



**Testimony of Cam Scott, Sr. Director, Texas Government Relations
American Cancer Society Cancer Action Network**

Thank you Madam Chair and members of the commission for the opportunity to testify today. I'm Cam Scott, with the American Cancer Society Cancer Action Network. Our organization is the nonprofit, nonpartisan advocacy affiliate of the American Cancer Society. We support evidence-based policy and legislative solutions designed to eliminate cancer as a major health problem.

I am here today to testify about Sunset Advisory Commission Staff Report on the Department of State Health Services (DSHS). Primarily, I would like to express strong support for three vital DSHS programs, including the state's tobacco control program, the Breast & Cervical Cancer Services program, and the Texas Cancer Registry. However, I would like to begin by highlighting our concern about a recommendation in the staff report that would deregulate tanning bed facilities.

Maintain enforcement of law restricting minors' use of tanning facilities

Melanoma is the most deadly form of skin cancer, and indoor tanning before age 35 increases the risk of melanoma by 59 percent. The earlier a person starts tanning, the greater the risk of getting melanoma and other skin cancers later in life. Responding to this concern, the Legislature wisely passed a law just last year raising the age requirement to 18 for the use of tanning facilities. This law is currently enforced by the Department of State Health Services. However, Recommendation 3.1 in the Sunset Advisory Commission Staff Report includes tanning bed facilities in the list of regulatory programs to be discontinued. While the staff recommendation acknowledges and would retain the state law restricting access to minors, it does not provide an alternative regulatory authority to enforce the law.

Shortly after the release of this Sunset Advisory Commission Staff Report, the U.S. Food and Drug Administration (FDA) issued an order on May 29 reclassifying sunlamp products from Class I to Class II, raising the risk category and requiring these products to be accompanied with several warnings, including one that specifies “the product is contraindicated for use on persons under the age of 18 years.”

The more we learn about it, the more we know how risky indoor tanning is for young people. If regulatory authority for tanning facilities is removed from the Department of State Health Services, who will enforce the state law designed to protect kids against this danger? Whether it is DSHS or another agency, our organization doesn’t have a preference as long as there is still some state agency responsible for enforcement.

Maintain or Expand Tobacco Control Programs

Our next recommendation is that the state’s tobacco program operated by DSHS be maintained, or better yet, expanded.

Tobacco is the number one preventable cause of death in Texas. It is responsible for one third of all cancer deaths. Nearly 24,000 Texans die every year from tobacco-related diseases. The toll of tobacco is devastating on Texas’ families, businesses and taxpayers, costing \$8.85 billion in excess medical care expenditures, including \$1.6 billion from the state’s Medicaid program.

Great progress has been made in reducing smoking rates, which have been reduced by more than half over the last 50 years. Yet the epidemic is so vast, tobacco still remains the number one preventable cause of death.

According to a report issued this week by the Campaign for Tobacco-Free Kids, design changes and chemical additives introduced by tobacco companies in recent decades have made cigarettes more addictive, more attractive to kids, and even more deadly.

This makes it all the more important to ensure the Department of State Health Services has the ability to make tobacco control a high priority, providing evidence-based tobacco prevention and cessation to more communities throughout the state. Such programs have a proven record of success in Texas when well-funded.

Comprehensive tobacco control programs are one of the best tools we have to reduce smoking rates and prevent unnecessary deaths, and we must do more to make use of this knowledge. We appreciate Commissioner Lakey's work over the years to make tobacco control a higher priority, and we hope this Sunset Review process will ultimately empower DSHS to support an even more robust tobacco control program.

Maintain the Breast and Cervical Cancer Services program

Our next recommendation is to maintain the Breast and Cervical Cancer Services program. Breast cancer is the most common cancer diagnosed among women in Texas. Cervical cancer is the seventh most common cancer diagnosed among Texas women. Surviving breast and cervical cancer often depends on how early the cancer is detected. The best method to detect breast or cervical cancer in its early stages is through regular screening.

The goal of Texas' Breast and Cervical Cancer Services (BCCS) program is to reduce mortality from breast cancer and cervical cancer in Texas. Since 1991, the BCCS program has screened 313,095 unduplicated women for breast or cervical cancer. Approximately 210,463 women received breast cancer screenings and 212,823 women received cervical cancer screenings. Many lives have been saved along the way.

Of the 42,901 women seen during the 2011-2012 program year, 24,610 breast screenings were provided through the BCCS program contractors, with a total of 453 breast cancers detected. A total of 14,121 cervical screenings were provided through BCCS program contractors, with a total of 4,948 precancerous conditions and 73 invasive cervical cancers detected.

One of the beneficial aspects of this program for the state is that it draws down matching federal dollars, multiplying our capacity to reach women who need to be screened and thereby saving more lives.

Maintain the Texas Cancer Registry

Lastly, we recommend maintaining the Texas Cancer Registry, which serves as a vital hub of cancer data and it is doing superior work. Recognized as gold standard among cancer registries, the purpose of the registry is to collect, maintain, and disseminate the highest quality cancer data that will contribute towards cancer prevention and control, improving diagnoses, treatment, survival, and quality of life for all cancer patients. That's a goal I think we can all agree fits well within the mission of DSHS and should certainly be maintained for the benefit of all Texans.

Conclusion

On behalf of the American Cancer Society Cancer Action Network, we hope the Sunset Review process will result in each of these important programs being maintained or strengthened. Thank you again for your time today.