



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

State Health Improvement Plan Measure (County Base Source)	County 2007-2009	County 2008-2010	County 2009-2011	Maryland 2011	MD 2014 Goal	Healthy People 2020 Goal
Rate of cancer deaths per 100,000 population (age adjusted) (VSA 2009-2011)	220.2	206.0	196.7	165.7	169.2	160.6

**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, “Cruzín’ for a Cause II”, a car show held May 31<sup>st</sup> at the North East Wal-Mart 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.

*Healthy People. Healthy Community. Healthy Future.*

ADMINISTRATIVE SERVICES . . . . .410-996-5550	ENVIRONMENTAL HEALTH SERVICES . . . . .410-996-5160
ALCOHOL & DRUG RECOVERY CENTER . . . . .410-996-5106	HEALTH PROMOTION . . . . .410-996-5168
OFFICE OF EPIDEMIOLOGY & EMERGENCY PREPAREDNESS. . . . .410-996-5113	SPECIAL POPULATIONS MENTAL HEALTH C.S.A. . . . .410-996-5112
COMMUNITY HEALTH SERVICES. . . . .410-996-5130	TTY USERS FOR DISABLED: MARYLAND RELAY . . . . .800-201-7165
DISEASE CONTROL . . . . .410-996-5100	EN ESPAÑOL . . . . .410-996-5550 EXT. 4680

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- Pennie Moyers, Certified Enrollment Assister, gave the following updates:  
The Assisters only aid clients with applications for Medicaid. If an applicant's income is over 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:
  - 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.
  - 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.
  - FY 15 grant plans were discussed and approved by the Cancer Task Force.
  - The next Cancer Task Force meeting will be held in the fall of 2015.