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House action: Adopted  
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CHAPTER \_\_\_\_\_

1 AN ACT concerning

2 ~~Task Force on the Prevention and Elimination of~~ State Council on Cancer  
3 ~~Control - Cervical Cancer~~ Committee of the Maryland Comprehensive  
4 ~~Cancer Control Plan~~ Cancer Control Plan

5 FOR the purpose of establishing a ~~Task Force on the Prevention and Elimination of~~  
6 ~~Cervical Cancer~~ Committee of the Maryland Comprehensive Cancer Control  
7 ~~Plan; providing for the composition, chairman, vice chairman, and staff of the~~  
8 ~~Task Force; authorizing the chairman of the Task Force to establish certain~~  
9 ~~committees and make certain appointments to certain committees; providing~~  
10 ~~that members of the Task Force may not receive compensation, but may be~~  
11 ~~reimbursed for certain expenses~~ requiring the Department of Health and  
12 Mental Hygiene to staff the Committee; providing for the duties of the Task  
13 Force Committee; requiring the Task Force to submit an annual report  
14 Committee to present certain findings and recommendations to the Governor  
15 and to the General Assembly on or before certain dates; providing for the  
16 termination of this Act; and generally relating to the Task Force on the  
17 Prevention and Elimination of Cervical Cancer Committee of the Maryland  
18 Comprehensive Cancer Control Plan.

19 Preamble

20 WHEREAS, Cervical cancer is the tenth most common cancer among females in  
21 the United States; and

1 WHEREAS, Cervical cancer disproportionately affects minorities since the rate  
2 of new cases of cervical cancer is higher among females from racial and ethnic groups  
3 than among white females; and

4 WHEREAS, The Centers for Disease Control and Prevention estimates that  
5 12,200 new cases of cervical cancer were diagnosed in 2003 and that of the women  
6 diagnosed, 4,100 will die of the disease; and

7 WHEREAS, Routine screening for cervical cancer can prevent the disease,  
8 although between 2 and 3 million of the approximately 50 million pap tests performed  
9 in the United States annually produce inconclusive results, leading to no treatment or  
10 inappropriate treatment; and

11 WHEREAS, Examining methods of preventing and providing for the earlier  
12 detection of cervical cancer will help to ensure that the most current technologies and  
13 best practices are used in Maryland to prevent cervical cancer as well as to provide  
14 optimal care and lifesaving measures for women with the disease; now, therefore,

15 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF  
16 MARYLAND, That:

17 (a) ~~There is a Task Force on the Prevention and Elimination of Cervical~~  
18 ~~Cancer~~ Committee of the Maryland Comprehensive Cancer Control Plan.

19 (b) ~~The Task Force consists of the following members:~~

20 (1) ~~one member of the Senate of Maryland, appointed by the President of~~  
21 ~~the Senate;~~

22 (2) ~~one member of the House of Delegates, appointed by the Speaker of~~  
23 ~~the House;~~

24 (3) ~~two officers of the Women Legislators of Maryland, one to be~~  
25 ~~appointed by the President of the Senate and one to be appointed by the Speaker of~~  
26 ~~the House;~~

27 (4) ~~the Deputy Secretary for Public Health Services of the Department of~~  
28 ~~Health and Mental Hygiene, or the Deputy Secretary's designee;~~

29 (5) ~~the Deputy Secretary for Health Care Financing of the Department of~~  
30 ~~Health and Mental Hygiene, or the Deputy Secretary's designee;~~

31 (6) ~~the Director of the Center for Cancer Surveillance and Control in the~~  
32 ~~Department of Health and Mental Hygiene;~~

33 (7) ~~the Chairperson of the State Council on Cancer Control; and~~

34 (8) ~~the following members, appointed by the Governor:~~

35 (i) ~~one physician who is a member of the American College of~~  
36 ~~Obstetrics and Gynecology;~~

- 1                   (ii)     ~~one physician who is a member of the American Academy of~~  
2 ~~Family Physicians;~~
- 3                   (iii)    ~~one physician who is an oncologist and represents the American~~  
4 ~~Cancer Society;~~
- 5                   (iv)     ~~one registered nurse;~~
- 6                   (v)      ~~one representative of a women's health organization;~~
- 7                   (vi)     ~~one representative of the American Academy of Pediatrics;~~
- 8                   (vii)    ~~one representative of the health insurance industry;~~
- 9                   (viii)   ~~one teacher;~~
- 10                  (ix)     ~~one representative of a local newspaper, television, or radio~~  
11 ~~station; and~~
- 12                  (x)     ~~two members of the public, one of whom shall be a cervical~~  
13 ~~cancer survivor.~~
- 14       (e)        ~~The Governor shall designate the chairman of the Task Force.~~
- 15       (d)        ~~The Task Force shall elect a vice chairman from among its members.~~
- 16       (e)        (b)     The Department of Health and Mental Hygiene shall provide staff for  
17 the Task Force Committee.
- 18       (f)        ~~The Chairman of the Task Force may:~~
- 19                (1)     ~~establish committees for the purpose of completing the duties of the~~  
20 ~~Task Force; and~~
- 21                (2)     ~~appoint individuals who are not members of the Task Force to serve~~  
22 ~~on each committee.~~
- 23       (g)        ~~A member of the Task Force may not receive compensation for serving on~~  
24 ~~the Task Force, but is entitled to reimbursement for expenses under the Standard~~  
25 ~~State Travel Regulations, as provided in the State budget.~~
- 26       (h)        (c)     The Task Force Committee shall:
- 27                (1)     be briefed by the Department of Health and Mental Hygiene on the  
28 prevalence and burden of cervical cancer in the State;
- 29                (2)     in collaboration with the Department of Health and Mental Hygiene  
30 and the State Council on Cancer Control;
- 31                (i)     promote public awareness on the causes and nature of cervical  
32 cancer, personal risk factors, the value of prevention, early detection, options for

1 testing, treatment costs, new technology, medical care reimbursement, and physician  
2 education; and

3 (ii) examine new and emerging medicines, including vaccines, that  
4 are being developed in an effort to cure cervical cancer;

5 (3) identify and examine the limitations of existing programs, services,  
6 laws, and regulations with respect to:

7 (i) cervical cancer awareness; and

8 (ii) the availability of health insurance coverage and public services  
9 for the diagnosis and treatment of cervical cancer;

10 (4) develop a statewide comprehensive Cervical Cancer Prevention Plan  
11 and strategies for plan implementation and public promotion of the plan;

12 (5) facilitate coordination and communication among State and local  
13 agencies and organizations regarding achieving the goals of the Cervical Cancer  
14 Prevention Plan developed by the ~~Task Force~~ Committee;

15 (6) receive public testimony from individuals, local health departments,  
16 community-based organizations, and other public and private organizations to gather  
17 input on these individuals' and organizations':

18 (i) contributions to cervical cancer prevention, diagnosis, and  
19 treatment; and

20 (ii) ideas for improving cervical cancer prevention, diagnosis, and  
21 treatment in the State.

22 (d) The ~~Task Force~~ Committee shall present ~~an~~ in the annual report ~~on~~  
23 of the State Council on Cancer Control its findings and recommendations to the  
24 Governor and, in accordance with § 2-1246 of the State Government Article, the  
25 General Assembly, on or before October 1 of each year beginning October 1, 2004.

26 SECTION 2. AND BE IT FURTHER ENACTED, That to the extent practicable,  
27 appointments to the ~~Task Force~~ Cervical Cancer Committee of the Maryland  
28 Comprehensive Cancer Control Plan shall be made to ensure regional, economic,  
29 ethnic, and gender diversity on the ~~Task Force~~ Committee.

30 SECTION 3. AND BE IT FURTHER ENACTED, That this Act shall take effect  
31 July 1, 2004. It shall remain effective for a period of 5 years and, at the end of June  
32 30, 2009, with no further action required by the General Assembly, this Act shall be  
33 abrogated and of no further force and effect.

