Cancer Task Force
Cecil County Community Health Advisory Committee
July 17, 2014

<table>
<thead>
<tr>
<th>State Health Improvement Plan Measure (County Base Source)</th>
<th>County 2007-2009</th>
<th>County 2008-2010</th>
<th>County 2009-2011</th>
<th>Maryland 2011</th>
<th>MD 2014 Goal</th>
<th>Healthy People 2020 Goal</th>
</tr>
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<tbody>
<tr>
<td>Rate of cancer deaths per 100,000 population (age adjusted) (VSA 2009-2011)</td>
<td>220.2</td>
<td>206.0</td>
<td>196.7</td>
<td>165.7</td>
<td>169.2</td>
<td>160.6</td>
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Updates for Union Hospital

- Beth Money, Cancer Program Manager at Union Hospital reported: The following resources/programs assist and support those who have cancer: Cancer Resource Center, which is open 10am-2pm, provides gas cards, transportation and other support; “Baskets of Hope” which provides financial assistance for health insurance co-pays and deductibles, and a new food bank which provides a box of non-perishable food to cancer clients. These programs are supported through the “Elkton Relay for Life” held May 30-31, “Cruzin’ for a Cause II”, a car show held May 31st at the North East Walmart and a motorcycle rally to be scheduled in August 2014.

- Amy Shives, Union Hospital’s Program Coordinator of Outpatient Palliative Care and Support Services, provided an update regarding the services of the aforementioned program. It is located at 111 West High Street, Suite 305. To learn more call at 443-553-1461 or 410-398-6154.

Updates for Cecil County Health Department

- Jennifer Padgett, Community Health Educator III, gave a presentation on E-Cigarettes and related legislation. The tobacco settlement does not include e-cigarettes. Since e-cigarettes have grown in popularity, companies producing them plan to expand their marketing of e-cigars and e-pipes. Potential harms of e-cigarette use include, but are not limited to: one cartridge can potentially last as long as a pack of cigarettes, concentration and ingredients of the liquid is not regulated, dosage depends on the vigor of the inhalation, the atomizer contains nickel, therefore nickel atoms are also inhaled. The “Maryland General Assembly and FDA Proposed Rule Update” Power Point presentation prepared by William C. Tilburg, Deputy Director, Legal Resource Center for Maryland Public Health Law and Policy was reviewed.
Pennie Moyers, Certified Enrollment Assister, gave the following updates:
The Assisters only aid clients with applications for Medicaid. If an applicant’s income is
ever scale for Medicaid, the individual is referred to an Insurance Navigator who will
continue the enrollment process with Maryland Health Connections. Medicaid eligibility
is entirely tax driven now and income is determined by the individual’s Adjusted Gross
Income. Medicaid applicants must choose the plan their personal health care providers
will accept. Only the following plans are available in Cecil County: Amerigroup, United
Health Care and Riverside.

• Jerri Longacre R.N., Administrative Case Manager gave an update on the Cecil County
Cigarette Restitution Fund Program Cancer Prevention, Education, Screening, and
Treatment:
  o Program eligibility criteria proposal will change to include eligible Maryland
    residents and accepting recall intervals up to and including ten years. The Task
    Force agreed to these changes.
  o An Affordable Care Act Implementation Policy for the Colorectal Cancer
    Screening, Maryland Cancer Fund and Breast and Cervical Cancer programs has
    been written according to received memos from the Center for Cancer Prevention
    and Control at DHMH. The program continues to enroll those who are uninsured
    and underinsured. Underinsured is defined as having Medicare A only, and those
    who have insurance with a client contribution amount for applicable procedures to
    include a deductible that has not been met and/or co-pays and co-insurance.
    Services will be verified by acquiring the client’s Explanation of Benefits and
    paying up to the Medicare/Medicaid or HSCRC rate, whichever is applicable,
    minus the insurance coverage amount. The grant program is always payer of last
    resort. If a client becomes insurance eligible for the time of their screening and
    bills have already been paid, the program may recoup the funds.
  o FY 15 grant plans were discussed and approved by the Cancer Task Force.
  o The next Cancer Task Force meeting will be held in the fall of 2015.