MICROFILM DIVIDER

OMB/RECORDS MANAGEMENT DIVISION
SFN 2053 (2/85) 5M

ROLL NUMBER

DESCRIPTION

3022

2005 HOUSE HUMAN SERVICES

HCR 3022

2005 HOUSE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. HCR 3022

House Human Services Committee

❑ Conference Committee

Hearing Date February 8, 2005

Tape Number	Side A	Side B	Meter #
#1	x		#850-1335
Committee Clerk Signature			

Minutes:

Chairman Price opened hearing. 9 Committee members present, 3 Absent.

Rep. Sandvig:

See Attached Testimony:

Chairman Price: Did the group contact the Cancer Registry?

Rep. Sandvig: They did, but at this time the registry did not have enough information. But they will be working with them in the future to get that information to assist in tracking.

Tom Tupa representing **American Cancer Society.**

We would like to suggest if possible, is that this bill would be held open for abit, as you know we had another bill on the Senate side that was defeated, it was the colorectal screening bill that was defeated on the floor. We have talked to the sponsors of this bill and asked if perhaps we couldn't put some amendments to this bill. We would like to work on some language and have it to you this afternoon.

We would certainly support this bill but would like to insert our amendments also.

The amendments were submitted, no action was taken.

Motion Do Pass by Rep Devlin.

Second by **Rep. Potter.**

Vote: 9-0-3. Carrier: Rep. Potter

no action taken

PROPOSED AMENDMENTS TO HCR 3022

Page 1, line 2, after the first comma insert "and other types of cancer including colorectal cancer,"

Page 1, line 3, remove "cervical", replace "screening" with "screenings", and replace "increasing" with "reviewing"

Page 1, after line 3, insert "**WHEREAS**, cancer is now the number one killer of Americans under 85; and"

Page 1, line 5, after "cancer" insert and colorectal and prostate cancers are the second most common in men and third most common in women"

Page 1, line 10, remove "cervical"

Page 1, line 11, remove "cervical"

Page 1, line 14, remove "which is the cause of virtually all"

Page 1, line 15, remove "cervical cancers,"

Page 1, line 17, after "women" insert "and men" and remove "cervical"

Page 1, line 18, remove "be empowered to" and replace the second "to" with "have"

Page 1, line 23, after the first comma insert "and other types of cancer including colorectal cancer," and remove "cervical"

Page 1, line 24, replace "screening" with "screenings" and replace "increasing" with "reviewing"

Date: 2/8/05 Roll Call Vote #: 1

2005 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. HCR-3022

House Human Services **Committee**

☐ Check here for Conference Committee

Legislative Council Amendment Number

Action Taken Do Pass / Consent Calendar

Motion Made By Rep Devlin Seconded By Rep Potter

Representatives	Yes	No	Representatives	Yes	No
Chairman C.S. **Price**	✓		Rep.L. **Kaldor**	AB	
V Chrm.G. **Kreidt**	✓		Rep.L. **Potter**	✓	
Rep. V. **Pietsch**	✓		Rep.S. **Sandvig**	✓	
Rep.J.O. **Nelson**	AB				
Rep.W.R. **Devlin**	✓				
Rep.T. **Porter**	AB				
Rep.G. **Uglem**	✓				
Rep C. **Damschen**	✓				
Rep.R. **Weisz**	✓				

Total (Y) 9 **No** 0

Absent 3

Floor Assignment Rep Potter

If the vote is on an amendment, briefly indicate intent:

REPORT OF STANDING COMMITTEE

HCR 3022: Human Services Committee (Rep. Price, Chairman) recommends **DO PASS** and **BE PLACED ON THE CONSENT CALENDAR** (9 YEAS, 0 NAYS, 3 ABSENT AND NOT VOTING). HCR 3022 was placed on the Tenth order on the calendar.

2005 SENATE HUMAN SERVICES

HCR 3022

2005 SENATE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. HCR 3022

Senate Human Services Committee

☐ Conference Committee

Hearing Date March 8, 2005

Tape Number	Side A	Side B	Meter #
1		x	740-2840

Committee Clerk Signature Cathy Hanson

Minutes:

Chairman Lee opened the public hearing on HCR 3022. All members were present. This concurrent resolution directs the Legislative Council to study data regarding cervical cancer and human papillomavirus, evaluate current methods of public education and access to regular cervical cancer screening, and consider options for increasing screening accuracy.

Representative Sally Sandvig, District 21 in Fargo, introduced the bill. See written testimony (Attachment 1)

Chairman Lee: Is this the Women in Government organization that has done this report?

Rep. Sandvig: Yes it is.

Chairman Lee: With a population that has as low a minority population as ours, I can see why they may not be tracking mortality rates by race. But can you tell me why the data would've been adjusted for the 1970 US standard population when we had stats for 2000?

Rep. Sandvig: I don't know.

Sen. Warner: Do you recall the cancer registry bill? (1170)

Rep. Sandvig: I think that Danielle will have the information

Testimony in favor of the bill

Danielle Kenneweg, Director of the Division of Cancer Prevention and Control for the North Dakota Department of Health. See written testimony (Attachment 2)

Kenneweg: The reason the score was low on that report is because we are not able to break out that data by race because of the low numbers. We can give counts and frequencies, but not by race, especially related to cervical cancer.

Vice Chairman Dever: Would you expect, from this study would flow some legislation, is it better to have legislators signing this or the health department.

Kenneweg: I'm not sure we would expect legislation to evolve from this study. I support this because that's what a comprehensive cancer program is all about--at looking the problem of cancer in your state and then developing a plan to address those problems. We have a statewide cancer coalition organized into committee and sub work groups. Those sub work groups are just organizing to begin the writing process. Who knows what they will come up with in their plan. It may or may not involve legislation.

Sen. Warner: Are there any implications for men?

Kenneweg: Not that I know of; males are carriers. It's also known as genital warts and those symptoms are seen in men and women.

Chairman Lee: I would expect you are going to go ahead and do what you're going to do regardless of whether this resolution passes.

Kenneweg: That's true, we'll proceed with studying the cancer issue.

Chairman Lee: And you're probably not going to give undo attention to one area because of the resolution at the expense of studying any other cancer which is not as life style related as this happens to be.

Kenneweg: Correct. Our intent at this time with our study of the burden of cancer in North Dakota, is to look at the big five leading cancers: cervical is not one of those five. However, we are taking a look at that data because there are ways to prevent cervical cancer. So we're looking at screening data. No woman should die of cervical cancer because if she is screened regularly, you can identify displasias early enough and they can be treated.

Ms. Kenneweg also presented the written testimony (Attachment 3) of John Joyce, Section Chief of the Community Health Section for the North Dakota Department of Health.

There was no further testimony on this resolution. Chairman Lee closed the public hearing.

Senator Warner moved DO PASS on HCR 3022, seconded by Senator Dever.

Chairman Lee: I just don't like the legislature getting involved in what I consider medical practice. This is a study resolution, so that isn't what it is. The whole gamut of cancers is a challenge to North Dakota and I am not comfortable in focusing on one particular area, because there are other cancers that are equally challenging to the citizens of this state. There isn't any poster child for them. I would hope that the department of health and Ms. Kenneweg will continue to do the good work they're doing without focusing particularly on one at the direction of the legislature but we'll instead watch those top five and see what happens.

Sen. Warner: I think there are some synergies created by a study of this particular brand of cancer because of its mode of transmission. If those synergies carry over into a number of other public health deals including prevention of undesired births and STDs.

Vice Chairman Dever: I think this type of study is important but probably better done by professionals than by lay people in the legislature. But I don't see any reason to object to the resolution, either.

Chairman Lee: The good news is that the health department will continue its work. I agree with what Sen. Warner said about public education.

Sen. Lyson: I don't have a problem with the resolution, but I hope it isn't picked for a study.

VOTE: 3 yeas, 2 nays, 0 absent Carrier: Senator Warner

Date: 3-8-05
Roll Call Vote #: 1

2005 SENATE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. HCR 3022

Senate **Human Services** Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number _____

Action Taken Do Pass

Motion Made By Sen Warner Seconded By Sen Dever

Senators	Yes	No	Senators	Yes	No
Sen. Judy Lee - Chairman		✓	Sen. John Warner	✓	
Sen. Dick Dever - Vice Chairman	✓				
Sen. Richard Brown	✓				
Sen. Stanley Lyson		✓			

Total (Yes) 3 No 2

Absent 6

Floor Assignment Sen. Warner

If the vote is on an amendment, briefly indicate intent:

REPORT OF STANDING COMMITTEE

HCR 3022: Human Services Committee (Sen. J. Lee, Chairman) recommends **DO PASS** (3 YEAS, 2 NAYS, 0 ABSENT AND NOT VOTING). HCR 3022 was placed on the Fourteenth order on the calendar.

2005 TESTIMONY

HCR 3022

#1

HCR 3022

Madam Chairwoman Price and members of the House Human Services Committee:

For the record I'm Representative Sally Sandvig from District 21 in Fargo and I'm here as the prime sponsor of HCR 3022.

This study resolution came about as a result of the Women-in-Government's Challenge to Eliminate Cervical Cancer Campaign launched in 2004. Legislation or resolutions have been introduced in more than 18 states and passed in 13.

Since I know how much this committee *loves* mandates, I decided to introduce this resolution instead.

North Dakota received a grade of only 56%, scoring only 9 out of 16 points according to a report entitled A Call to Action, the "state" of Cervical Cancer Prevention in America issued in January 2005, by Women-in-Government. We scored low because there was no tracking data available or incidence and mortality rates by race. Our information had to be gotten from the National Center for Health Statistics and the North American Association of Central Cancer Registries with rates being adjusted to the 1970 U.S. Standard population. We received a grade F for tracking, and only two points when it came to infrastructure and legislation; therefore the need for this study resolution.

The HPV virus causes cervical cancer and new technology exists to detect if a woman has the virus and has current or future risk of developing cancer. What is needed now is access and utilization of the new methods regardless of socioeconomic status. Women need education in these areas, since millions of women remain unscreened

or under screened in the 18-64 age group, the group primarily afflicted with this cancer.

Please help eliminate cervical cancer and give this resolution a do pass recommendation.

Thank You.

. Web site for report: wwwwomeningovernment.org/prevention.

Attachment 1

HCR 3022

Madam Chairwoman Lee and members of the Senate Human Services Committee:

For the record I'm Representative Sally Sandvig from District 21 in Fargo and I'm here as the prime sponsor of HCR 3022.

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Please help eliminate cervical cancer and give this resolution a do pass recommendation.

Thank You.

. Web site for report: wwwwomeningovernment.org/prevention.

Attachment 2

Testimony

House Concurrent Resolution 3022

Senate Human Services Committee

Tuesday, March 8, 2005; 10:30 a.m.

North Dakota Department of Health

Good morning, Madam Chair and members of the Senate Human Services Committee. My name is Danielle Kenneweg, and I am director of the Division of Cancer Prevention and Control for the North Dakota Department of Health. I am here today to provide testimony in support of House Concurrent Resolution 3022.

The vision of the Division of Cancer Prevention and Control is to reduce the incidence, mortality and morbidity of cancer in North Dakota. To achieve the vision and mission, the Division of Cancer Prevention and Control works to increase cancer prevention and awareness by collecting and reporting quality data, providing public and professional education, and ensuring availability of quality services.

Earlier this legislative session, you heard about the North Dakota Cancer Registry. Just as a refresher, the Cancer Registry collects cancer incidence, survival and mortality data to assist in the development of cancer education, prevention, screening and treatment programs. Between 1997 and 2002, more than 22,500 incidences of cancer were diagnosed and reported to the registry.

The department's *Women's Way* program works to reduce death from breast and cervical cancer by increasing screening among 40- to 64-year-old women who are uninsured or underinsured, and whose incomes are at or below 200 percent of the federal poverty level. Screening services have been provided to more than 6,700 women in North Dakota by local hospitals, clinics, Indian Health Service facilities and public health agencies. Thirteen percent of the women served are American Indian. Since the program's inception in 1997, *Women's Way* has provided 13,335 Pap tests and 8,355 mammograms to eligible women. Eighty-five breast cancers, 558 cervical dysplasias and eight cervical cancers have been diagnosed. Through the special Medicaid treatment program, 97 women have received services.

The Comprehensive Cancer Control Planning Program is working with more than 50 partners to create a coordinated statewide cancer control plan and assemble available resources to carry out the plan. The first step in creating a comprehensive plan is to examine data. With the contracted services of the Center for Rural Health at the University of North Dakota, we are in the middle of a study of the data. It is expected that the analysis will be complete by the end of June. When all the necessary approvals are in place and using existing resources, we expect to begin a study of Medicare claims data from calendar year 2003 to better understand the burden of cancer on North Dakota residents who are covered by Medicare. Plans for the future include one cancer study per grant year. Therefore, the proposed study of human papillomavirus and cervical cancer in the concurrent resolution would be a natural next step for the Comprehensive Cancer Program.

A summary sheet describing the Division of Cancer Prevention and Control is attached. Program brochures from the Cancer Registry and *Women's Way* are also attached.

This concludes my testimony. I am happy to answer any questions you may have.

North Dakota Department of Health
Community Health Section
Division of Cancer Prevention and Control

Vision:
The vision of the Division of Cancer Prevention and Control is to reduce the incidence, mortality and morbidity of cancer in North Dakota.

Mission:
The mission of the Division of Cancer Prevention and Control is to increase cancer prevention and awareness by engaging in partnerships, collecting and reporting data, assuring quality data, providing public and professional education, and assuring availability of quality services for screening, treatment, rehabilitation and palliative care.

Programs and services within the division include:

Comprehensive Cancer Control Planning – Works with stakeholders and partners to develop a common vision for comprehensive cancer control, create a coordinated statewide cancer control plan and assemble available resources to carry out the plan by:

- developing communication channels,
- identifying resources,
- integrating activities and networking with other state programs,
- identifying data sources and data gaps,
- analyzing data to define the cancer problem,
- identifying existing activities and strategies in the public and private sectors for prevention, early detection, treatment, rehabilitation and palliative care,
- identifying priority populations, and
- evaluating program effectiveness.

Cancer Registry - Collects cancer incidence, survival and mortality data to assist in the development of cancer education, prevention and screening programs by:

- performing data collection and continuous quality improvement activities,
- performing audits for case finding and re-abstracting,
- compiling reports,
- completing research and data requests,
- evaluating cancer cluster inquiries,
- coding cases for occupation and industry,
- executing death clearance procedures,
- submitting data to the North American Association of Central Cancer Registries, National Program of Cancer Registries-Cancer Surveillance System, and Central Brain Tumor Registry of the United States, and
- attaining annual central registry certification.

Women's Way – Works to reduce mortality from breast and cervical cancer by increasing education and screening among low-income, underserved, high-risk and minority women by:

- establishing and maintaining partnerships and collaborations to augment achievement of program goals, objectives and activities,
- developing and disseminating public education materials on the importance of early detection and control of breast and cervical cancer,
- utilizing trained local volunteers in one-to-one recruitment of eligible women,
- meeting annual enrollment, re-enrollment, screening and re-screening goals with at least twelve percent of women screened being American Indian,
- ensuring all enrolled women receive timely and adequate screening, re-screening, diagnostic and treatment services,
- assuring clients are receiving best quality services,
- facilitating professional education opportunities to improve the education, training and skills of health care professionals in North Dakota, and
- monitoring and evaluating program progress and effectiveness by using state-developed program performance indicators.

Division Staff

Danielle Kenneweg, Division Director and Coordinator, Comprehensive Cancer Control
Mary Ann Foss, Coordinator, *Women's Way*
Vacant, Nurse Consultant, *Women's Way*
Ann Lunde, Data Manager, *Women's Way*
Marlys Knell, Coordinator, North Dakota Cancer Registry
Donna O'Shaughnessy, Quality Control Manager, North Dakota Cancer Registry
Joell Letzring, Abstractor, North Dakota Cancer Registry
Sandra Bush, Administrative Assistant

Contact Information

Division of Cancer Prevention and Control
North Dakota Department of Health
600 East Boulevard Avenue, Dept. 301
Bismarck, ND 58505-0200
Phone: 701.328.2333
Fax: 701.328.2036

NCDR north dakota cancer registry

WOMEN'S WAY
a breast and cervical cancer early detection program

January 2005

north dakota cancer registry

The North Dakota Cancer Registry (NDCR) is a statewide cancer registry that collects incidence and mortality data on all North Dakota residents who are diagnosed and treated for cancer either within or outside the state. The purpose of the state central cancer registry is to support cancer control by targeting, monitoring and evaluating programs that promote early detection, diagnosis and treatment of cancer. The NDCR supports local health care agencies by providing summary statistics on the distribution of cancer cases, following cancer incidence and treatment trends, facilitating rapid reporting of cancer, and providing accurate cancer data for cancer-related reports.

north dakota cancer registry

North Dakota Department of Health
Division of Cancer Prevention and Control
North Dakota Cancer Registry
600 E. Blvd. Ave., Dept. 301
Bismarck, N.D. 58505-0200
Telephone: 701.328.2333
800.280.5512 (in state only)
Fax: 701.328.2360

www.ndhealth.gov/cancerregistry

north dakota cancer registry

Source of Quality Cancer Incidence and Mortality Data

NORTH DAKOTA
DEPARTMENT *of* HEALTH

What [redacted] Cancer Registry?

The North Dakota Cancer Registry (NDCR) – a statewide, population-based cancer registry that collects incidence and mortality data on residents of North Dakota – was established in 1994. Previously, cancer statistical information was available only through analysis of death certificates.

In 1996, the North Dakota Health Council amended the Administrative Rule, Chapter 33-06, to include cancer as a reportable disease. Data collection of newly diagnosed cancers that began in January 1997 enables the NDCR to:

- Analyze the overall picture of cancer in North Dakota.
- Identify how many residents are diagnosed with cancer.
- Name the most common type of cancer.
- Recognize the deadliest cancers and if any area of North Dakota has lower or higher cancer rates.
- Study trends and improve cancer education, prevention and cancer screening.

Reportable Cancers

All in-situ or malignant cancers are reportable. This includes adenocarcinoma, carcinoma, leukemia, lymphoma, melanoma and sarcoma. All benign cancers of the central nervous system, pituitary gland, pineal gland and craniopharyngeal duct also are reportable. Basal and squamous cell carcinoma of the skin or carcinoma in-situ of the cervix is not collected.

Data Collection

Each hospital, outpatient surgical center, clinic, pathology laboratory, radiation or oncology treatment center and physician office is required to submit data, including treatment on newly diagnosed cancers, to the state central cancer registry within six months of diagnosis. Other sources of data include death certificates and cancer registries from other states.

What Type of Information Is Collected?

The registry collects only cancer-related information. This information can be sorted into four categories. *Demographic* includes the cancer patient's name, age, sex, race, ethnic background, marital status, birth-place, residence and occupation. *Administrative* includes the date the cancer was diagnosed and the source of the information. *Diagnostic* includes the type of cancer, the location of the cancer, the size of the cancer and the spread of the disease. *First course of treatment* includes all cancer treatment received.

Data Confidentiality

Federal and state laws protect confidential medical information. Only aggregate data are published.

Why Collect Identifying Information?

Patient identifiers are necessary because some cancer cases reported are diagnosed and/or treated at several facil[redacted] This means that duplicate records are received at the state central registry. Patient identifiers assist the registry staff in determining whether a case has been submitted earlier and allows for the creation of a complete cancer record from all reporting sources.

Quality Control

To assure accurate, complete and reliable data, the NDCR uses an EDITS software program that checks the validity of the data in the various data fields against a set of acceptable codes. Data validity also is verified by visual review of submitted records, external audits conducted by the Centers for Disease Control and Prevention and internal case-finding and reabstracting audits. Inaccurate information is reviewed and revised as necessary.

Health Insurance Portability and Accountability Act

The North Dakota Cancer Registry, within the Division of Cancer Prevention and Control of the North Dakota Department of Health, is authorized by law to collect cancer information for the purpose of preventing or controlling disease and to conduct public health surveillance, public health investigations and interventions. The Health Insurance Portability and Accountability Act (HIPAA) permits covered entities to disclose protected health information without individual authorization to public health authorities such as state health departments.

Please address your envelope to:

WOMEN'S WAY
a breast and cervical cancer early detection program

1-800-44 WOMEN
1-800-449-6636
www.womensway.net

American Cancer Society
Recommended Screening Guidelines

Breast Cancer Screening

The American Cancer Society recommends that women begin having mammograms annually starting at age 40. A clinical breast exam should be part of a woman's periodic health examination, about every three years for women in their 20s and 30s and annually for women 40 and older. Women should report any breast change promptly to their healthcare provider. Breast self-exam is an option for women starting in their 20s.

Cervical Cancer Screening

The American Cancer Society recommends that cervical cancer screening should begin three years after a woman begins having vaginal intercourse, but no later than 21 years of age. Screening should be done every year with regular Pap tests or every two years using a liquid-based Pap test. At or after age 30, women who have had three normal tests in a row may get screened every two to three years. However, healthcare providers may suggest a woman get screened more often if she has certain risk factors such as HIV infection or a weakened immune system. Women 70 and older who have had three or more consecutive normal Pap tests and no abnormal results in the last 10 years may choose to stop cervical cancer screening.

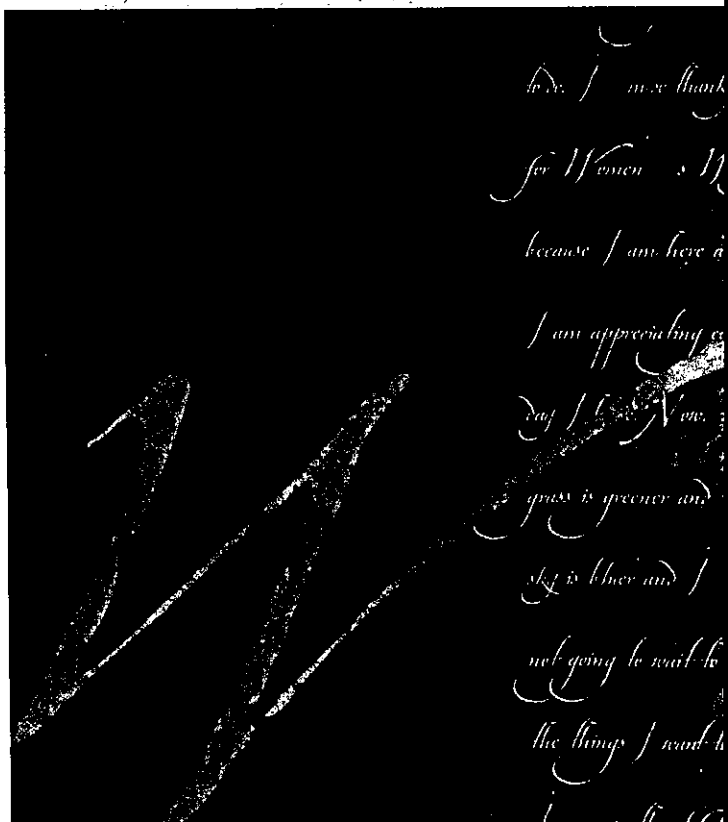
Division of Cancer Prevention and Control
North Dakota Department of Health
600 E. Boulevard Ave., Dept. 301
Bismarck, North Dakota 58505-0200

This publication is funded by a cooperative agreement with the Centers for Disease Control and Prevention U55/CCU821978.

Need a mammogram or [illegible] test?
Women's Way may provide [illegible] pay!

WOMEN'S WAY
a breast and cervical cancer early detection program

1-800-44 WOMEN
www.womensway.net



What is Women's Way?

Women's Way may provide a way to pay for most breast and cervical cancer screenings and is available to eligible North Dakota women.

The program is made possible by funding from the Centers for Disease Control and Prevention.

What is available?

Eligible women ages 40 through 49 can receive:
- Clinical breast exams
- Pap tests
- Pelvic exams

Eligible women ages 50 through 64 can receive:
- Mammograms
- Clinical breast exams
- Pap tests
- Pelvic exams

Limited services may be available for women ages 18 through 39.

Who Qualifies?

To take part in this program, certain income and insurance guidelines apply:

2004 Income Guidelines

Household Number	Income* Yearly	Income* Monthly
1	$18,620	$1,552
2	24,980	2,082
3	31,340	2,612
4	37,700	3,142
5	44,060	3,672
6	50,420	4,202
7	56,780	4,732
8	63,140	5,262
9	69,500	5,792
10	75,860	6,322

Insurance Guidelines

- No health insurance **OR**
- Unable to pay insurance deductibles and/or co-payments **OR**
- Pap tests and/or mammograms not covered by insurance plan

*Income before taxes

Medicare covers annual screening mammograms for all female beneficiaries age 40 and older.

Revised: June 2004

"Now, the grass is greener and the sky is bluer and I'm not going to wait to do the things I want to do. I'm so thankful for Women's Way because I am here and I am appreciating every day I have."

Women's Way Enrollee and Breast Cancer Survivor,
Marleen Stammen,
Palermo, N.D.

☐ Yes! I'd like to learn more about *Women's Way*

Name _____

Address _____

_____

_____

Phone _____

Date _____

WOMEN'S WAY
a breast and cervical cancer early detection program

1-800-44 WOMEN · 1-800-449-6636
www.womensway.net

1-800-44 WOMEN · 1-800-449-6636
www.womensway.net

Attachment 3

Testimony

House Concurrent Resolution 3022

Senate Human Services Committee

Tuesday, March 8, 2005; 10:30 a.m.

North Dakota Department of Health

Good morning, Madam Chair and members of the Senate Human Services Committee. My name is John Joyce, and I am section chief of the Community Health Section for the North Dakota Department of Health. I am also a family medicine physician with a busy practice in southwestern North Dakota. I am here today to testify in support of House Concurrent Resolution 3022 and to provide information about cervical cancer and its relationship to the human papillomavirus (HPV).

Cervical Cancer

Cervical cancer is cancer that involves the cervix – the passageway between a female's uterus and the birth canal. There are two types of cervical cancer: squamous cell and adenocarcinoma. Cervical cancer affects women of all ages; in fact, my medical partners and I have diagnosed cervical cancer in women as young as 15 and as old as 92.

Rates of death from cervical cancer have decreased significantly during the past 50 years; however, 5,000 to 6,000 women in the United States still die of cervical cancer each year. Unfortunately, that number will probably increase for the first time in decades because women who smoke or chew tobacco or who are exposed to secondhand smoke have up to a 40 times higher risk of developing cervical cancer. Of even more significance, 99 percent of all cervical cancer is linked to HPV, the human papillomavirus.

HPV

Human papillomavirus, or HPV, is a ubiquitous virus; in fact, at least 100 types of HPV have been identified. Some HPVs cause plantar warts; some cause genital warts. Both males and females can contract genital warts, but it is the female who is at risk for cancer if she is infected with HPV. Unfortunately, many cases of HPV develop in couples where the male wears a condom.

It is important to note that not all HPV types are associated with cervical cancer. However, two types of HPV are more virulent and are more likely to cause cancer that will become invasive earlier.

Screening Tests

Annual Pap tests can prevent deaths through early detection. Most cervical cancer develops over a five- to 10-year period, but this will change if the more virulent types of

HPV become more prevalent. Adenocarcinoma of the cervix is less predictable than the more common squamous cell carcinoma and can develop in as little as six months.

Although we have seen many positive changes that have improved access to screening tests, barriers still exist; for example, third-party payers who don't pay for Pap tests, inadequate public health education about cervical cancer and the importance of annual cervical cancer screenings, and a shortage of female health-care providers for those women who prefer that their care be provided by a female.

Impact of HPV

What will the ultimate impact of HPV be? Consider this: The incidence of all types of HPV among our state's young women conservatively ranges from 30 percent to 50 percent and could be as high as 75 percent.

Obviously, this presents a tremendous challenge to the health and fertility of our daughters, nieces, granddaughters, as well as added burden to health-care costs and limited resources. We must begin with more research and surveillance and then follow-up with a sustained comprehensive approach that addresses the epidemic of HPV.

Conclusion

On a personal note as a clinician, I would like to contribute a few more insights. While attending a conference in 1978 as a medical student, I met an impressive, elderly, long-retired radiologist who in the early 1920s drove his horse-drawn buggy to Amidon, N.D., and established his first practice. I asked him what was the most important health advice he gave his patients back then. This is what he said:

- Walk a lot.
- Don't smoke.
- Drink lots of water.
- Take time to watch the sun set.

Of course, our understanding of disease has progressed considerably since then; yet, 27 years later, I continue to pass on his timeless advice to my own patients. One addition I have had to make is "Do not have sex until you are married." Unfortunately, I know of very few individuals who practice all five of these health behaviors at any given time, imperfect as God made us! Yet, we are more likely to choose a healthier pathway when we as individuals and communities take control of our intertwined destinies.

House Concurrent Resolution 3022 provides an added dimension in the campaign against cancer and in preserving the health of many North Dakotans.

This concludes my testimony. I am happy to answer any questions you may have. Thank you.