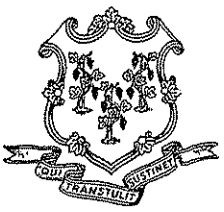
State of Connecticut
GENERAL ASSEMBLY



PERMANENT COMMISSION ON
THE STATUS OF WOMEN

18-20 TRINITY STREET
HARTFORD, CT 06106-1628
(860) 240-8300
FAX: (860) 240-8314
Email: pcsw@cga.ct.gov
www.cga.ct.gov/PCSW

COMMISSION OFFICERS:

Jean L. Rexford
Chairperson

Adrienne Farrar Houël
Vice Chairperson

Carrie Gallagher
Secretary

Sandra Hassan
Treasurer

EXECUTIVE DIRECTOR:
Teresa C. Younger

COMMISSION MEMBERS:
Marcia A. Cavanaugh
Barbara DeBaptiste
Tanya Meck
Cindy R. Slane
Susan O. Storey
Patricia E.M. Whitcombe

LEGISLATIVE MEMBERS:
Senator Andrew J. McDonald
Senator John A. Kissell
Representative Michael P. Lawlor
Representative Robert Farr

HONORARY MEMBERS:
Connie Dice
Patricia Russo

Testimony of Teresa C. Younger
Executive Director
Permanent Commission on the Status of Women
Before the Public Health Committee
Wednesday, February 21, 2007

In Support of:

- **S.B. 86, AA Establishing Standards for Early Immunization Against Human Papilloma Virus**
- **S.B. 688, AAC State Enhancements to the Federal Special Supplemental Food Program for Women, Infants and Children**
- **S.B. 1013, AA Requiring Acute Care Hospitals to Make Forensic Nursing Services Available to Patients**
- **S.B. 1033, AA Providing Resources for Early Detection, Diagnosis and Treatment of Lung Cancer, and**
- **S.B. 1097, AA Expanding Eligibility Under the Breast and Cervical Cancer Early Detection Treatment Referral Program**
- **H.B. 6977, AAC Prevention Strategic for Diseases Caused by Human Papilloma Virus**

Good morning Senator Handley, Representative Sayers and members of the Public Health Committee. I am Teresa C. Younger, the Executive Director of the Permanent Commission on the Status of Women (PCSW). I am testifying on behalf of the PCSW and the Connecticut Women's Health Campaign (CWHC), a statewide coalition of organizations representing consumers, providers and policy experts who have been committed to and working for the health and well-being of Connecticut women and girls for over ten years. Thank you for your leadership on several of the bills before you today.

S.B. 1013, AA Requiring Acute Care Hospitals to Make Forensic Nursing Services Available to Patients

PCSW and CWHC support the premise of S.B. 1013, which would require acute care hospitals to make forensic nursing services available to patients. We would like to take this opportunity to highlight the specific need for sexual assault forensic nurses in every hospital in the state.

Connecticut has a standardized kit and guidelines, called rape kits, through the Commission on the Standardization of Evidence Collection in Sexual Assault Investigations. Between July 2005 and June 2003, approximately 1,000 rape kits were used, and 375 adult and 765 child victims were treated (per the Commission's August 21, 2006 minutes). SANE nurses could be instrumental to this process.

Some Connecticut hospitals identify sexual assault forensic nurses as SANE nurses which means sexual assault nurse examiners. SANE nurses are trained to assist victims in emergency rooms, and may spend up to 8 hours with a victim to complete the entire evidence collection and treatment process. Although the SANE nursing program is the most established process, all hospitals do not have funds to provide their services. Currently there are a 50-60 SANE nurses practicing in emergency rooms, but there are only two funded hospitable programs (CCMC and Bridgeport) that ensure patient access 24 hours a day, 7 days a week. These hospitals have paid for SANE training, utilize nurses on staff and pay to keep SANE nurses on call. In other hospitals, SANE nurses are not always recognized for their experience, utilized, on call, or otherwise available when a sexual assault patient comes in, thus the outcomes for the patient/victim, staff, and investigations vary.

We encourage you to consider establishing a state-wide regionally organized on-call Sexual Assault Forensic Examiner Program.

S.B. 1097, AA Expanding Eligibility Under the Breast and Cervical Cancer Early Detection Treatment Referral Program

The Breast and Cervical Cancer Early Detection Program provides screening for the early detection of breast and cervical cancers among low-income and uninsured women who are typically underserved. The BCCEDP provides clinical breast examinations, mammograms, Papanicolaou (Pap) tests, surgical consultation, and diagnostic testing for abnormal results.

Connecticut initiated its BCCEDP program on October 1, 1995. The program is funded in part through federal Centers for Disease Control and Prevention (CDC) funds and in part with state funds.

As of last year, Connecticut did not have the funds necessary to screen all women in need. We thank you for appropriating additional funds to serve women on the waiting list. (Providers had been forced to turn women away, put them on waiting lists or postpone life-saving screens until the beginning of the next fiscal year.) We are still working with DPH and BCCEDP providers to monitor whether the program is meeting the demand.

- Breast cancer is the second leading cause of cancer death among North American women.[1] Timely mammograms among women 40 years and older could prevent 30% to 48% of all deaths from breast cancer.[2] In Connecticut, one-third of women 40 years or older reported they did not have a mammogram within the past year, and 2,739 Connecticut women were diagnosed with breast cancer.[3,4]
- Cervical cancer, once the number one cancer killer of women, now ranks 13th in cancer deaths for women in the United States, largely due to introduction of the Pap test. When cervical cancers are detected at an early stage, the five-year survival rate is approximately 92 percent.[5] In 2002, 114 Connecticut women were diagnosed with invasive cervical cancer.[6]

SB 1097 would raise the income eligibility guidelines for the program to the Center for Disease Control and Prevention maximum income guidelines for states -- 250% of the federal poverty level (FPL). (Our state statutes currently limit eligibility to women below 200% of the FPL.) Expanding the eligibility guidelines will make wise use of health care dollars and support preventive health measures which save the lives of Connecticut women.

- The US Census Bureau estimates that there are 78,000 women between 200-250% of poverty in Connecticut between the ages of 18 and 64.
- They further estimate that between 11 and 13% of women in Connecticut are uninsured.

Using these data, PCSW would estimate between that between 6,000 and 8,500 additional women would be eligible for screening if SB 1097 becomes a law. However, the number likely obtain screening is much lower. In fact, since 1995:

- 35,000 women have been screened.[7]
- 350 women were diagnosed with breast cancer.
- 201 women were diagnosed with cervical cancer.
- In fiscal year, 2004-2005:
- 8,100 women in Connecticut were screened.
- 4,000 of these women were screened using state funds.

*Therefore, we would estimate the state cost of screening women up to 250% of the FPL to be approximately $1.5 million over **several** years -- with aggressive outreach.*

The PCSW and CWHC have worked closely with BCCEDP providers over the years, and you will be hearing from them, as they support increased access for women as well. In this year of debate over universal health insurance and health care reform, the PCSW and the CWHC urge you to continue to expand and support preventive public health programs which make wise use of public dollars.

S.B. 86, AA Establishing Standards for Early Immunization Against Human Papilloma Virus
H.B. 6977, AAC Prevention Strategic for Diseases Caused by Human Papilloma Virus

H.B. 6977 would make HPV vaccine mandatory for those entering 6th grade while SB 86 would make the Department of Public Health responsible for establishing standards for early vaccination against HPV. Several other states are considering or adopting similar measures. We applaud your leadership once again on this very important issue.

More than 20 million men and women in the US are infected with HPV and there are over 6 million new infections each year. The CDC estimates that nationally there are approximately 10,000 new cases of cervical cancer and about 3,700 result in death each year. *The incidence of cervical cancer and deaths from cervical cancer have decreased significantly over the last ten years for women of all races and ethnic groups.*

Like the PAP screening services under the cervical cancer program, a vaccine given between 9 and 13 years of age may be an important preventive measure for the girls and women of Connecticut. However, there are a few complicating factors which have convinced us that allowing DPH to establish standards rather than mandate the vaccine for school entry is at this moment the prudent course of action.

What is certainly needed now are three things: 1) enhanced public education and awareness, 2) ways to make the vaccine more affordable for those who chose it, and 3) further research on males, long term effectiveness and potential side effects for all populations.

- Enhanced education and outreach efforts specifically targeted to parents of 9-26 year olds and to 16-26 year olds -- boys AND girls. Currently marketing and information about the VIRUS is almost exclusively geared toward females. Parents need more good information in order to make the best decision about timing for their children as well.

- We urge you to find ways to make it as widely accessible and affordable as possible through the Vaccines for Children and Medicaid/HUSKY.

- In order to truly protect women and girls, male behavior and transmission also need to be addressed. Manufacturers have acknowledged that more tests of the vaccine are needed for males and that its effectiveness is not known. If we decide as a state that mandating the vaccine is a safe, effective public health measure for both boys and girls, we should be aware that the effectiveness of the vaccine is not known beyond a five year period. We suggest further research and thinking by DPH on this issue as well.

S.B. 1033, AA Providing Resources for Early Detection, Diagnosis and Treatment of Lung Cancer

SB 1033 would create a hospital-based pilot program for early diagnosis, detection and treatment of lung cancer for those not otherwise eligible for Medicaid/HUSKY.

The PCSW and the CWHC urge you to support this preventive public health program which, with limited dollars, should target racial and ethnic disparities in lung cancer and health care services.

- In 1987, lung cancer surpassed breast cancer as the leading cause of cancer-related deaths for women.[8] African American women have the highest rates of lung cancer incidence, followed by Caucasian, Asian Pacific, Hispanic and American Indian/Native Alaskan women.[9]
- In the United States, lung cancer is the leading cause of cancer deaths in the Hispanic community.[10]
- Between 1999 and 2002 in Connecticut, Hispanic women had a 32% incidence rate of lung cancer.[11] Smoking is the primary cause of lung cancer, followed by exposure to secondhand smoke.
- In Connecticut, 18% of women smoke (283,100 women) and 7% are pregnant women.[12] The smoking rates in African-American and Hispanic communities continue to increase as tobacco companies continue to market to young African American and Hispanic women.

Finally, it is important to note that while screening and detection are essential, prevention of tobacco-related addictions is just as critical. Connecticut enacted legislation several years ago which would provide smoking cessation devices and counseling to those in the Medicaid program. To date, this program has not been implemented. It would be penny wise and pound foolish to invest in treatment while failing to recoup federal dollars for preventive care for nicotine addiction.

S.B. 688, AAC State Enhancements to the Federal Special Supplemental Food Program for Women, Infants and Children.

The PCSW strongly supports this legislation which would provide state funds to enhance the federally funded Supplemental Food Program for Women, Infants and Children (WIC). State funds would enable Connecticut to adequately serve families in need and strengthen the reach and effectiveness of WIC.

WIC provides not only supplemental food, but nutrition education and health care referral services to pregnant women, infants and young children under age five from low-income households who are determined by medical professionals to be at nutritional risk.

- WIC's nutrition education encourages healthy eating and active habits, supports breastfeeding mothers, and educates families on strategies for shopping for nutritious foods on a low-income budget.
- WIC has been shown to increase the number of women receiving prenatal care, to reduce the incidence of low birth weight, fetal mortality, and anemia, and to enhance the nutritional quality of participants' diets.
- WIC plays an important role in addressing obesity, as well as in increasing economic security and improving family nutrition. A 2004 study concluded that WIC participation prevents overweight in young children.

WIC is a successful public health initiative which saves Connecticut millions of dollars in HUSKY/Medicaid costs each year. According to the US Department of Agriculture, every dollar spent on WIC results in between $ 1.77 and $ 3.13 in Medicaid savings.

As of last year, WIC served an average monthly total of over 50,000 Connecticut residents at a cost $36 million – *all in federal funds*. Other states, including New York and Massachusetts, appropriate their own funds to supplement federal WIC dollars for food and/or administrative expenses such as nutrition education.

We urge you to approve the bill with sufficient funding to meet our WIC program's needs. Thank you for your consideration.

---

[1] Humphrey, L., Helfand, M., Chan, B., & Woolf, S. (2002). Breast cancer screening: A summary of the evidence for the U. S. Preventive Services Task Force. *Annals of Internal Medicine*, 137 (5, Part 1): 347–360.
[2] Smith, R., et al. (2003). American Cancer Society guidelines for breast cancer screening: update 2003. *CA: A Cancer Journal for Clinicians*, 53: 141–169.
[3] Centers for Disease Control and Prevention. Behavioral Risk Factor and Surveillance System, 2002.
[4] Connecticut Department of Public Health. (2005). *Cancer Incidence in Connecticut, 2002.*
[5] Saslow, D., et al. (2002). American Cancer Society Guideline for the Early Detection of Cervical Neoplasia and Cancer. *CA: A Cancer Journal for Clinicians*, 52:342-362.
[6] Connecticut Department of Public Health. (2005). *Cancer Incidence in Connecticut, 2002.*
[7] Connecticut Statistics on the BCCEDP provided by Lisa McCooey, Department of Public Health, 2/06.
[8] American Cancer Society. *Cancer, Facts and Figures 2005*. Atlanta, GA: American Cancer Society.
[9] *Ibid.*

---

[10] Campaign for Tobacco Fee Kids. *Tobacco Use and Hispanics*, 2006. http://www.tobaccofreekids.org/research/factsheets/pdf/0134.pdf.
[11] Centers for Disease Control and Prevention and National Cancer Institute. U.S. Cancer Statistics Working Group, 2005. *United States Cancer Statistics: 1999–2002 Incidence and Mortality Web-based Report*. Available at: www.cdc.gov/cancer/npcr/uscs.
[12] Campaign for Tobacco Free Kids. *Mother's Day Data on Smoking Moms and Related Harms, 2005*. http://www.tobaccofreekids.org/research/factsheets/pdf/0257.pdf