

ARIZONA HOUSE OF REPRESENTATIVES
Fifty-second Legislature – First Regular Session

COMMITTEE ON HEALTH

Report of Regular Meeting
Tuesday, January 13, 2015
House Hearing Room 4 -- 2:00 p.m.

Convened 2:11 p.m.
Recessed
Reconvened
Adjourned 3:16 p.m.

Members Present

Mr. Friese
Mr. Lawrence
Mr. Meyer
Mrs. Cobb, Vice-Chairman
Mrs. Carter, Chairman

Members Absent

Mr. Boyer

Request to Speak

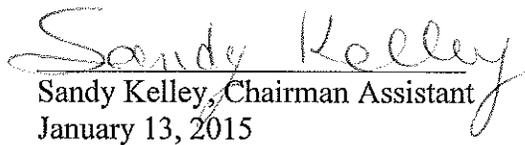
Report – Attachment 1

Presentations

<u>Name</u>	<u>Organization</u>	<u>Attachments (Handouts)</u>
Dr. Jeffrey Johnston	Maricopa County	2
Mr. Brian Hummel	American Cancer Society	3
Dr. Peter Lance	University of Arizona	
Dr. Ruben A. Mesa	Mayo Clinic	
Sara Boerner	American Cancer Society	

Committee Action

<u>Bill</u>	<u>Action</u>	<u>Vote</u>	<u>Attachments (Summaries, Amendments, Roll Call)</u>
HB2034	DP	5-0-0-1	6, 7
HB2035	DP	5-0-0-1	4, 5


Sandy Kelley, Chairman Assistant
January 13, 2015

(Original attachments on file in the Office of the Chief Clerk; video archives available at <http://www.azleg.gov>)

Information Registered on the Request to Speak System

House Health (1/13/2015)

HB2034, dental board; continuation

Testified in support:

Elaine Hugunin, AZ DENTAL BOARD

HB2035, naturopathic physicians medical board; continuation

Testified in support:

Gail Anthony, representing self

Support:

Mark Barnes, Arizona Naturopathic Medical Association

All Comments:

Gail Anthony, Self: Gail Anthony Executive Director of the Naturopathic Physicians Medical Board

Public Safety and Health through Medicolegal Death Investigation: An Overview of the Medical Examiner

- **What is a death investigation?**
 - A death investigation uses a medical model to answer pertinent questions about a death in our community.
 - Death investigations generally follow some basic steps:
 - Initial collection of information about what happened at or near the time of death and personal histories (medical, social, occupational)
 - Scene investigation – may be where the death occurred, where the incident occurred that led to the death, or both
 - Examination of the body
 - Ancillary investigations – laboratory tests, specialist examinations, document collection and review
 - Report and case record preparation
 - Cause of death determination for the death certificate

- **What are the different types of death investigation and what are their goals?**
 - Medicolegal death investigation (directed by Medical Examiners and Coroners)
 - Required by law to enable collection of evidence and facts for the courts or benefit of the general public
 - Typically specific categories of deaths that states designate as being in the public's best interest to have a formal, professional death investigation
 - No permission required by next-of-kin
 - Cost borne by the public
 - Cause of death for death certificate determined by the forensic pathologist
 - Institution-based death investigations (hospitals, nursing homes, other medical facilities)
 - Done to answer questions related to the extent of disease or to evaluate the effectiveness of the therapy used
 - Usually require permission from next-of-kin or legally authorized person
 - Cost typically borne by the institution (though portions may be covered by insurance)
 - Cause of death for death certificate determined by the health care provider
 - Private death investigation (family, insurance agency, research groups) - conducted outside the medicolegal death investigation or institutional-based death investigation systems; typically a pathologist hired by the family or their attorneys
 - Permission required by those with rights to the body
 - Done to answer questions that family does not feel were answered or trust were answered accurately (may be cases that fall into one of the other 2 systems or cases that do not qualify for death investigation by the other systems) or for research purposes

- **What statutes authorize and direct medicolegal death investigations?**
 - Primarily Arizona Revised Statutes Title 11 Chapter 3 Article 12

- **Who is the Medical Examiner (ME)? What training does the ME require?**
 - (ARS 11-591) Statutorily defined as a Forensic Pathologist (County ME). These are state-licensed physicians with specialty training in Pathology (study of disease and injury and its diagnosis) and subspecialty training in Forensic Pathology (forensic means “open to public discussion and debate” or “belonging to the courts.” So Forensic Pathology is the application of the medical field of Pathology to public and court-related issues).
 - Alternate Medical Examiners (AME) must be licensed physicians with training and competence in the principles of death investigation, but do not have to be Forensic Pathologists. They can direct a medicolegal death investigation including ordering an autopsy, but they cannot perform autopsies, only Forensic Pathologists can.

- **Who may authorize or order an autopsy?**
 - Medicolegal autopsy:
 - County or Alternate Medical Examiner
 - County Attorney
 - Superior Court Judge
 - Institution-based or private death investigation
 - Typically legal next-of-kin or other persons legally authorized to make such decisions

- **What deaths do MEs investigate? (ARS 11-593 and 11-594)**
 - Not under the care of a health care provider
 - From violence
 - Occurring suddenly when in apparent good health
 - In a prison or of a prisoner
 - Occurring in a suspicious, unusual, or unnatural manner
 - From a disease or accident believed to be related to the decedent’s occupation or employment
 - Believed to present a public health hazard (e.g. infectious disease not already assessed, heat-related deaths)
 - Occurring during, in association with, or as a result of anesthetic or surgical procedures
 - Involving unidentifiable bodies
 - Bodies to be cremated

- **Why not all deaths?**
 - Concept is to have professional investigations of the subset of deaths that most affect the public-at-large.

- Over 28,000 deaths annually in Maricopa County; we are directly reported about 8,500 (30%) and approve cremations on about 22,000 (79%)
- Maricopa County Medical Examiner takes jurisdiction of about 4,800 death investigations (17%) and certifies the death certificates
- To have MEs certify all the deaths in our county would require at least an additional 14 MEs and a proportional increase in support staff. The National Association of Medical Examiners (NAME) estimates there are approximately 400-500 Board-Certified Forensic Pathologists practicing full-time in the United States.

- **What are their statutory obligations? If they take jurisdiction of a death investigation, they:**
 - Take charge of the body
 - Complete a death investigation, reducing the findings to writing, and certify the cause and manner of death on prescribed forms (e.g. the death certificate)
 - Give approval for cremation of a dead body after a death investigation and record that approval on the death certificate
 - Notify the county attorney or other law enforcement authority when the death is found to be from other than natural causes
 - Test deceased drivers for alcohol if a peace officer advises there is probable cause the driver committed an alcohol-related offense
 - Approve tissue/organ procurement for transplantation, therapy, research, or education in those bodies under ME jurisdiction

- **What happens if a death is reported to the ME?**
 - A medical examiner or their designee, such as an investigator, will conduct interviews of pertinent witnesses, law enforcement officials, family, friends, and/or health care providers to understand what the circumstances surrounding the death were, what personal histories the deceased had, and whether or not the person was under the current care of a health care provider
 - If the circumstances meet jurisdictional criteria, the ME takes charge of the body and commits to certifying the death for vital statistics and documenting the findings of the investigation
 - If relevant, a scene evaluation may be performed
 - If relevant, a postmortem examination, such as an autopsy may be performed
 - If relevant, laboratory testing may be performed
 - The results of the investigation are documented in the report and/or case records
 - A death certificate is filed, as per statute, within 72 hours of examination (excluding holidays and weekends)

- **Who certifies the cause of death for the death certificate in non-ME jurisdiction cases (approximately 80% of deaths)?**
 - Health care providers providing statutorily defined current care

- ARS 36-301 (19). "Health care provider" means:
 - (a) A physician licensed pursuant to title 32, chapter 13 or 17.
 - (b) A doctor of naturopathic medicine licensed pursuant to title 32, chapter 14.
 - (c) A midwife licensed pursuant to chapter 6, article 7 of this title.
 - (d) A nurse midwife certified pursuant to title 32, chapter 15.
 - (e) A nurse practitioner licensed and certified pursuant to title 32, chapter 15.
 - (f) A physician assistant licensed pursuant to title 32, chapter 25.
 - (g) A health care provider who is licensed or certified by another state or jurisdiction of the United States and who works in a federal health care facility.
- ARS 36-301: "Current care" means that a health care provider has examined, treated or provided care for a person for a chronic or acute condition within eighteen months preceding that person's death. Current care does not include services provided in connection with a single event of emergency or urgent care. For the purposes of this paragraph, "treated" includes prescribing medication.
- ARS 36-301 (23). "Medical certification of death" means the opinion of the health care provider who signs the certificate of probable or presumed cause of death that complies with rules adopted by the state registrar of vital records and that is based on any of the following that are reasonably available:
 - (a) Personal examination.
 - (b) Medical history.
 - (c) Medical records.
 - (d) Other reasonable forms of evidence.
- ARS 36-325 (N). A health care provider who completes and signs a medical certification of death in good faith pursuant to this section is not subject to civil liability or professional disciplinary action.
- **What does it cost to provide medicolegal death investigations to the public?**
 - State estimate in 2012 was about \$14,719,000; this number likely underestimates the actual cost of service due to difficulty obtaining accurate figures; Arizona population was 6.551M in 2012; per capita cost \$2.25/capita; 2012 NAME survey of accredited offices who reported adequate facilities and funding was \$3.78/capita. The only NAME accredited office in Arizona is Pima County Medical Examiner (funded at \$3.02/capita in 2012).
 - US Census 2013 estimated Arizona population is 6.626M
 - Cost if funding at \$3.78/capita: \$25,000,000



The State of Cancer Policy in Arizona

Jan. 13, 2015

Brian Hummell, AZ Director of Govt. Relations

Brian.hummell@cancer.org

Cancer burden in Arizona

According to ACS *Cancer Facts & Figures 2015*

32,440 Arizonans will be diagnosed with new cancers in 2015

- 4,750 Breast
- 4,090 Prostate
- 3,740 Lung
- 2,440 Colon & rectum
- 1,580 Urinary Bladder
- 1,400 Melanoma of the skin
- 1,300 Non-Hodgkin Lymphoma
- 950 Leukemia
- 420 Uterine Corpus
- 150 Uterine Cervix

The Leading Cause of Death in Arizona

According to ACS Cancer Facts & Figures 2015: 11,540 Arizonans

- 2,800 Lung
- 990 Colon
- 830 Pancreas
- 770 Breast
- 600 Prostate
- 510 Leukemia
- 530 Liver
- 410 Non-Hodgkins Lymphoma
- 330 Brain/Nervous system
- 310 Ovary

AZ Well Woman Healthcheck Program

- Administered by the CDC
- Offers breast and cervical cancer screenings to medically underserved women.
- Focuses on low-income, uninsured, underinsured and underserved women under the age of 65
- Estimated 144,546 Arizona women eligible
- Approximately 10,000 screened annually
- 136 cancer diagnoses in 2013.
- State outlay of \$1.3 million (included in Arizona budget)

AZ WWHP (cont.)

Services provided include:

- Clinical breast exams
- Mammograms
- Pap tests
- Surgical consultation
- Referrals to treatment
- Diagnostic testing
- Recruitment, Outreach and Education

Breast & Cervical Cancer Treatment Program

Expanded by the Legislature in 2012, to allow Medicaid treatment for women who were diagnosed "through the wrong door"

From Aug. 2, 2012 thru May 31, 2014:

- 240 women have been treated through this new option for which the cancer control community advocated

AZ Fit at Fifty Program

The FIT at Fifty HealthCheck program provides colorectal cancer screening and diagnostic services to low-income men and women ages 50-64 years who are uninsured. The services provided through FFHP include:

- FIT Test
- Colonoscopy
- Office Visits (relating to colon cancer screening or diagnostic tests)
- Diagnostic Services
 - Anesthesia
 - Pathology
- Referral for Treatment

Tobacco Control

Tobacco is the leading cause of preventable death among Arizonans.

Comprehensive tobacco control programs aim to reduce tobacco use and the disease, disability, and death associated with it through:

- increases in excise taxes;
- restrictions on smoking in public places;
- prevention and cessation programs; and
- effective anti-tobacco media campaigns

Tobacco Control (cont.)

State programs

- ASHLine
- AHCCCS Cessation benefit
- Youth Prevention programs
- Arizona Smoke Free
- TRUST Commission

Tobacco tax revenue: \$2 per pack tied 12th nationally

2009 U of A study estimated \$50 million annually lost to tax evasion

Arizona Comprehensive Cancer Coalition

The coalition works to improve all cancer related issues including prevention, early detection and screening, treatment and diagnosis, quality of life and survivorship and research and data.

Coalition members include cancer survivors, caregivers and advocates as well as members of the state and local governments, community stakeholders, non-profit organizations, universities, the cancer research community, and the health, medical and business communities.

2015 Legislative Agenda

Arizona



Priority for 2015:

Expand an Appointment for the FIT as the colorectal screening program. Arizona is one of 25 states receiving federal CDC funding to provide education, outreach and self-screening kits to estimate prevalence over 50 years of age for colorectal cancer. Arizona's program also includes a direct-to-consumer kit for those who need follow-up treatment based on the results of their screening. The treatment program is currently funded through several sources, including private and charity care, reduced cost charges by practitioners, and private funding donated by the Duke Cancer Center through a portion of the proceeds of their annual Drury 50/50 run. We will seek to secure an annual fee-for-service appropriation from the Governor and Legislature to expand the public/private partnership that currently exists and to expand these patients diagnosed with colorectal cancer as we move forward in achieving the 50% by 2018 goal for colorectal cancer screening.

Establish a Tobacco Cessation Strategy. Arizona is one of the few states that does not require a course in tobacco cessation for all tobacco users. The Attorney General's office is currently developing legislative language to require retailers to "assist" if they sell tobacco. There would be no fee, but a penalty for non-compliance. This would allow ACS CAN and our tobacco cessation partners to freely understand the scope of tobacco sales in the state and address through policy foundation by enhanced efforts.

Protect Medicaid Expansion. The Medicaid Reformation and Expansion approval in the 2013 Legislative Session is threatened by a variety of legal challenges. We need strong public opinion about what would best access to care by cancer patients, our work with the Governor.

Protect funding for the 8-Week Health Check Program (HWHL). Even with Medicaid Expansion and the Affordable Care Act, it is estimated that close to 100,000 women will still qualify for the HWHL which provides breast and cervical cancer screening to low-income women with no cost. Current levels of funding allow for about 10% of the projected eligible population to attend the program. The life saving program typically sees a about 110 women annually in ANCC's for treatment. The new "four-weekly visit" will increase the women to ANCC's for treatment in the first 12 months of the policy change.

Enforce Care. ACS CAN model legislation would require the State Health Department to convene an expert panel to assess Arizona's Pathways care capacity and make recommendations on how to ensure positive care is sustained appropriately in the state and address a capacity effects in need of having that symptoms and stress better managed.

Improve training opportunities for oncology. We encourage legislation that legislative needs to sponsored by Arizona Dermatological Society (also supported by AZ Medical Association) that would provide primary care training before training doctors (exception for doctor specialty).

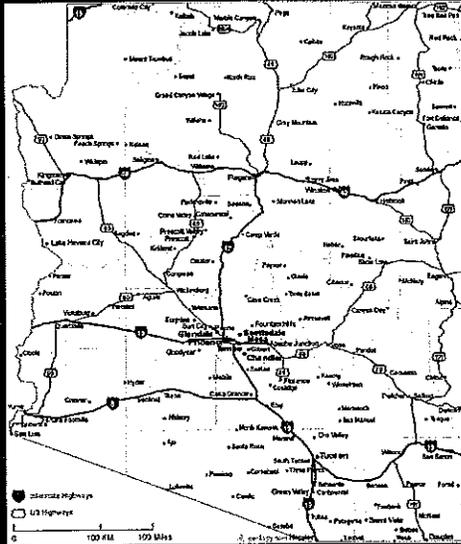
ACS CAN, the nonprofit, nonprofit advocacy arm of the American Cancer Society, supports cancer prevention and early detection. For more information on the 2015 Legislative Agenda, visit www.acs.org/legislation. ACS CAN is a 501(c)(3) nonprofit organization. All contributions are tax-deductible. For more information on the 2015 Legislative Agenda, visit www.acs.org/legislation.



The State of Cancer in Arizona
January 13, 2015
Peter Lance, MD
UACC Deputy Director – Phoenix
Professor of Medicine, Molecular & Cellular Biology, and Public Health



The State of Arizona



State 6.5 M
 Phoenix SA 4 M
 Tucson SA 1M

N-H White 57%
 Hispanic 30%
 Am Indian 5%
 African Am 4%

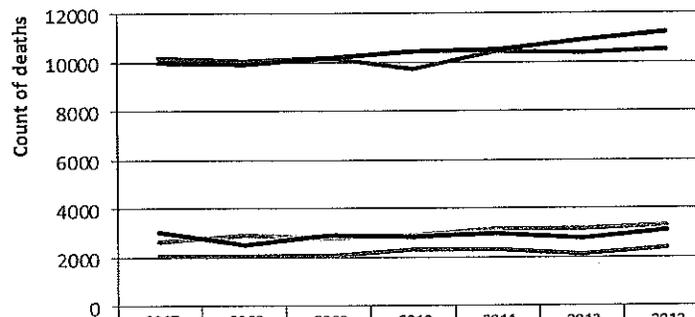
New cancer cases/year
 projected to double by 2050

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 CANCER CENTER

Causes of Death in Arizona

Leading Causes of Death, Arizona

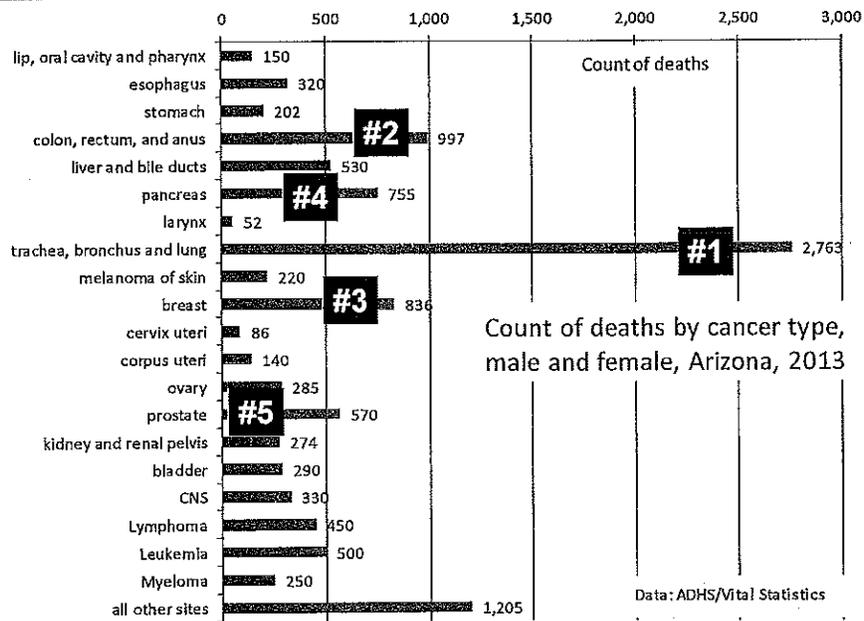
Cancer has become the leading cause



	2007	2008	2009	2010	2011	2012	2013
Diseases of Heart	10147	10052	10151	9719	10424	10366	10497
Malignant Neoplasms	9955	9941	10147	10423	10534	10871	11193
Chronic Lower Resp DZ	2651	2896	2808	2892	3143	3167	3295
Accidents	3014	2548	2887	2834	2959	2804	3137
Alzheimer's	2041	2080	2086	2314	2336	2154	2384

The Arizona Cancer Burden

Cancer Deaths in Arizona – 2013

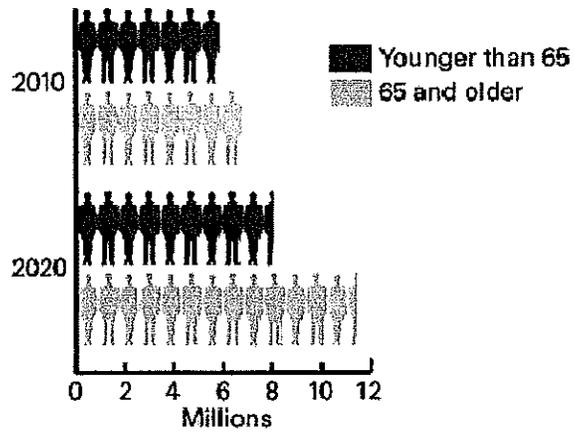


Cancer Survivors

Malakoff. Science 331: 1545-1547 (2012)

U.S. CANCER PREVALENCE

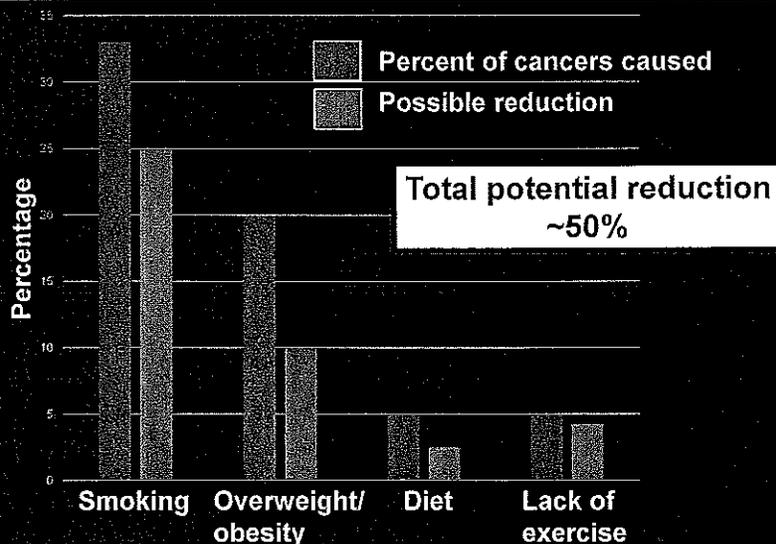
Number of people living with cancer



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Cancer Prevention
• Primary Prevention

Reduction in Cancer Burden through Prevention *Colditz. Sci Transl Med 4: 127rv4 (2012)*



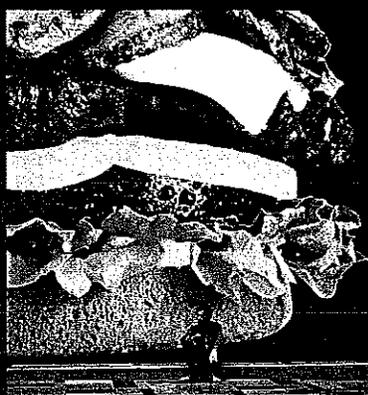
THE UNIVERSITY OF ARIZONA
CANCER CENTER

Non-Communicable Diseases *Nature 511: 147 (2014)*

NCDs

- Cardiovasc
- Cancer
- Ch pulm
- Diabetes

65% of deaths worldwide already



Risk Factors

- Tobacco*
- Diet*
- Lack of exercise
- Excess alcohol*

*3 of 4 RFs are aggressively marketed industrial products

- Only environmental, i.e. population approaches, are feasible and cost-effective
- Thus, prevention of NCDs is a political issue

Cancer Prevention

- Early Detection/Screening

General Population Cancer Screening

Breast	Mammography	All, age 40 or 50 y
Colon	Stool test or colonoscopy	All, 50 – 75 y
Lung	Low-dose CT	Smokers, 55 – 80 y
Prostate	PSA blood test	Baseline, 45 – 50 y

Greatest benefit from screening is for colorectal cancer

- 32 to 43% reduction in number of deaths
- ~60% in AZ have had stool or colonoscopy screening
- American Cancer Society goal is colorectal cancer screening up to 80% by 2018

- Reversing lifestyle risk factors requires political action
- Cancer screening is largely unavailable for uninsured

Cancer in Arizona Assets Besides Hospitals & Universities

American Cancer Society	Drug discovery
Arizona Department of Health Services	Sanofi Aventis
Biomedical informatics	Special populations
Barrow Neurological Institute	Hispanic
	Native American
Community Health Centers	TGen
El Rio	Roche/Ventana Medical Systems
Mountain Park	
North Country	

Clinical trials
NCI Comprehensive Cancer Centers

Cancer in Arizona – 2015

- Cancer now exceeds heart disease as the leading cause of death in Arizona
- The leading causes of death from cancer are, in descending order: lung, colorectal, breast, pancreas and prostate
- At least 50% of cancer deaths are preventable
 - Primary – tobacco, diet, lack of exercise, excess alcohol
 - Screening – mammography, stool test/colonoscopy, low-dose lung CT, PSA
- Colorectal cancer deaths could be reduced by 32 – 43% through full implementation of screening but only 60% of Arizonans are currently being screened
- Up to 50% of cancer deaths may *NOT* be easily avoidable through primary prevention and screening with currently available methods

Individualized Care for the Arizona Cancer Patient *AZ CCC: Catalyzing Cancer Research*



Ruben A. Mesa, MD

Professor and Chair, Division of Hematology & Medical Oncology

Deputy Director, Mayo Clinic Cancer Center

Chair, Research Committee Arizona Cancer Control Coalition

arizona cancer control plan



2014—2018

Purpose

Arizona has a cancer problem. Cancer is the leading cause of death in Arizona. Approximately 28,385 Arizonans are diagnosed with cancer each year and 209 Arizonans die each week from cancer.

Goals

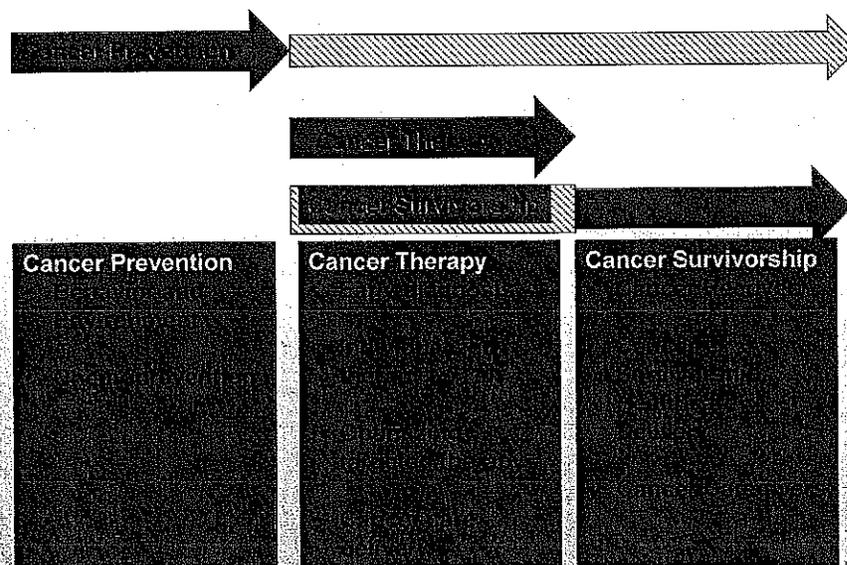
1. Policy
2. Prevent Cancer
3. Detect Cancer Early
4. Elevate Cancer Treatment
5. Optimize Quality of Life/
Survivorship Care
Networks
6. Catalyze Research

Catalyzing Cancer Research in Arizona

What is "Cancer Research"?

- Cancer Prevention
 - Underserved populations
- Early diagnosis and screening
- Understanding the behavior of 1 specific individual's cancer risk
- Developing a treatment plan specific to an individual's cancer
 - Drugs/ radiation/ surgery/ other
- Life/ health after cancer diagnosis
 - Symptom/ toxicity control
 - Survivorship
 - Palliation/ Supportive Care/ Hospice

The Cancer Journey



GOAL: Catalyzing Cancer Research in Arizona

"Promote Communication, Collaboration, Infrastructure, Training and Funding among Arizona Cancer Researchers"

Arizona Cancer Coalition Cancer Research Committee

Ruben A. Mesa, MD (Chair)
Matthew Hollister, MD
Joe Skip Garga, MD
Raymond D'Inca, MD, PhD
Ramesh K. Ramaratnam, MBBS
Michael Berens, PhD
Chris Selinka, PhD
William A. Reed, PhD
Donna Brooks, MD
Shirley Ode, PhD
Roni Poliv

Mayo Clinic
Baruch MD Anderson
University of Arizona
ASU/Mayo Clinic
ICAN, SHC
TCEN
TCEN
Gilda Foundation
Arizona Oncology
Arizona Research
ADHS

Catalyzing Cancer Research in Arizona

Arizona Cancer Control Plan 2014-2018

Objective 1: Establish collaborations among cancer research institutions and cancer researchers

INDICATORS

- 1.a. Establish a current database of cancer research institutions and cancer researchers in Arizona, and identify key contact points at each institutions for cancer research
- 1.b. Complete Arizona Cancer Research Network Analysis study
- 1.c. Establish the Arizona Cancer Research Collaborative
- 1.d. Complete the Arizona Cancer Research Collaborative Work Plan based on the opportunities identified by the survey

NORTHERN ARIZONA UNIVERSITY
SCOTTSDALE HEALTHCARE
Banner MD Anderson Cancer Center
Making Cancer History
BARROW Neurological Institute
Dignity Health St. Joseph's Hospital and Medical Center
Cancer Treatment Centers of America
tgen
American Cancer Society
LEUKEMIA & LYMPHOMA SOCIETY
fighting blood cancers
MAYO CLINIC Cancer Center
THE UNIVERSITY OF ARIZONA CANCER CENTER
A National Cancer Institute-designated Comprehensive Cancer Center
ASU BIODESIGN INSTITUTE
ARIZONA STATE UNIVERSITY

Melanoma Research Alliance **Melanoma Dream Team**
 P.I.'s Jeffrey Trent, Ph.D. and Patricia LoRusso, D.O. **STAND UP TO CANCER**

Drs. Gary K. Schwartz, Paul B. Chapman & Jedd D. Wolchok
Dr. John M. Kirkwood
Dr. Leslie Anne Fehes
Drs. Bruce Redman & Christopher Lao
Dr. C. Lance Cowey
Drs. Jeffrey A. Sosman, William Pao & Mia Levy
Drs. Richard Simon, Sally Hunsberger, Shivaani Kummur & Javed Khan
Dr. Ramesh K. Ramanathan
Patient Advocates
Jane Parlmutter, Ph.D. Founder, Genial Group
Mark Gorman, J.D. Independent Advocate, melanoma survivor
Derrick Hall President and CEO, Arizona Diamondbacks
Conie Mack, III Liberty Partners Group
Drs. Aleksandar Sekulic, Svetomir Markovic & Richard W. Joseph

Catalyzing Cancer Research in Arizona

Arizona Cancer Control Plan 2014-2018

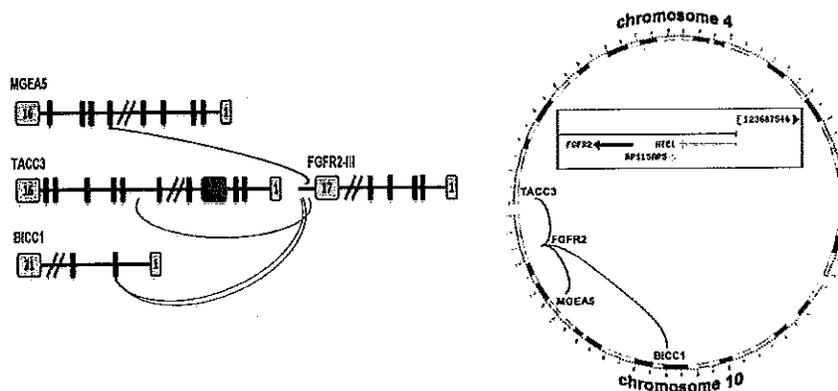
Objective 1: Establish collaborations among cancer research institutions and cancer researchers

Objective 2: Establish better resources for Arizona Cancer Patients to be able to search for appropriate clinical trials for their condition/ and situation

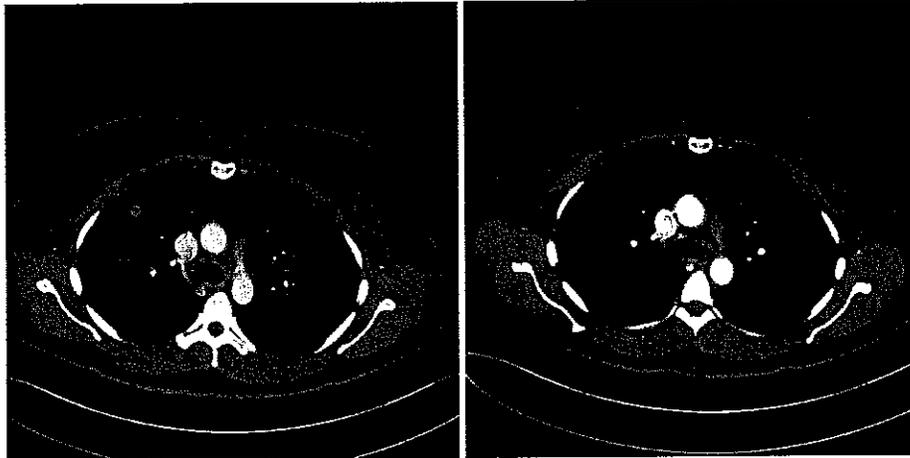
INDICATORS

- 2.a. Establish the baseline of numbers of patients entering cancer clinical trials in Arizona.
- 2.b. Increase the percentage of patients entering clinical trials by 5% a year for five years.
- 2.c. Increase the percentage of minority populations enrolled in clinical trials by 5% a year for five years.

FGFR2 FUSION GENE – NEW DRUG TARGET IN CHOLANGIOCARINOMA (BILE DUCT CANCER)



RESPONSE TO PAZOPANIB – FGFR2 INHIBITOR



Baseline

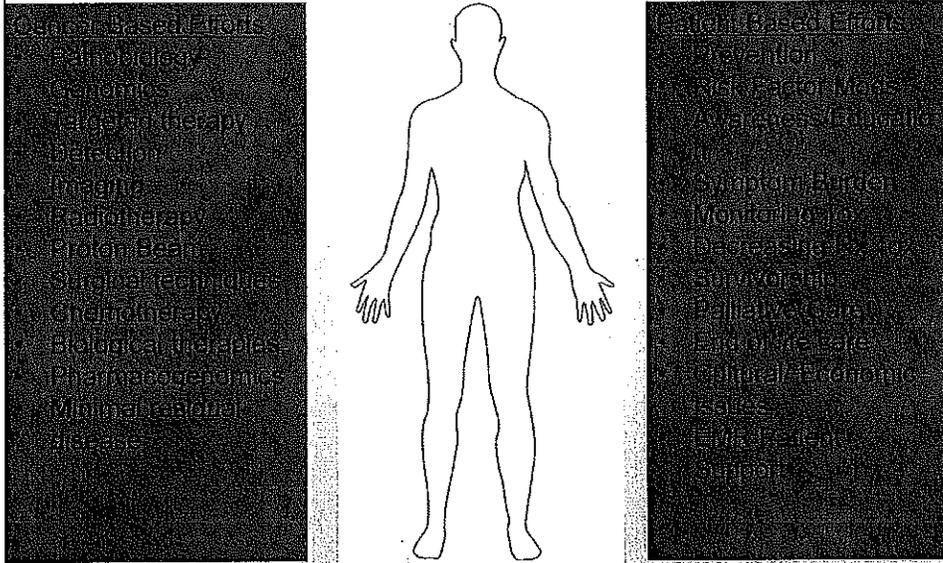
4 months

Cancer Clinical Trials AZ: www.clinicaltrials.gov

- 547 Open Cancer Trials in Arizona
- 162 Open Studies Tucson*
- 176 Open Studies Phoenix*
- 236 Open Studies Scottsdale*

* NB Same trials might be open in multiple locations within the state

2 Main Areas of Cancer Research Emphasis



Catalyzing Cancer Research in Arizona

Objective IV: Increase enrollment of underserved populations in cancer clinical trials

Objective III: Enhance methods for shared tissue banking in Arizona for cancer research

Objective IV: Increase enrollment of underserved populations in cancer clinical trials

Objective V: Develop "Annual State of Cancer in Arizona" Report

Mayo Clinic Cancer Center

The National Cancer Center

NCI Comprehensive Since
1973

Renewed by NCI in 2014
As "Exceptional"

National Comprehensive Cancer
Network Member



Minnesota

- Approximately 20% of all patients have cancer diagnosis
- Approximately 1000 MDs with significant role (>20%) in the cancer practice
- National Cancer Center Since 2003

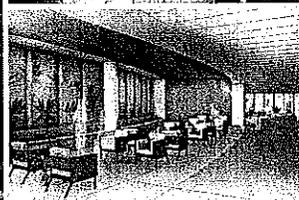
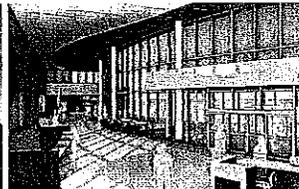
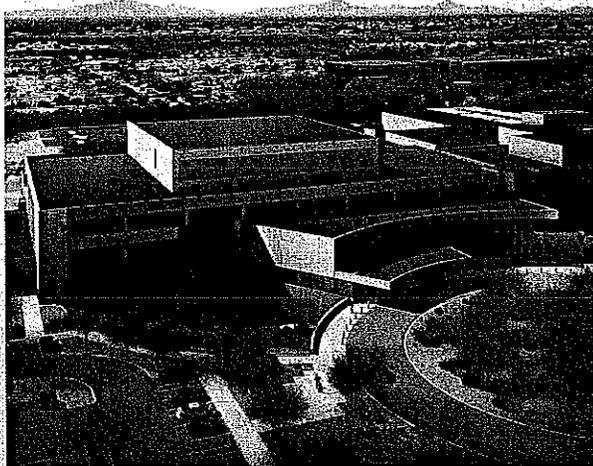


Arizona

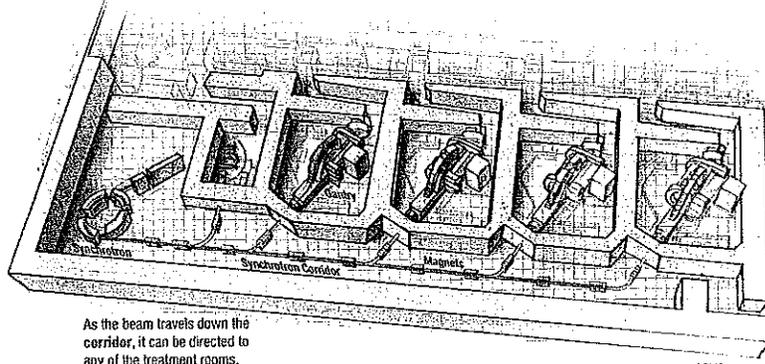


Florida

The Mayo Clinic Arizona
Integrated Cancer Center – Opening Late 2015



Beam Line



As the beam travels down the corridor, it can be directed to any of the treatment rooms.

Catalyzing Cancer Research in Arizona

Cancer Research Committee - Conclusions

1. Develop a dialog between all major stakeholders in cancer research and care at a State level
2. Leverage collaboration to
 1. Increase trial accrual and access in both well insured and underserved populations
 2. Increase broad access to the benefits cancer research is bringing to current day options
 3. Increase collaboration around cancer prevention and control efforts
 4. Quantify the benefits of State based collaborative cancer research efforts

The State of Cancer in Arizona 2015

Sarah Boerner
American Cancer Society

THE OFFICIAL SPONSOR OF BIRTHDAYS.®



The American Cancer Society in Arizona: Annually



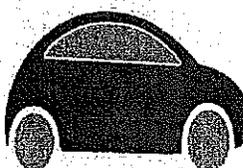
**16,134 WIGS,
AND GIFT ITEMS**
SUCH AS TURBANS AND PROSTHESES,
ARE PROVIDED TO CANCER PATIENTS
LIVING IN OUR STATE



602,430
VISITS MADE TO
CANCER.ORG
BY STATE
RESIDENTS



83,843
ONLINE CANCER SURVIVORS
NETWORK™ SESSIONS



6,050 trips taking cancer patients to treatment are
provided by American Cancer Society
Road To Recovery® volunteers and
other transportation programs.



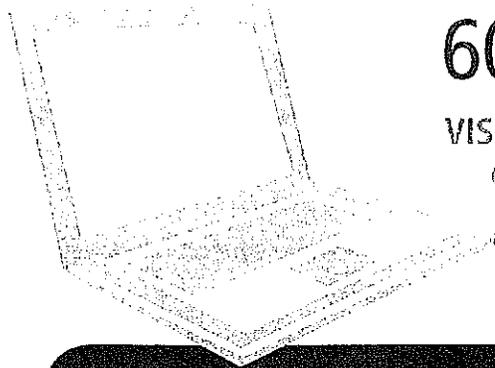
**FREE OR
REDUCED-RATE
ACCOMMODATIONS
provided to
9,017 PEOPLE**

A YEAR IN THE LIFE OF THE AMERICAN CANCER SOCIETY IN ARIZONA



THE OFFICIAL SPONSOR OF BIRTHDAYS.®

EVERY DAY, THE AMERICAN CANCER SOCIETY IS SAVING LIVES AND CREATING A WORLD WITH MORE BIRTHDAYS. HERE ARE SOME WAYS WE MAKE AN IMPACT EACH YEAR.



602,430

VISITS MADE TO
CANCER.ORG
BY STATE
RESIDENTS

13,193
CALLS ANSWERED

Our trained cancer information specialists offer information, answers, and support to those who call our 24-hour information line at 1-800-227-2345.



83,843
ONLINE CANCER SURVIVORS NETWORKSM SESSIONS



183 VISITS

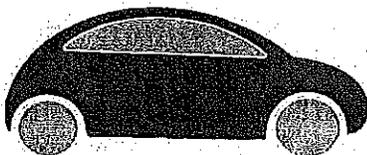
ARE MADE TO BREAST CANCER PATIENTS BY OUR REACH TO RECOVERY[®] VOLUNTEERS.

FREE OR REDUCED-RATE ACCOMMODATIONS provided to 9,017 PEOPLE

THROUGH OUR LODGING PROGRAM TO CANCER PATIENTS AND THEIR FAMILIES TRAVELING AWAY FROM HOME FOR TREATMENT

6,050

trips taking cancer patients to treatment are provided by American Cancer Society Road To Recovery[®] volunteers and other transportation programs.



16,134 WIGS, AND GIFT ITEMS
SUCH AS TURBANS AND PROSTHESES, ARE PROVIDED TO CANCER PATIENTS LIVING IN OUR STATE



cancer.org | 1.800.227.2345

The American Cancer Society, Inc. adheres to the Better Business Bureau's strong standards for charitable giving.



American Cancer Society in Arizona

Finishing the fight in our local communities.

Together with millions of supporters, the American Cancer Society is leading the way in the fight to end cancer: from discovering lifesaving cancer breakthroughs to helping people with cancer today get the help, support, and resources they need to get well. In 2014, the American Cancer Society has provided over 45 million individuals with cancer information nationally. On a local level, our organization is partnering with the top corporations and health systems, and is serving over 15,000 Arizona patients and caregivers, while also providing over \$5.6 million in funding to local researchers.

Patient Navigation

The American Cancer Society Patient Navigator Program has specially trained navigators who connect newly diagnosed patients and caregivers with the needed information and resources to decrease barriers and, ultimately, to improve health outcomes. In Arizona, there are nine Patient Navigators serving those most in need.

Cancer Resource Centers

American Cancer Society Cancer Resource Centers are designated spaces within the community where trained and certified volunteers provide support to cancer patients, their family members and caregivers.

There are currently ten Cancer Resource Centers in Arizona.

Road to Recovery

This program provides transportation to and from treatment for cancer patients who do not have a ride or unable to drive themselves. Volunteer drivers donate their time and the use of their cars so that patients can receive the life-saving treatments they need.

Look Good...Feel Better

Trained volunteers cosmetologists teach women in active cancer treatment how to cope with skin changes and hair loss using cosmetic and skin care products donated by the cosmetic industry, to help overcome appearances related side effects of treatment.

Reach to Recovery

Breast cancer survivors provide one-on-one support and information to help newly diagnosed patients cope with breast cancer. Visits can be in person or over the phone.

Patient Lodging

The American Cancer Society partners with hotels and motels in communities to help provide free or reduced cost lodging to patients travelling more than 50 miles to their cancer related appointments.

Hope Lodge

There are 31 Hope Lodge facilities across the country that provide free housing for adult patients as well as their caregivers while they receive treatment away from home. Arizona's Hope Lodge is the only Hope Lodge facility west of the Mississippi, located in north Phoenix, has served over 500 patients and caregivers in 2014 alone. Each guest room provides a home-like atmosphere with common areas that include a kitchen, dining area, library, and family room. Patients must be referred by their physicians or health care professionals. Patients and caregivers may avail themselves to other free programs and services at the Lodge while residing there. The American Cancer Society offers this service to patients when their best treatment may be somewhere other than close to home.



HOUSE OF REPRESENTATIVES

HB 2035

naturopathic physicians medical board; continuation

Sponsor: Representative Carter

X Committee on Health
Caucus and COW
House Engrossed

OVERVIEW

HB 2035 continues the Arizona Naturopathic Physicians Medical Board (Board) for ten years.

HISTORY

Established by Laws 1935, Chapter 105, the Board promotes the safe and professional practice of naturopathic medicine. The primary duty of the Board is to protect the public by licensing, examining and regulating the practice of naturopathic medicine. The Board has the authority to implement disciplinary actions when a violation of the statutes or rules is substantiated. As of March 2014, the Board had 760 licensed naturopathic physicians, 14 medical assistant certificate holders, 315 physician training certificate holders, 532 certificates to dispense natural substances and 18 certificates to conduct preceptorship training programs.

Arizona Revised Statutes § 32-1502 outlines the membership of the Board which consists of four physician members and three public members all appointed by the Governor to serve five year terms. Members of the Board are eligible to receive compensation of not more than \$150 for each day of actual service on the Board.

On December 17, 2014 the House Health and the Senate Health and Human Services Committee of Reference (COR) met to review the sunset factors of the Board prepared by the Office of the Auditor General and to receive public testimony. The COR recommended that the Board be continued for 10 years.

PROVISIONS

1. Continues the Board retroactive to July 1, 2015.
2. Repeals the Board on July 1, 2025.
3. Contains a purpose statement.

**ARIZONA HOUSE OF REPRESENTATIVES
Fifty-second Legislature - First Regular Session**

ROLL CALL VOTE

COMMITTEE ON HEALTH BILL NO. HB2035

DATE January 13, 2015 MOTION: DP

	PASS	AYE	NAY	PRESENT	ABSENT
Mr. Boyer					✓
Mr. Friese		✓			
Mr. Lawrence		✓			
Mr. Meyer		✓			
Mrs. Cobb, Vice-Chairman		✓			
Mrs. Carter, Chairman		✓			
		5	0	0	1

Sandy Kelley

COMMITTEE SECRETARY

APPROVED:


HEATHER CARTER, Chairman
REGINA COBB, Vice-Chairman

ATTACHMENT _____



HOUSE OF REPRESENTATIVES

HB 2034

dental board; continuation
Sponsor: Representative Carter

X Committee on Health
Caucus and COW
House Engrossed

OVERVIEW

HB 2034 continues the Arizona State Board of Dental Examiners (Board) for ten years.

HISTORY

Established by Laws 1935, Ch. 24, § 2, the Board promotes the safe and professional practice of dentistry. The mission of the Board is to provide professional, courteous service and information to the dental profession and the general public through the examination, licensure and complaint adjudication and enforcement processes and to protect the oral health, safety and welfare of Arizona citizens through a fair and impartial system. As of June 30, 2014, the Board licensed 4520 dentists, 4031 dental hygienists, 11 denturists and 330 business entities.

Arizona Revised Statutes § 32-1203 outlines the membership of the Board which consists of six licensed dentists, two licensed dental hygienists, two public members and one business entity member appointed by the Governor to serve four year terms. Members of the Board are eligible to receive compensation in the amount of \$250 for each day of service for the Board along with related expenses.

On December 17, 2014 the House Health and the Senate Health and Human Services Committee of Reference (COR) met to review the sunset factors of the Board prepared by the Office of the Auditor General and to receive public testimony. The COR recommended to continue the Board for ten years.

PROVISIONS

1. Continues the Board retroactive to July 1, 2015.
2. Repeals the Board on July 1, 2025.
3. Contains a purpose statement.

**ARIZONA HOUSE OF REPRESENTATIVES
Fifty-second Legislature - First Regular Session**

ROLL CALL VOTE

COMMITTEE ON HEALTH BILL NO. HB 2034

DATE January 13, 2015 MOTION: dp

	PASS	AYE	NAY	PRESENT	ABSENT
Mr. Boyer					✓
Mr. Friese		✓			
Mr. Lawrence		✓			
Mr. Meyer		✓			
Mrs. Cobb, Vice-Chairman		✓			
Mrs. Carter, Chairman		✓			
		5	0	0	1

APPROVED:


HEATHER CARTER, Chairman
REGINA COBB, Vice-Chairman


COMMITTEE SECRETARY

ATTACHMENT _____