

HCR

1

<TARGET><BILL>HCR 1</BILL><SUBJECT>HCR
1</SUBJECT><COMM>HHSS27</COMM></TARGET>

Alaska State Legislature

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Juneau, AK 99801-1182
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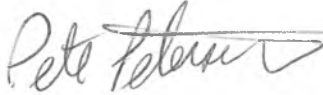
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Representative Pete Petersen Serving Northeast Anchorage and Muldoon

MEMORANDUM

DATE: January 21, 2011

TO: Rep. Keller, Chair
House Health & Social Services Committee

FROM: Rep. Pete Petersen 

RE: Hearing Request for House Concurrent Resolution 1, Pancreatic
Cancer Awareness Month

I respectfully request that House Concurrent Resolution 1, relating establishing Pancreatic Cancer Awareness Month, be scheduled for a hearing in the House Health and Social Services Committee. Please feel free to contact me, or my aide David Bremer, with questions or thoughts at 465-4939.

Attached you will find a background packet for House Concurrent Resolution 1. This includes the current version of the bill, a sponsor's statement, and supporting material.

Thank you for your consideration.

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Sponsor Statement

HCR: Pancreatic Cancer Awareness Month

Over 43,000 people were diagnosed with pancreatic cancer in the United States (US) in 2010. Almost 37,000 will die from the disease. Pancreatic cancer is the fourth leading cause of cancer death in the US and ranks as one of the deadliest cancers with no real improvement in survival rates in the last 40 years. Three-fourths of pancreatic cancer patients die within one year of diagnosis; this is because by the time symptoms of pancreatic cancer first appear, it is usually too late for an optimistic prognosis. All of this while only receiving 2% of the National Cancer Institute's federal research funding.

The Pancreatic Cancer Action Network (PANCAN) is the first and only national patient advocacy organization to serve the pancreatic cancer community in Alaska. PANCAN focuses their efforts on public policy, research funding, patient services, and public awareness and education related to developing effective treatments and finding a cure for pancreatic cancer. The Alaska Bureau of Vital Statistics reported 158 Alaskan deaths from pancreatic cancer during 2006-2008.

Increasing awareness will lead to expanded research into locating the disease's causes, enhancing early detection, and developing effective treatments. Raised awareness will also lead to more knowledge about pancreatic cancer among Alaskans and directly enhance the good health and well-being of our state's residents.

FISCAL NOTE

STATE OF ALASKA
2011 LEGISLATIVE SESSION

Fiscal Note Number _____
 Bill Version HCR 1
 () Publish Date _____

Identifier (file name) HCR1-LEG-COU-03-02-2011 Dept. Affected Legislature
 Title Declare Nov 2011 - "Pancreatic Cancer Awareness Month" Appropriation Legislative Council
 Allocation Session Expenses
 Sponsor Representative Petersen
 Requester House Health and Social Services Committee OMB Component Number 782

Expenditures/Revenues (Thousands of Dollars)

Note: Amounts do not include inflation unless otherwise noted below.

	Appropriation Required	Information						
		FY 2012	FY 2012	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017
OPERATING EXPENDITURES								
Personal Services								
Travel								
Contractual								
Supplies								
Equipment								
Grants & Claims								
Miscellaneous								
TOTAL OPERATING		0.0	0.0	0.0	0.0	0.0	0.0	0.0

CAPITAL EXPENDITURES								
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CHANGE IN REVENUES								
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FUND SOURCE (Thousands of Dollars)

1002 Federal Receipts								
1003 GF Match								
1004 GF								
1005 GF/Program Receipts								
1037 GF/Mental Health								
Other Interagency Receipts								
TOTAL		0.0	0.0	0.0	0.0	0.0	0.0	0.0

Estimate of any current year (FY2011) cost _____

POSITIONS

Full-time								
Part-time								
Temporary								

Why this fiscal note differs from previous version

Initial Version

Prepared by Shane Miller, Finance Manager
 Division Administrative Services Division
 Approved by Pamela Varni, Executive Director
 Legislative Affairs Agency

Phone 465-6626
 Date/Time 3/2/11 1:46 PM
 Date 3/2/2011

Analysis

This fiscal note has zero impact on the Legislative Affairs Agency.

- An estimated 43,140 Americans will be diagnosed with pancreatic cancer in the U.S., and over 36,800 will die from the disease.
- Pancreatic cancer is one of the few cancers for which survival has not improved substantially over nearly 40 years.
- Pancreatic cancer is the 4th leading cause of cancer-related death in the United States.
- Pancreatic cancer has the highest mortality rate of all major cancers. 94% of pancreatic cancer patients will die within five years of diagnosis – only 6% will survive more than five years. 75% of patients die within the first year of diagnosis.
- The average life expectancy after diagnosis with metastatic disease is just three to six months.
- Few risk factors for developing pancreatic cancer are defined. Family history of the disease, smoking, age, and diabetes are risk factors.
- Pancreatic cancer may cause only vague symptoms that could indicate many different conditions within the abdomen or gastrointestinal tract.
- Symptoms include pain (usually abdominal or back pain), weight loss, jaundice (yellowing of the skin and eyes), loss of appetite, nausea, changes in stool, and diabetes.
- Treatment options for pancreatic cancer are limited. Surgical removal of the tumor is possible in only approximately 15% of patients diagnosed with pancreatic cancer. Chemotherapy or chemotherapy together with radiation is typically offered to patients whose tumors cannot be removed surgically. Only three drugs are FDA-approved for the treatment of pancreatic cancer: fluorouracil (5-FU), gemcitabine (Gemzar®), and erlotinib (Tarceva®).
- Pancreatic cancer is a leading cause of cancer death largely because there are no detection tools to diagnose the disease in its early stages when surgical removal of the tumor is still possible.
- The National Cancer Institute (NCI) spent an estimated \$89.4 million on pancreatic cancer research in 2009. This represented a mere 2% of the NCI's approximate \$5 billion cancer research budget for that year.

Source for statistics: American Cancer Society: Cancer Facts & Figures 2010 and NCI Funded Research Portfolio.



PANCREATIC CANCER ACTION NETWORK®
ADVANCE RESEARCH. SUPPORT PATIENTS. CREATE HOPE.

www.pancan.org | 877.272.6226

It's Time for a Death Defying Strategy: Support the Pancreatic Cancer Research & Education Act (S. 3320/H.R. 745)

We're Not Making Progress on pancreatic cancer and the consequences are deadly

- Pancreatic cancer is one of the deadliest cancers and is one of the few cancers for which survival has not improved substantially in nearly 40 years. In fact, pancreatic cancer is the only one of the top 10 cancer killers that still has a five-year survival rate in the single digits.¹
- The number of new pancreatic cancer cases and the number of deaths caused by pancreatic cancer are increasing – not decreasing. Most alarmingly, the expected number of new pancreatic cancer cases is projected to increase by 55% between the years 2010 and 2030.²
- 94% of those diagnosed with pancreatic cancer die within the first five years¹ because there are no early detection tools or effective treatments for this disease. Given the research discovery timeline, it is unlikely we will have the tools required to manage the significant, projected increase in expected cases unless we take dramatic action now.
- The National Cancer Institute (NCI) does not currently have a strategic plan to make progress on this deadly killer.

We Need to Step Up the investment in pancreatic cancer research

- Currently, the NCI allocates just 2% of its \$5 billion annual budget for pancreatic cancer research.
- There is no question that when researchers are properly funded, research advances follow:
 - While in 2009 NCI funded approximately 8,700 research grants, contracts and intramural research projects across all forms of cancer, only 471 (approximately 5%) were relevant to pancreatic cancer.³
 - Further, NCI currently funds significantly fewer pancreatic cancer researchers at any funding level compared to the other top five cancer killers. In 2009, only 334 pancreatic cancer researchers were funded, compared to 1,558 breast cancer researchers, 838 prostate cancer researchers, 835 lung cancer researchers and 820 colorectal cancer researchers.³
- Less than 2% of the NCI's 2009 awards for early-career and established investigators (K, F and T awards) had relevance to pancreatic cancer. Even more troubling, NCI reduced the total funding allocated for these important awards from their 2008 level.³
- Given the lack of funding for pancreatic cancer research, senior scientists from other areas of biomedical and cancer research do not have the incentive to apply their knowledge to this disease.
 - Out of the researchers who received NCI funding specifically for pancreatic cancer research, only 32 received funding totaling \$500,000 or more, a level appropriate for senior scientists. By comparison, this level of funding was awarded to 240 researchers in breast cancer, 108 in prostate cancer, and 110 in colorectal cancer. The positive survival trends in these other cancers strongly suggest that these larger grants are necessary to further progress and attract investigators.³

We Need a Unique and Targeted approach to studying this disease

- Pancreatic cancer tumors are different than many other tumors. The cellular make-up of the tumors is different and therefore, specialized research techniques must be applied.
- Numbers are also an issue. An estimated 43,140 Americans will be diagnosed with pancreatic cancer in 2010 compared to 209,060 with breast cancer.¹
- Due to the wide geographic dispersion of relatively few pancreatic cancer patients, few individual medical centers treat a sufficient numbers of patients to conduct statistically significant research.
- Furthermore, because few patients qualify for surgery and most patients die quickly after diagnosis, scant pancreatic cancer tissue is available for research.
- Additionally, many patients who might consider participating in clinical trials are too sick to do so or die before they can enroll.
- These are challenges that can be overcome, but they require a concerted effort by NCI to develop a specific strategic plan to address these and other challenges in pancreatic cancer research in addition to an infusion of targeted research funding.

The Pancreatic Cancer Action Network is a nationwide network of people dedicated to working together to advance research, support patients and create hope for those affected by pancreatic cancer.



PANCREATIC CANCER ACTION NETWORK®
ADVANCE RESEARCH. SUPPORT PATIENTS. CREATE HOPE.

March 9, 2011

The Honorable Pete Petersen
State Capitol, Room 422
Juneau, AK 99801-1182

Dear Representative Petersen:

I am writing to you today on behalf of the Pancreatic Cancer Action Network to thank you for your leadership in raising awareness about pancreatic cancer by introducing HCR 1, which recognizes November 2011 as "Pancreatic Cancer Awareness Month". As the national patient advocacy organization that works with volunteers across the country to find answers for this devastating disease, we greatly appreciate your support for this bill.

Approximately 43,140 Americans will hear that they have pancreatic cancer this year and 75% of those will die within the first year of their diagnosis. Only 6% will make it to the 5-year survival mark. In fact, pancreatic cancer is the only major cancer with a five-year survival rate still in the single digits and remains the 4th leading cause of cancer death in the United States, but currently receives only 2% of the federal government's cancer research budget at the National Cancer Institute. Through awareness efforts like your resolution and the *Pancreatic Cancer Research & Education Act* (S. 362/H.R. 733), legislation which has been introduced in the U.S. Congress to require the National Cancer Institute to develop a long-term and comprehensive strategic plan for this disease, we hope to find early detection tools and treatments that will begin to lower these statistics.

Your work on the HCR 1 signifies an important step towards helping us raise awareness about this deadly disease. We thank you again for your continuing support of increasing awareness about pancreatic cancer.

Sincerely,

Megan Gordon Don
Director, Government Affairs
Pancreatic Cancer Action Network
202-742-6776
mgdon@pancan.org

NATIONAL HEADQUARTERS

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GOVERNMENT AFFAIRS

1050 Connecticut Avenue NW, 10th Floor, Washington DC 20036
P 202-742-6776 | F 202-742-6518

Representative Petersen:

In February 2010 my 65 year old father, David Shew, Sr., began experiencing severe abdominal pains. This was a symptom my family assumed would turn out to be a gallbladder problem or something simple like acid reflux. Unfortunately, a simple diagnosis was not in the cards. On March 14th, 2010 my father was diagnosed with metastatic pancreatic cancer. We knew that this diagnosis was a death sentence. Once a person has been diagnosed with the condition, the general life expectancy is only 5 to 8 months. We were lucky...my father lived 11 months after his diagnosis. He passed away on February 12, 2011, a week shy of his 66th birthday. My father, who was an Alaskan, a veteran, and a friend to everybody he met, experienced a long, painful journey to his final days.

Upon receiving the devastating news of my father's illness and finding out that this is also the type of cancer that killed my paternal grandmother, the feelings of hopelessness and helplessness set in. Once the shock wore off, I knew I had to do something. I had to make sure that my father's legacy would live on and that I would—from here on out—be his voice. I educated myself about the disease and I found support online through an organization called the Pancreatic Cancer Action Network. To my disappointment there were no organizations or support groups in Anchorage (or Alaska for that matter), and nowhere to turn locally. I vowed that in the future, Alaskans suffering from pancreatic cancer and their family members would have local access to information, education, and support resources. They will have a way to get involved and a way to have their stories heard locally, at home. This is a disease that few understand and those who have not been touched by it cannot fathom the impact, pain, and devastation. It is vital to have a support network and a place to turn.

Thank you, thank you, thank you for doing what you're doing and for helping me to fulfill one of the last promises I made to my father. That promise is that I will do whatever possible to create awareness about this disease so that there is hope in the future and those diagnosed will have a fighting chance to survive.

Sincerely,

--

Kim McFadden, Volunteer
Community Representative
Anchorage, Alaska
Pancreatic Cancer Action Network
www.pancan.org

Phone: (907) 444-4874

David Shew Sr.



Anchorage resident David Odell "Dave" Shew Sr., 65, died Feb. 12, 2011, in Anchorage after a yearlong battle with pancreatic cancer.

A memorial service will be at 1 p.m. Friday at the Fort Richardson Chapel. After the service, Dave will be interred with military honors at 2:30 p.m. at Fort Richardson National Cemetery.

A celebration of life after both services will be at the Down Under on Fort Richardson.

Born Feb. 18, 1945, in Johnson City, Tenn., Dave was one of nine children born to Ernest and Kathleen Shew. He honorably served in the U.S. Air Force for 21 years. He continued working Civil Service for the Army after his retirement, and at the time of his cancer diagnosis was working on Fort Richardson for the Shaw Group.

Dave had a passion for fishing, 4-wheeling, the outdoors, photography and collecting things. He loved treasure-hunting at garage sales. He also loved his dogs, Taffy and Miah. He had an amazing sense of humor and never met a stranger.

Dave is survived by his wife, Cindy Shew of Anchorage; three children: daughter and son-in-law, Tracy and Mike Johnson of Wasilla, daughter, Kim McFadden of Anchorage, and son, David O. Shew Jr. of Emerald Isle, N.C.; seven grandchildren, Asa Bitak of Jacksonville, N.C., Aimee Waldrep, Joshua Brown and Samantha McFadden of Anchorage, Alexis Shew, David O. III and Jackson Shew of Emerald Isle, N.C.; four brothers, Bobby, Lloyd, Donald and Richard Shew; two sisters, Peggy Kepl and Doris Gabert, all in Tennessee; and many nieces and nephews.

Dave was a beloved husband, father and friend. He loved his family, friends, and his country above all.

In lieu of flowers, the family suggests donations in the name of David O. Shew Sr. to the Pancreatic Cancer Action Network, www.pancan.org; or to donate by phone, please call: Pancreatic Cancer Action Network at 877-272-6226.

Arrangements are with Cremation Society of Alaska; www.alaskacremation.com.



Published in adn.com from February 20 to February 21, 2011

AMERICAN LEGISLATIVE EXCHANGE COUNCIL

ALEC

Talking Points: States Triumph over Federal Mandate ALEC's Freedom of Choice in Health Care Act

The *Freedom of Choice in Health Care Act* protects the right of patients to pay directly for medical services, and it prohibits penalties levied on citizens and businesses for declining participation in a particular health plan.

Look how far we've come in just one year:

- Twenty-six states are suing the federal government for unconstitutional mandates
- Eight states have passed legislation against ObamaCare
- Over 900 waivers have already been granted
- The U.S. House of Representatives voted to repeal ObamaCare
- Public opposition to the new health restrictions remains strong

Damaging affects of ObamaCare's federal mandate:

- If left unchecked, ObamaCare is calculated to result in more than \$600 billion in new or increased taxes within the next ten years.
- To comply with the new regulations, thirty-three states will see their Medicaid rolls jump by 20 to 30 percent. Some states will see their Medicaid rolls jump by 50 percent or more.
- The "maintenance of effort" requirement, which prevents states from cutting Medicaid eligibility, will force states to slash funding priorities like education, law enforcement, and Medicaid benefits for existing enrollees.

About the Bill

The *Freedom of Choice in Health Care Act* will:

- Ensure a person's right to pay directly for medical care.
- Ensure that patients—not government officials—should decide which doctor to see, what treatments to get, and whether or not to get a second or third opinion.
- Would block legislation that imposes costly, bureaucratic penalties for choosing to obtain or decline health coverage.

Purpose or goal of the Act if passed by statute:

- Gives a state standing in the current lawsuits against the federal individual mandate.
- Allows a state to launch additional, 10th Amendment-based litigation if the current lawsuits fail.
- Empowers a state attorney general to litigate on behalf of individuals harmed by the mandate in 2014.

Purpose or goal of the Act if passed by constitutional amendment:

- *The three points listed above, PLUS...*
- Will prohibit a Canadian-style, single-payer healthcare system at the state level if ObamaCare is upheld
- Will prohibit a state requirement to purchase health insurance if ObamaCare is repealed

The Act does not nullify ObamaCare:

- It challenges those provisions of the law that are arguably unconstitutional—the federal requirement to purchase health insurance, and related restrictions on the sale and purchase of health services.
- **Citizens may still choose to participate in other provisions of the law, including the new health insurance exchange subsidies or the Medicaid expansion. They just can't be forced into those choices.**
- To the extent that the rest of the federal legislation is severable from the mandate, the law would likely remain in effect.

The Constitutional Defense:

- Even without the *Freedom of Choice in Health Care Act*, ObamaCare is vulnerable to constitutional challenge:
 - Congress does not have the authority to regulate inactivity under the Commerce Clause. SCOTUS has ruled this way in *U.S. v. Lopez* (1995) and *U.S. v. Morrison* (2000).
 - Congress does not have the authority to penalize certain individuals—in this case, individuals who don't buy health insurance—and then call it a “tax” under Congress' taxing power.
 - Congress does not have the authority to commandeer states to do their bidding. SCOTUS has ruled this way in *New York v. United States* (1992).
- The *Freedom of Choice in Health Care Act* makes ObamaCare even more constitutionally vulnerable.
 - Objections that the Act would be trumped by the Supremacy Clause are unfounded. As affirmed recently by SCOTUS in *Gonzales v. Oregon* (2006), state law may go above and beyond federal law in protecting constitutional rights, especially as related to health care choices.
 - This kind of legal argument is not present in the current legal challenges, so the Act provides states with an additional layer of protection against federal overreach.

Additional Information

Health insurance vs. auto insurance:

- Owning an automobile is a choice—a choice many people don't exercise (think: New York City). Some of these people use public transportation, but many others also hire taxis or bike or walk.
- Auto insurance exists to protect other drivers. Health insurance exists to protect the individual who purchases it. Not all passengers in a car are required to have auto insurance.

For more information about ALEC's *Freedom of Choice in Health Care Act*, or if you need technical assistance, contact ALEC HHS Task Force Director Christie Herrera at 202-725-7127 or christie@alec.org.

- Auto insurance mandates only apply to those who drive on public roads, not private property. The government is constitutionally charged with providing public roadways. No such constitutional provision exists regarding health care.

- Caution from the Congressional Budget Office (1994):



“A mandate requiring all individuals to purchase health insurance would be an unprecedented form of federal action. The government has never required people to buy any good or service as a condition of lawful residence in the United States. An individual mandate would have two features that, in combination, would make it unique. First, it would impose a duty on individuals as members of society. Second, it would require people to purchase a specific service that would be heavily regulated by the federal government.”

ObamaCare places a tremendous financial burden on the states, including:

- ➔ • A budget-busting Medicaid expansion, coupled with a “maintenance of effort” requirement, which will force states to slash other funding priorities, like education or law enforcement; and
- ➔ • An individual mandate that requires massive government subsidies to purchase the required health insurance, and that will also raise health insurance premiums and push more Americans onto government healthcare programs funded by the states; and
- ➔ • Job-killing employer mandates that will cripple small businesses and postpone economic recovery, and that will require states themselves to pay federal penalties if they don’t provide federally-dictated health insurance to state workers; and
- ➔ • A federal takeover of health insurance regulation, which has been traditionally been the purview of states, and will require states to expend limited state resources to comply with the new law.