



Exhibit No. #4  
 American Cancer Society Cancer Action Network  
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[www.acscan.org/montana](http://www.acscan.org/montana)

January 12, 2009

Senator Roy Brown, Chair  
 Public Health, Welfare and Safety Committee  
 Montana Senate  
 Helena, MT 59620

Chairman Brown and Members of the Committee:

For the record my name is Kathy McGowan representing the American Cancer Society Cancer Action Network. ACS CAN is the nonprofit, nonpartisan advocacy partner of the American Cancer Society that supports evidence-based policy and legislative solutions designed to eliminate cancer as a major health problem.

American Cancer Society and ACS CAN are working together to elevate the issue of access to care and its impact on cancer patients and their families by educating the public and policymakers about problems in the health care system and the need for change. We look forward to working with this committee as you work toward solutions to improve and expand access to quality care.

The American Cancer Society and ACS CAN have adopted a Statement of Principles on What Constitutes Meaningful Health Insurance. It is our fundamental principle that everyone should have meaningful public or private health insurance. Meaningful health insurance is adequate, affordable, available and administratively simple.

Adequate health insurance means:

- ✓ timely access and coverage of the complete continuum of quality, evidence-based healthcare services (i.e., rational, science-based, patient-centered), including prevention and early detection, diagnosis, and treatment
- ✓ supportive services should be available as appropriate, including access to clinical trials, chronic disease management, and palliative care
- ✓ coverage with sufficient annual and lifetime benefits to cover catastrophic expenditures

Available health insurance means:

- ✓ coverage will be available regardless of health status, or claims history
- ✓ policies are renewable
- ✓ coverage is continuous

Affordable health insurance means:

- ✓ costs, including premiums, deductibles, co-pays, and total out-of-pocket expenditure limits, are not excessive and are based on the family's or individual's ability to pay
- ✓ premium pricing is not based on health status or claims experience

Administratively simple health insurance means:

- ✓ clear, up-front explanations of covered benefits, financial liability, billing procedures, and processes for filing claims, grievances, and appeals are easily understood and timely, and required forms are readily comprehensible by consumers, providers and regulators
- ✓ consumers can reasonably compare and contrast the different health insurance plans available and can navigate health insurance transactions and transitions

However, the goal of adequate health insurance coverage for all Americans cannot be realistically achieved until we can contain costs.

The United States has the most expensive health care system in the world, and the aging of the population and the continued advancement in medical technologies and pharmaceuticals will likely increase cost pressures in the near future. Yet, despite these extraordinary expenditures, Americans have not realized a concomitant rise in health care quality or wellness. Among industrialized countries, the U.S. ranks near the bottom of virtually all major health measures. Furthermore, the quality of care in the U.S. is uneven, varying significantly across the nation by geography, race and ethnicity, and socio-economic status.

The high and rapidly growing cost of the US health care system is unsustainable in the long run: health care costs are growing faster than the nation's overall economy and personal income. The high costs have already made access to healthcare unaffordable for millions and threaten to do so for many more. Escalating costs represent a growing burden to business – especially small businesses. If the growth in health care costs goes unabated, private and public investments, including those in key areas of the economy such as education, science, infrastructure and defense, will undoubtedly have to be reduced.

- ✓ To contain costs in the long-run, our nation's health care system must be reoriented to emphasize wellness and healthy outcomes. We should manage outcomes, not set out to manage costs. Although there is disagreement on how to achieve that goal, there is a general recognition that incentives and approaches to delivery of health care have to be realigned to give greater focus to outcomes and patient well-being.

The American Cancer Society needs to join this debate more directly for two reasons. First, concern about costs is a logical extension of the Society's commitment to achieving meaningful access to quality care. The availability, affordability, and adequacy of health

coverage for all Americans cannot realistically be achieved if the rising costs of care cannot be reasonably—and rationally--constrained.

Second, the Society has a unique perspective on health care costs. Cancer is often a very expensive and complicated condition to treat, and with the aging of the population and the onset of new cancer drugs, genetic tests, and medical procedures, the costs of cancer treatment could become even more expensive and complicated. Moreover, like many people battling chronic disease, cancer patients frequently suffer complications from other diseases, yet too often the care needed for co-morbidities is poorly managed, giving rise to increased costs and inadequate care.

Given the public concern about access to care and ACS' commitment to improvements in the nation's health care system, the Society has an opportunity and a responsibility to educate the public by speaking openly and candidly about the costs of health care. Furthermore, by establishing a framework for addressing health care costs, we lay a foundation for better addressing changes in the health care delivery system that will better promote wellness and prevention of costly diseases like cancer and provide a basis for using our nation's health care resources more equitably.

Below is the statement of the American Cancer Society on The Role and Consideration of Costs in Health Care Treatment and Coverage.

#### **Statement of Principles**

It is a fundamental principle of the American Cancer Society that the goal of the nation's health care system should be to ensure well-being. The Society supports the following principles in addressing costs in the health care system:

- The high rate of health care cost growth needs to be controlled, but only in conjunction with increasing the value of what the nation gets for its health care dollar. A focus on costs alone is not sufficient or acceptable; the health care system needs to be reoriented toward achieving better health outcomes.
- Substantial changes need to be made to the financing and delivery of health care from the funding of medical education to reimbursement rates to incentives for both providers and individuals. Incentives in the health care system should be structured to promote the well-being of the patient by placing greater emphasis on prevention, early detection as well as greater utilization of evidence-based guidelines in the treatment of cancer and other serious medical conditions. Changes should be designed to:
  - *Reduce overutilization and underutilization of healthcare services.*
  - *Encourage coordination across the continuum of quality care.*
  - *Promote prevention by including incentives for healthier behaviors by individuals.*
- The health care system needs to develop and provide access to information for patients and providers (e.g., electronic medical records).

- Patients and providers should be aware of the costs and benefits of services and products used.
- Evidence-based guidelines should be promoted and further developed to improve quality and reduce the unexplained variation of health care, but this should be done without unduly constraining the basic science and clinical research needed to discover better, more efficient treatments.
- Comparative-effectiveness of medical procedures, technologies, and pharmaceuticals and biologics should be promoted as a means of improving the treatment of critical health conditions.
  - *Providers and patients should have knowledge of the relative value of services and products available.*
  - *Health plans, payers, and providers should promote the availability of comparative-effectiveness information to assist patients and providers in making more informed decisions about treatment and care.*
- Since there is no clear path to containing costs and increasing health care value, a research program should be funded to develop and evaluate promising approaches to containing cost growth while improving the value the nation receives from its health care dollars. Topics that should be explored include:
  - *Analysis of existing incentives and experimentation with alternative approaches for providers and consumers should be undertaken by governments, employers and other major purchasers of health care to better understand the role incentives can play in altering medical practice and personal behavior toward achieving better medical outcomes and improving patient well-being. The costs and benefits of incentives should be explicitly measured*
  - *Defining and developing medical home models and other approaches to ensuring the coordinated care and the full array of appropriate services are provided in the treatment of chronic condition patients.*
  - *Examine the range of effects from the simple (e.g., can cash payments induce patients to lose weight and maintain the weight loss) to the more complex (e.g., how to enhance coordinated care for a cancer patient with co-morbidities).*
- Government, academic institutions, and other entities with an interest in health should conduct or support research on ways to improve analytical and methodological techniques for synthesizing research results and bringing that information to providers and consumers rapidly in easily understandable terms as well as promoting greater utilization of the guidelines.
- We should ensure better data bases and new research to fill voids in the knowledge of effects on subpopulations.

Sincerely,

Kathy McGowan

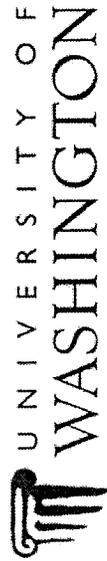
# Workplace Health Promotion:

Make It Easy  
Make It Popular  
Show Them How

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Jeffrey R. Harris, MD MPH MBA  
Health Promotion Research Center, U. of Washington  
A CDC-funded Prevention Research Center

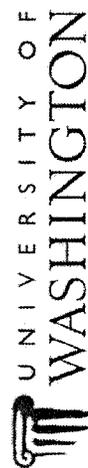
*July 29, 2008*



Two Topics

What behaviors do we want?

How can employers help?



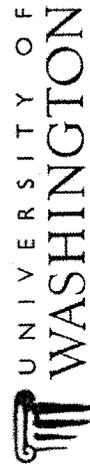
## Behaviors We Want

- Avoid, stop tobacco use
- Be physically active
- Eat to maintain a healthy weight
- Get an annual flu vaccination
- Screen for cancer: breast, cervical, colon
- Screen for ↑BP, ↑lipids
- Take meds & control ↑BP, diabetes, ↑lipids

# Behaviors That Save Lives

Behavior	Lives Saved Per Year
Lifestyles: <ul style="list-style-type: none"> <li>• No smoking</li> <li>• Physical activity</li> <li>• Normal weight</li> </ul>	800,000
Preventive Care: <ul style="list-style-type: none"> <li>• Flu vaccination</li> <li>• Screened--cancer, ↑BP, ↑lipids</li> </ul>	72,000

For total U.S. population. Mokdad AH, et al. *JAMA*. 2004;291:1238-46.  
 National Commission on Prevention Priorities, 2007. [www.prevent.org](http://www.prevent.org).



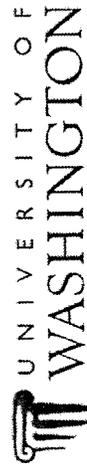
# Behaviors That Save Money

Colon cancer screening

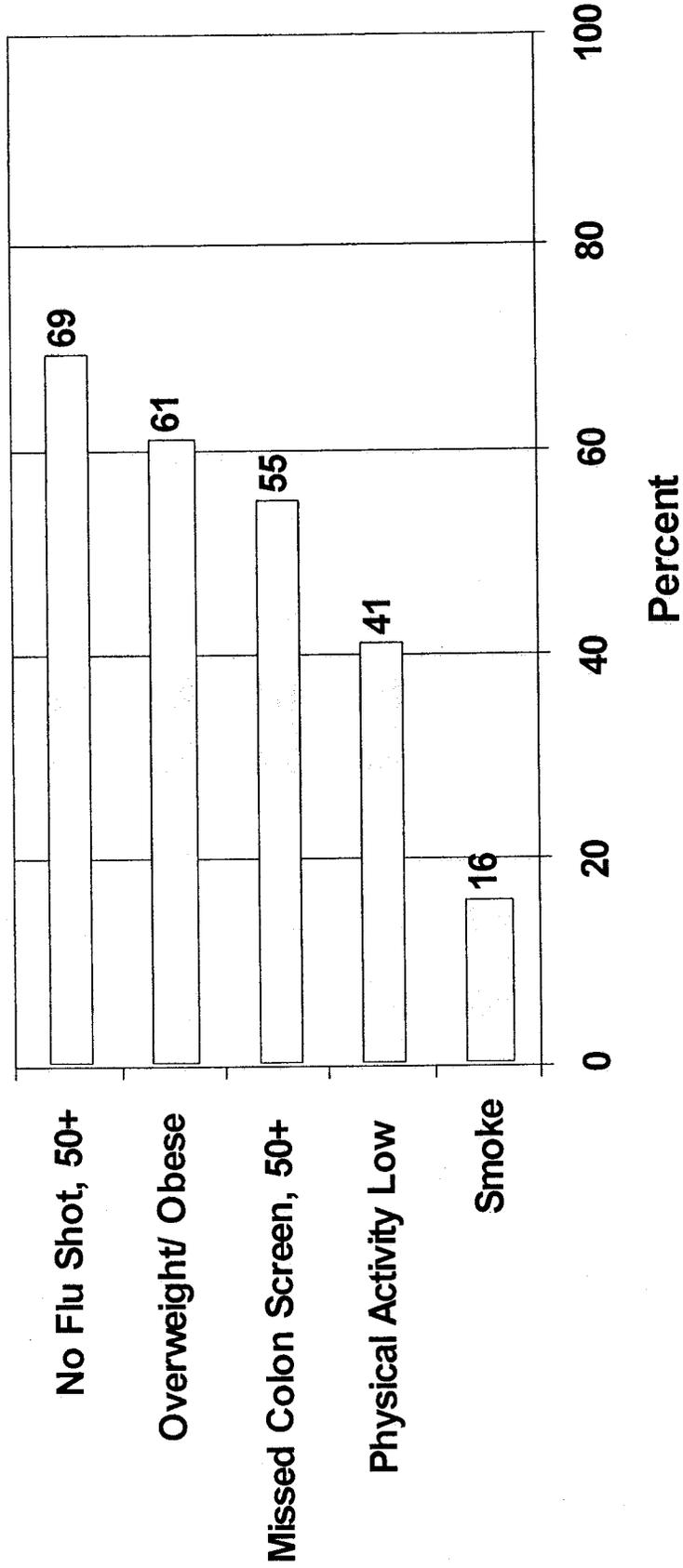
Flu vaccination

Smoking cessation treatment

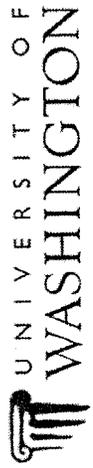
Cost-saving or neutral. National Commission on Prevention Priorities. 2007.  
[www.prevent.org](http://www.prevent.org)



# Montana Workers: High Risks

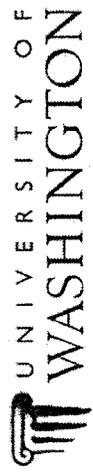


Source: BRFSS; Montana workers w/ Ins., age 18-64, 2004-5.

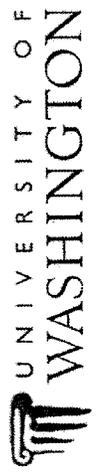


How Can Employers Help?

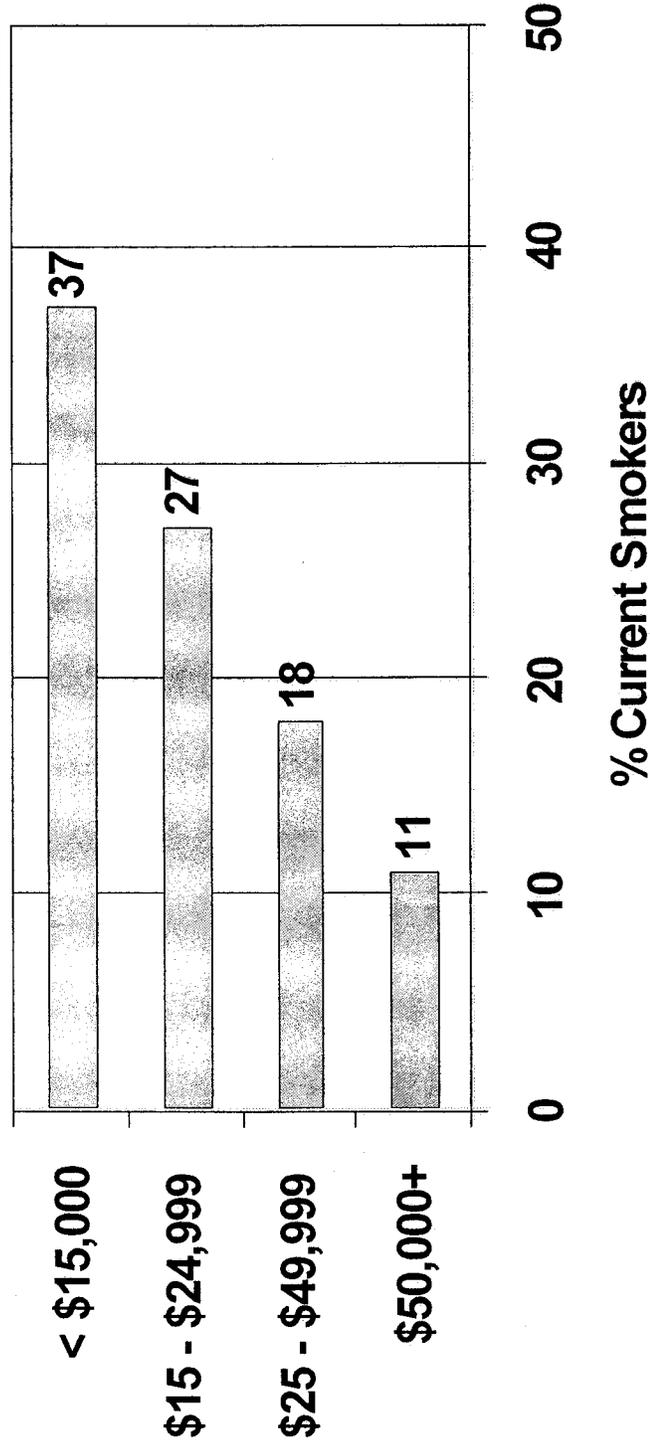
Evidence from CDC's  
Guide to Community Preventive Services



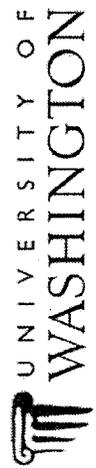
Why Do We Have Co-Pays?



Low-Income = Higher Risks



Source: BRFSS; Montana workers w/ insurance, aged 18-64, 2005.

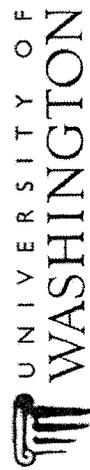


# How Can Employers Help?

Make it easy

Make it popular

Show them how



## Make It Easy in Health Care

Cover preventive care, no out-of-pocket

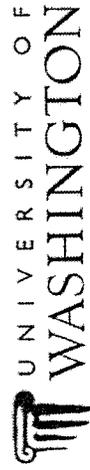
Smoking cessation (OTC NRT)

Preventive care: cancer screens, flu vaccination

First-line drugs for chronic diseases

Work with health plan on preventive care

Track providers' delivery



Make It Easy At Work

Be active, eat well, breathe well at work

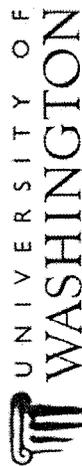
Walking routes, gyms

Healthy food available and affordable

Ban tobacco use on campus

Bring preventive care to the worksite

Flu vaccination



Make It Popular

(Or at least appear to be popular)

Worksite physical activity programs

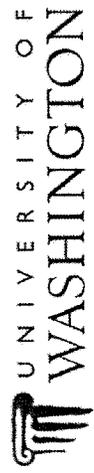
Walk-at-lunch bunch

Physical activity competitions

Stair-use reminders

Reminders re preventive care

Most likely from their health plan

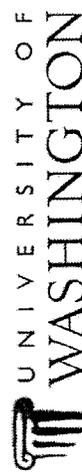


Show Them How

Labeling of healthy food choices

Smoking cessation telephone quitlines

Health coaches, by phone or on-line



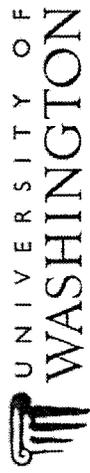
First, Make It Easy

Get your benefits & policies right

Can reach actives, retirees, dependents

Affect program non-participants

Lasting



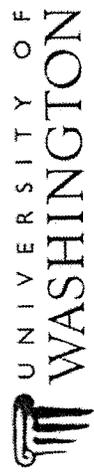
Communicate and Promote

Awareness for "Make it easy, etc"

Market as if these were your products

Trying to change long-standing behaviors

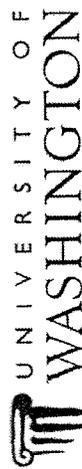
Trying to change culture



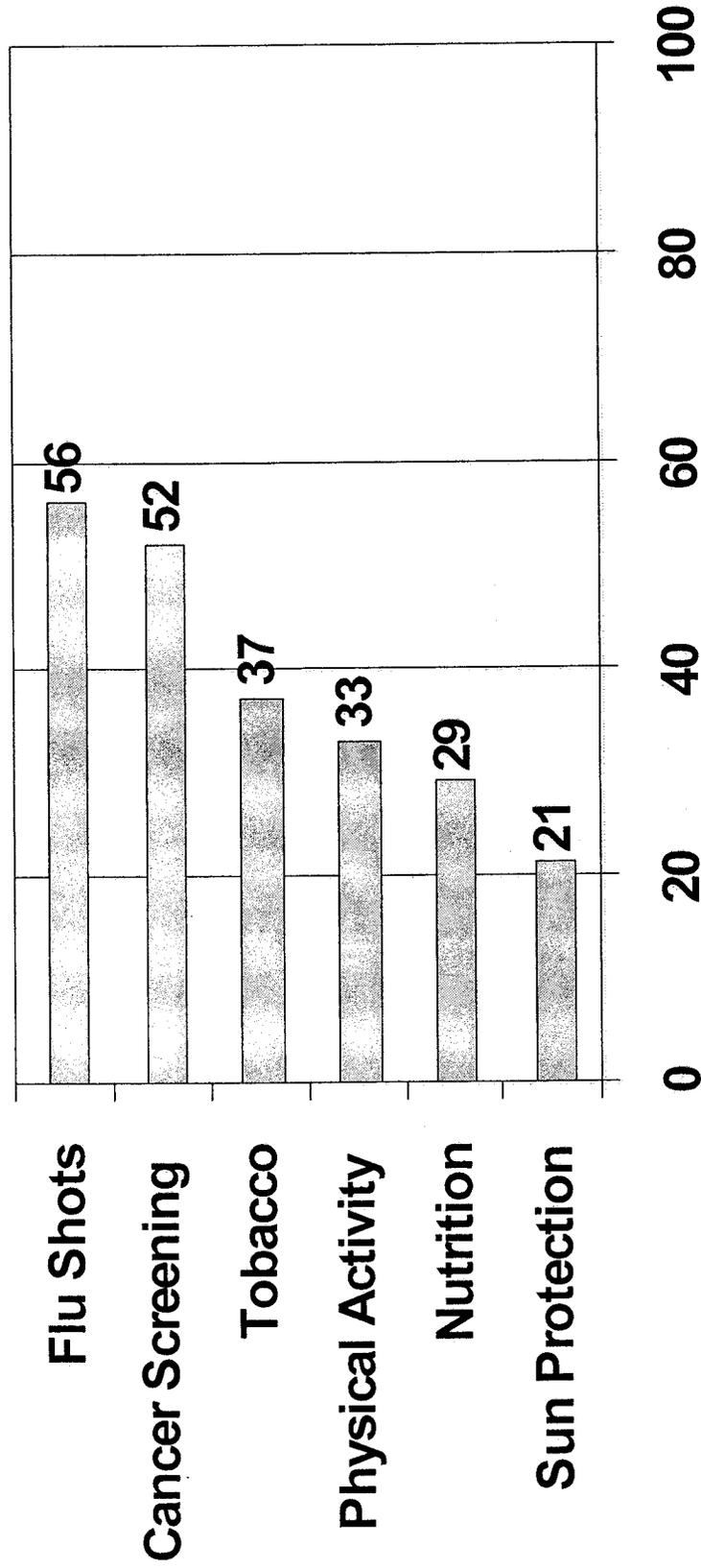
Evaluate

Need to know where you are starting from

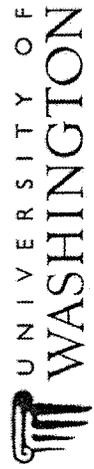
Need to know whether making progress



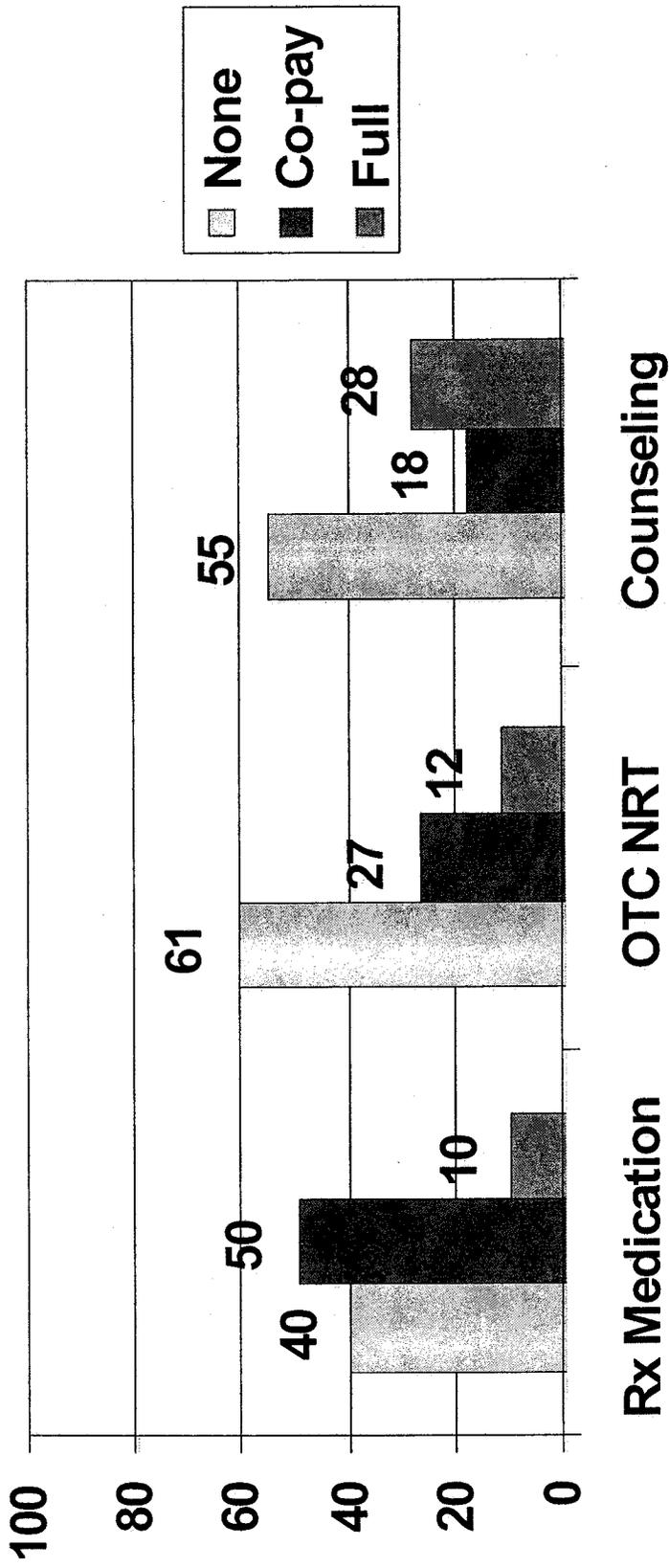
Room To Improve



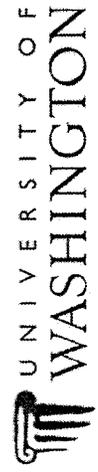
471 U.S. Employers, ACS Workplace Solutions, 2008



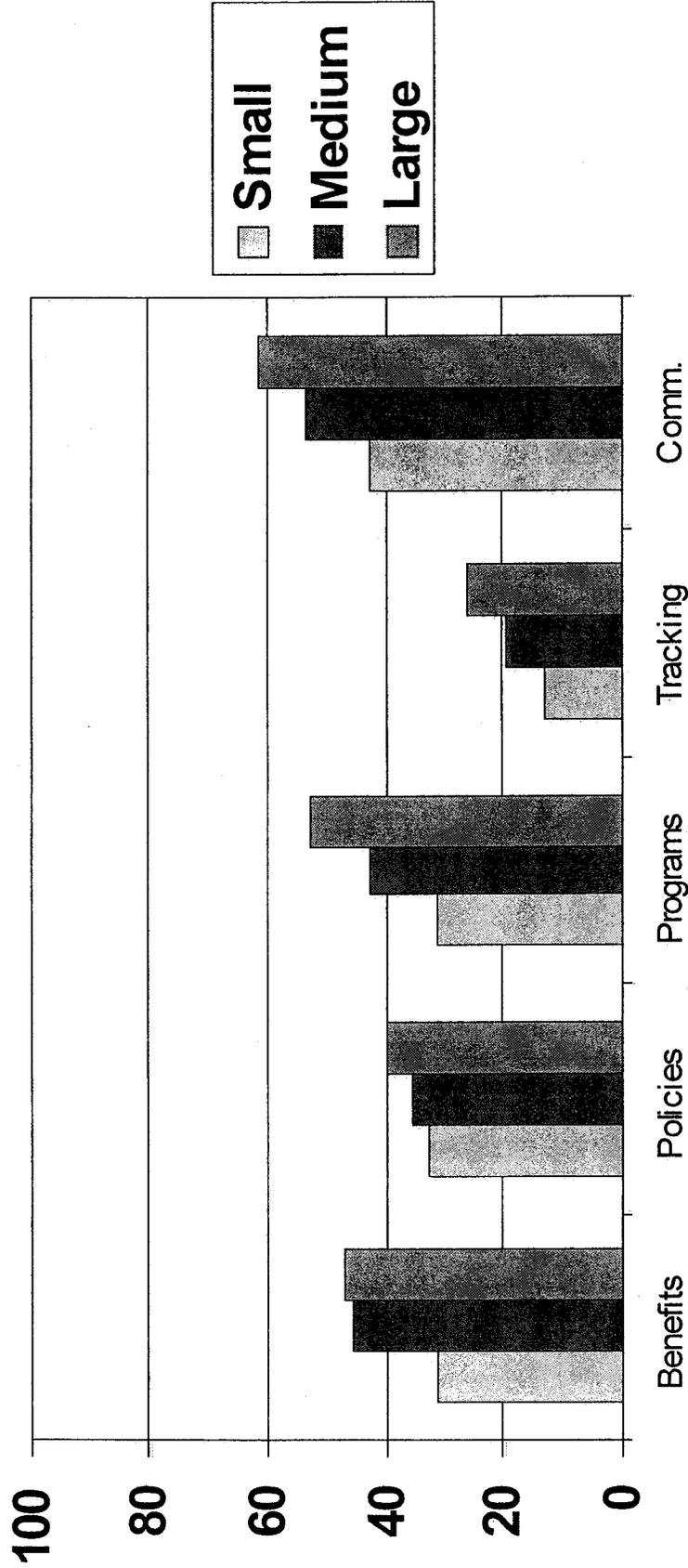
Tobacco Cessation Barriers Remain



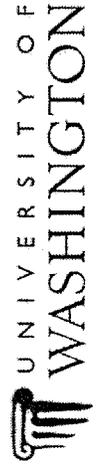
471 U.S. Employers, ACS Workplace Solutions, 2008



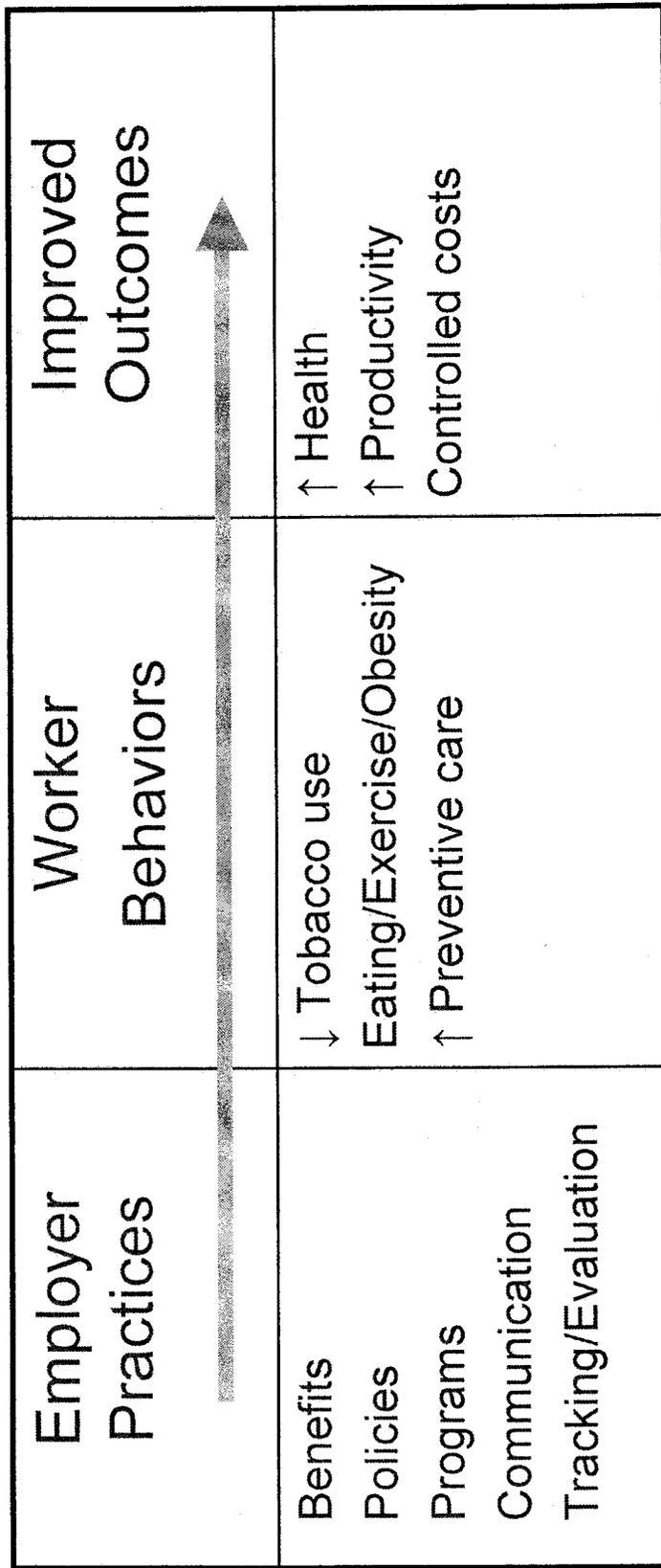
# Smalls, Mediums Need Help



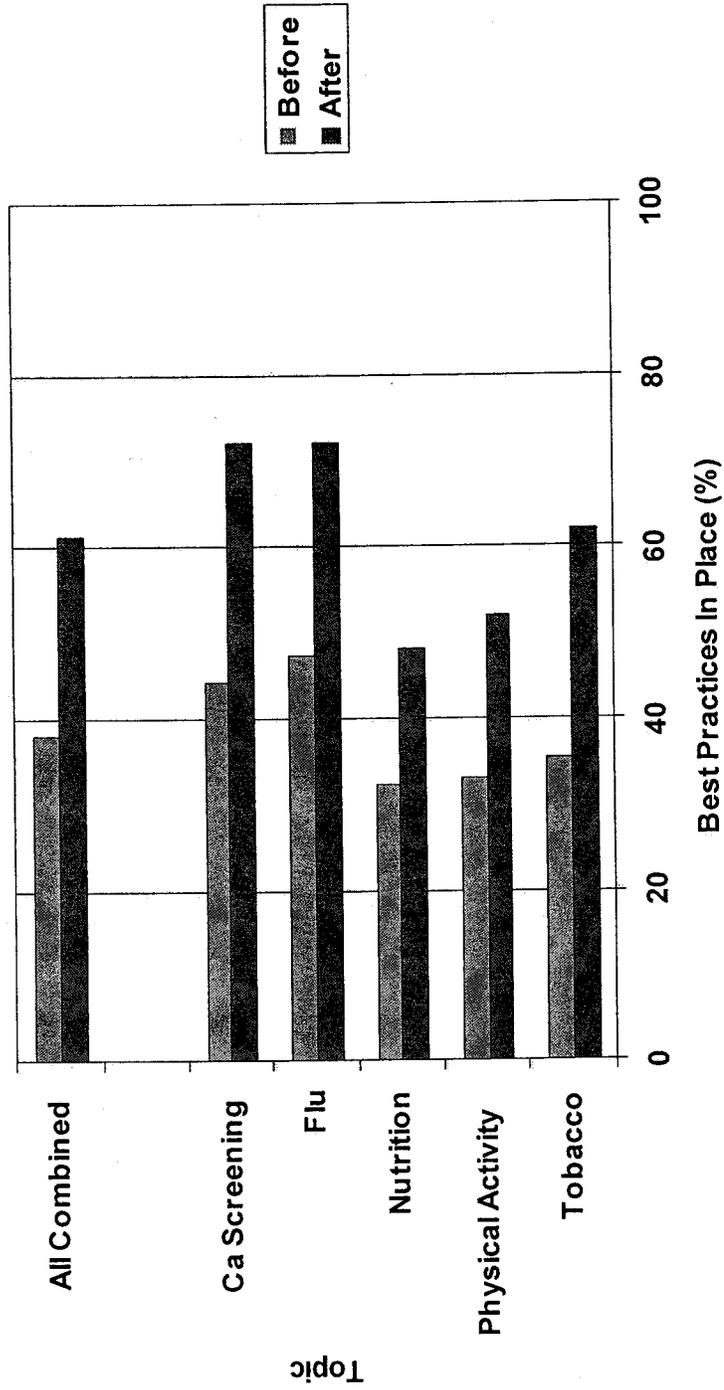
471 U.S. Employers, ACS Workplace Solutions, 2008



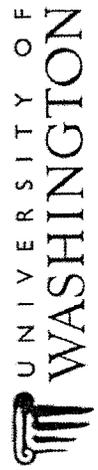
# ACS Workplace Solutions



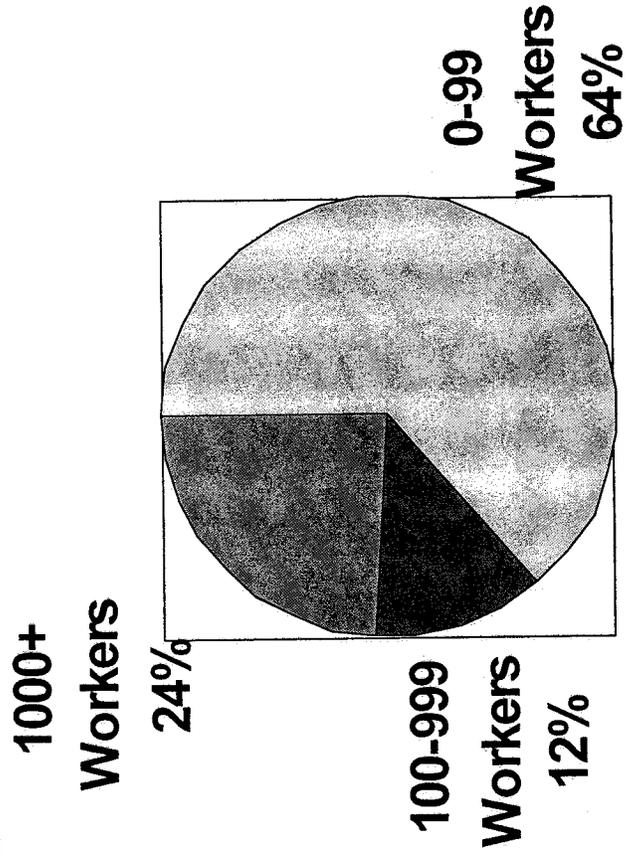
# Pilot Study Results



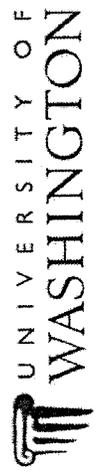
Source: Harris et al. *Preventing Chronic Disease*, July 2008. Results for 8 employers, 13 mo follow-up.



Smaller Employers Key In Montana



Census Bureau, % employees by employer size, Montana, 2005



## Challenges for Smaller Employers

No dedicated wellness staff

Perceived inability to negotiate with insurers

Lack of health promotion vendors to serve them

## Summary

Worker behaviors: short list, cost-effective  
Most workers doing poorly  
Employer practices: long list, effective  
U.S. employers have lots of room to improve  
Smaller employers need extra help--aggregators  
Make it easy, make it popular, show them how

# Workplace Solutions Best Practices for Chronic Disease Prevention

Workplace Solutions

from the American Cancer Society

- Provide full coverage for tobacco cessation treatment, including prescription medications, over-the-counter nicotine replacement therapy, and counseling.
- Provide full coverage for breast, cervical, and colon cancer screening.
- Provide full coverage for flu vaccines.
- Provide full coverage for cancer treatment.
- Require health plans to send reminders to members and network providers about preventive health services.
- Require health plans to track delivery of preventive health services and send performance feedback to network providers.

## Insurance Benefits

- Ban tobacco use at work sites.
- Post "Use the Stairs" reminder signs near elevators.
- Provide facilities for physical activity.
- Make healthy food choices available and affordable.
- Require and provide sun protection for employees who work outdoors.

## Workplace Policies

- Sponsor a tobacco cessation quitline, including nicotine replacement therapy.
- Provide annual flu vaccines on-site.
- Offer a workplace physical activity program.
- Support a weight control program.

## Employee Programs

- Survey employees' health behaviors to track effectiveness of health promotion efforts.

## Tracking

- Conduct targeted health promotion campaigns, focusing on key health behaviors and use of preventive health care.

## Comm.

Sources: Best Practices are adapted from the published findings and recommendations of the Task Force on Community Preventive Services, a federally-funded scientific review board. Available at: <http://www.thecomunityguide.org>



1.800.ACS.2345  
www.cancer.org

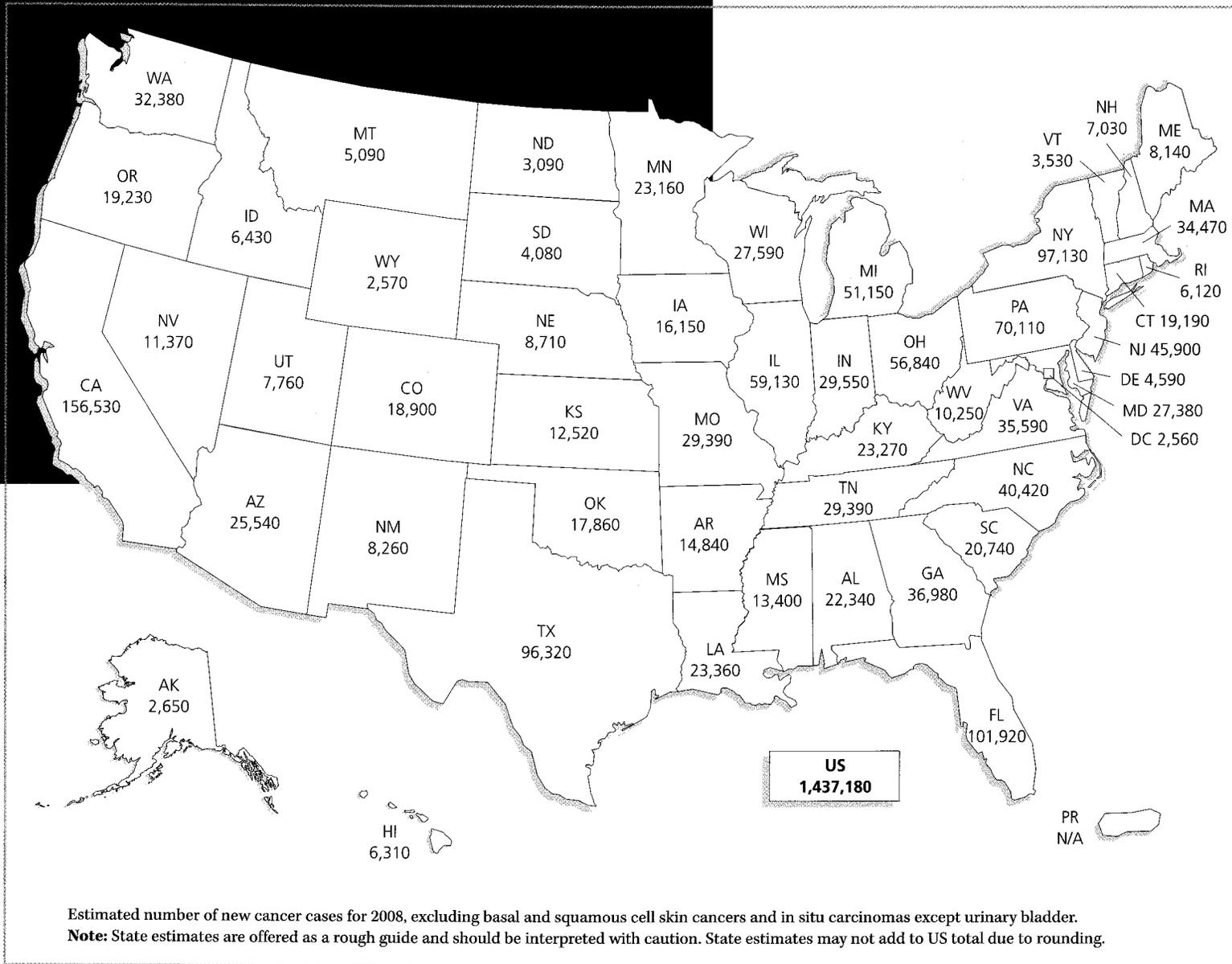
Hope, Progress, Answers.®

**Exhibit Number:**

# 4

**This exhibit is a booklet  
Which can not be scanned,  
the front cover has been  
scanned to aid in your  
research the original is on  
file at the Montana  
Historical Society and may  
be viewed there.**

# Cancer Facts & Figures 2008



Estimated number of new cancer cases for 2008, excluding basal and squamous cell skin cancers and in situ carcinomas except urinary bladder.  
**Note:** State estimates are offered as a rough guide and should be interpreted with caution. State estimates may not add to US total due to rounding.



**Special Section:**  
**Insurance and Cost-Related**  
**Barriers to Cancer Care**  
*see page 22*

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\*Indicates a figure or table

*This publication attempts to summarize current scientific information about cancer. Except when specified, it does not represent the official policy of the American Cancer Society.*

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