**Attendees**



**Delaware Cancer Consortium**

**Advisory Council**

**October 21, 2013**

Minutes-APPROVED

Office of Young Conaway Stargatt & Taylor

Wilmington, DE

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| **Members** |  |
| Attended-via phone | Ruth Briggs-King – DE House of Representatives |
| Attended | William Bowser, Esq, - Young, Conaway, Stargatt & Taylor, LLP |
| Did Not Attend | John C. Carney, Jr. – U.S. Congress |
| Did Not Attend | Matt Denn – Lt. Governor |
| Did Not Attend | Christopher Frantz, MD – AI DuPont Hospital for Children |
| Did Not Attend | Deborah Heffernan – DE House of Representatives |
| Attended-via phone | Stephen Grubbs, MD – Medical Oncology Hematology Consultants, PA |
| Attended-via phone | Bethany Hall-Long, RNC, PhD – University of Delaware/Delaware Senate |
| Did Not Attend | Patricia Hoge, PhD – American Cancer Society |
| Did Not Attend | Rita Landgraf, Department of Health and Social Services |
| Attended-via phone | Meg Maley, RN, BSN – Welldoc, Inc. |
| Did Not Attend | David McBride – Delaware Senate |
| Did Not Attend | Collin O’Mara – Delaware Department of Natural Resources and Environmental Control |
| Attended | Nicholas Petrelli, MD –Christiana Care - Helen F. Graham Cancer Center |
| Attended-via phone | Rishi Sawhney, MD – Bayhealth Medical Center |
| Did Not Attend | Liane Sorenson – Delaware Senate |
| Attended | James Spellman, MD, FACS, FSSO – Beebe Medical Center - Tunnell Cancer Center |
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| **Staff** |  |
| Attended | Karyl Rattay – Delaware Division of Public Health |
| Attended | Lisa Henry – Delaware Division of Public Health |
| Attended | Rich Killingsworth – Delaware Division of Public Health |
| Attended | Rosemary Doughten – Delaware Division of Public Health |
| Attended | Heather Harding - Delaware Division of Public Health |
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| **Review of Previous Meeting Minutes** |  |
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Chair Bill Bowser began the meeting at 8:35 am. Motion was made to approve the minutes as written from the August 19, 2013 meeting. Motion passed.

**Old & New Business**

**Health Fund Application**

Lisa Henry advised that the application was sent in September and level funding was requested. A copy will be sent to all Advisory Council members. There was a decrease in funding for the Delaware Cancer Treatment Program (DCTP) because people will go into the health insurance marketplace, however lung cancer screening for Screening for Life was included. Currently lung cancer screening guidelines are in draft form and awaiting final approval by the USPSTF. Some money was moved to tobacco prevention and control. She continued saying they had to go with what they thought they would need in a transition year and then wait to see what may be needed in the long term. The total application was 12,630.7. Bill Bowser added that because the application comes in the middle of a fiscal year it is very challenging and difficult to predict what will be needed. He continued saying that there may still be some underinsured individuals. He also said that money continues to be taken out of the tobacco settlement fund when it should be going to fight diseases that are caused by tobacco use. Now is the time to put the focus back to the number one killer – lung cancer. A national report came out that shows screening can reduce lung cancer, thus proving the effectiveness of lung cancer screening on lung cancer mortality rates. The cost of screening is approximately $246 and Delaware can become a pioneer in this area. Additional savings could be seen in the treatment program with screening and this could make a major difference in this budget. Dr. Petrelli stated that lung cancer screening is more cost effective than mammography. He continued saying if you screen smokers and they have a clear CT, then you can get them in a cessation program. Dr. Sawhney asked how the cost would be handled. Some individuals would be insurable and there would be gaps with others. It was emphasized that guidelines would need to be followed so that the program would not get out of hand as well as following what is proven to be effective. Mr. Bowser assured the group that working with the committees and DPH support staff, control of the program would be possible. Dr. Grubbs suggested that individuals enrolled in SFL and CHAP should be notified of the ACA so that they know they will need to get insurance. Ms. Henry advised that this is being done. Mr. Bowser added that this is putting the emphasis back on tobacco and lung cancer. Dr. Spellman added that it invigorates the Delaware Cancer Consortium mission statement and the push for better health for people in Delaware.

Mr. Bowser thanked DPH staff for getting the figures together for the Health Fund Application. He said that the economic benefits are starting to turn around. We did it with colonoscopies and the Delaware Cancer Treatment Program and now we want to do it with lung cancer. It is a difficult budget year and we will really need to say what we want and fight for it. People are looking at savings from the Affordable Care Act. Ms. Henry will notify the Advisory Council members as soon as the Health Fund meetings are scheduled.

**Retreat**

Heather Harding announced that the annual Retreat will be held on April 15, 2014 and will be combined with the Education Summit. The event will be held at Dover Downs. The original theme/topic was going to be survivorship, however screening for lung cancer is now being considered. Senator Bethany Hall-Long advised that she would take the new suggestion back to the committee and show the link between components of lung cancer and the public. She added that it is a good opportunity to combine the two events and it will save resources. Dr. Rattay suggested the theme have a shared focus of screening, prevention and survivorship. Mr. Bowser added that the event will have a dual track and some of the programs/sessions will be for doctors and health care professionals. It was suggested that a “Save the Date” notice be sent out indicating April 15, 2014 at Dover Downs.

**Regulations/Legislation updates**

Heather Harding gave a Cancer Registry update with regards to WebPlus and electronic reporting. Hospital based providers will now report via an excel sheet and non hospitals will modify the way they report. There will be no duplication from both systems. Dr. Grubbs, Dr. Petrelli and Mr. Bowser, all thanked Ms. Harding for getting the problem rectified.

With regards to clinical trials, Ms. Harding reported that Delaware has one of the most comprehensive laws. Insurers are not required to cover treatment in clinical trials; the sponsor of the trial will cover the cost. Delaware does not have limits as to stage or time of treatment. Dr. Petrelli added that there is no universal definition of standard of care and that there is a plan to get all individuals (insurers and doctors) to the table within the next two years to iron out the details. Mr. Bowser advised that it is not fair for one major company to pay and other companies not to pay. He feels it is something that needs to be discussed. Dr. Rattay suggested getting the Department of Insurance or Lt. Governor Matt Denn involved. Dr. Spellman suggested that it be sent back to the legislators. Mr. Bowser closed by saying the one company doing it right dominates the marketplace and creates a competitive disadvantage to the others and this threatens the use of clinical trials.

Some questions had been raised with regards to the Clean Indoor Air Act (CIAA). Questions and answers are:

1. Are there activities, policies, etc. that other states have adopted in their CIAAs that we could adopt in Delaware? Such as buffer zones (25 ft from entrance, etc.)

* The original bill did have language to not allow smoking within 25 feet of an entrance or exit but that was amended out pretty early in the process. Some states (such as California and a handful of others) do have a provision of no smoking within a certain number of feet. The general opinion of the health advocates is to not introduce amendments because there is a danger of opening up the CIAA to possibly weaken it.
* Some states such as Indiana, Michigan, North Dakota and Wisconsin have 100% restrictions in hotels (DE has at least 75% of rooms smoke free). Some states (such as Georgia, Idaho, and Illinois) do not allow smoking in private clubs. Though the majority of states have “exemptions” for private clubs. The definition of private club per Delaware regulations:
  + **99.107.5** “Private Club” means any club or organization that does not permit the general public to access its facilities or activities. Access is denied to anyone who does not agree or adhere to the rules of membership. In order to be considered a private club or organization for purposes of the Clean Indoor Air Act, the establishment must adhere to all of, but not limited to, the following criteria.
  1. Have a permanent mechanism to carefully screen applicants for membership on subjective rather than objective factors;
  2. Limits access and use of facilities, services and activities of the organization to members and guests of the members;
  3. Is controlled by its membership and operates solely for the benefit and pleasure of its members;
  4. Advertises exclusively and only to its members, excluding membership drives.

1. **Does Delaware have the strictest CIAA?**

* Delaware’s CIAA is considered among the strongest in the country. Delaware was the first (and may still be the only) state to remove preemption from a tobacco law. There are a few states that don’t allow smoking in private clubs (DE does) and there are very few states that don’t allow smoking in any hotels (DE allows in 25% of rooms) as noted above.

1. **Do state parks and beaches in other states have legislation rather than Executive Order for “tobacco free”/no smoking areas?**

* NY and RI have smoke free state parks and beaches laws. DE state parks policy is a DNREC policy.

1. **Written updates on where we are with the tobacco bills that did not move out of committee during the last General Assembly session?**

* House Bill 71 would amend the current youth access to tobacco law to include possession and use of tobacco by minors. HB 71 is not supported by the committee. The reason HB 71 is not supported is there is no evidence of the effect of possession laws. There are more evidence based policy interventions that would help reduce tobacco use by minors such as increasing the excise tax on tobacco products, the law would make it easier to “profile” certain minority youth, deflect enforcement of retailers, and put an undue burden on the judicial system HB 71 has been tabled by the house judiciary committee. Rep. Ramone is working to see if he can come up with a compromise for his bill.
* House Bill 138 would increase excise tax on other tobacco products (OTP) the bill was voted on in committee and would not have passed. One of the legislators asked if the bill could be tabled and it was agreed for the bill to be tabled. E-cigarette representatives were present during committee meeting voicing their opinion that they felt the way the bill was written that e-cigarettes would be considered a tobacco product. Representatives from the Division of Revenue stated that e-cigarettes were not included in the bill. Representative Barbieri said he would make an exception to exclude E-cigarettes from the OTP bill to clarify the concerns. Dr. Rattay stated that she would talk with staff from other state agencies involved to see what could be done to get the agencies on the same page and educate them about what DPH feels are best practices.
* An amendment to Senate Bill 112 (to allow State Lottery machines in veteran organizations) would extend the Clean Indoor Air Act provision to those establishments which would make them non-smoking was introduced but did not pass.

**Sharing Time**

Ms. Harding advised that members had been provided with an article from The Nation’s Health titled *Delaware consortium fights back against state’s high cancer rates.* Bill Bowser and Dr. Rattay were interviewed for the article.

Copies of the *Breast Cancer: Time to Treat* article were also provided. Dr. Petrelli stated that these articles should get out to professionals and inquired if we could ask Nation’s Health for permission to have them published in the Delaware Medical Journal. Dr. Rattay offered to speak with Emily Knearl from OHRC regarding the articles.

During the lunch hour at the November 18, 2013 committee meetings there will be a presentation on the ACA Marketplace.

Dr. Spellman advised that Beebe Medical Center is currently going through accreditation this month with the National Association Program Progress Center (NAPPC).

Some discussion took place regarding the ASCO CancerLinQ System that Dr. Grubbs presented at the previous Advisory Council meeting. It was suggested to have Rob Howser from Washington DC come to the February 2014 AC meeting to present on the system. Some new performance programs are being introduced and if it does happen, it could be the biggest database nationwide and would aid in quality care. It was also mentioned that three of the four oncology practices in the state are currently Quality Oncology Practice Initiative (QOPI) certified and that it would tie in nicely with the ASCO CancerLinQ System.

The meeting was adjourned at 9:40 am.

Meeting documentation is available on the DCC website (www.delawarecancerconsortium.org) or by contacting Rosemary Doughten (Rosemary.Doughten@state.de.us or 302-744-1000).

**Future Meeting(s)**

Next Meeting: December 16, 2013 – 8:30 am at the Offices of Young Conaway Stargatt & Taylor Wilmington, DE.