the Maryland
- 5 Comprehensive Cancer Control Plan shall be made to ensure regional, economic,
- 6 ethnic, and gender diversity on the Task Force Committee.
- 7 SECTION 3. AND BE IT FURTHER ENACTED, That this Act shall take effect
- 8 July 1, 2004. It shall remain effective for a period of 5 years and, at the end of June
- 9 30, 2009, with no further action required by the General Assembly, this Act shall be
- 10 abrogated and of no further force and effect.