

# 26:2-182

## LEGISLATIVE HISTORY CHECKLIST

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**LAWS OF:** 2005 **CHAPTER:** 280

**NJSA:** 26:2-182 (Establishes Task Force on Cancer Prevention, Early Detection and Treatment in NJ)

**BILL NO:** A4071 (Substituted for S2733)

**SPONSOR(S)** Weinberg and others

**DATE INTRODUCED:** May 12, 2005

**COMMITTEE:** **ASSEMBLY:** Health and Human Services

**SENATE:** Health, Human Services and Senior Citizens

**AMENDED DURING PASSAGE:** No

**DATE OF PASSAGE:** **ASSEMBLY:** June 23, 2005

**SENATE:** December 15, 2005

**DATE OF APPROVAL:** January 6, 2006

**FOLLOWING ARE ATTACHED IF AVAILABLE:**

[FINAL TEXT OF BILL](#) (Assembly Committee Substitute for A4071 enacted)

**A4071**

**[SPONSOR'S STATEMENT:](#)** (Begins on page 4 of original bill) [Yes](#)

**COMMITTEE STATEMENT:** **[ASSEMBLY:](#)** [Yes](#)

**[SENATE:](#)** [Yes](#)

**FLOOR AMENDMENT STATEMENT:** No

**LEGISLATIVE FISCAL ESTIMATE:** No

**S2733**

**[SPONSOR'S STATEMENT:](#)** (Begins on page 3 of original bill) [Yes](#)

**COMMITTEE STATEMENT:** **[ASSEMBLY:](#)** No

**[SENATE:](#)** [Yes](#)

**FLOOR AMENDMENT STATEMENT:** No

**LEGISLATIVE FISCAL ESTIMATE:** No

**VETO MESSAGE:** No

**GOVERNOR'S PRESS RELEASE ON SIGNING:** No

**FOLLOWING WERE PRINTED:**

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**REPORTS:** No

**HEARINGS:** No

**NEWSPAPER ARTICLES:** No

IS 12/21/07

P.L. 2005, CHAPTER 280, *approved January 6, 2006*  
Assembly Committee Substitute for  
Assembly, No. 4071

1 **AN ACT** establishing the "Task Force on Cancer Prevention, Early  
2 Detection and Treatment in New Jersey" and supplementing Title  
3 26 of the Revised Statutes.

4

5 **BE IT ENACTED** *by the Senate and General Assembly of the State*  
6 *of New Jersey:*

7

8 1. a. There is established the "Task Force on Cancer Prevention,  
9 Early Detection and Treatment in New Jersey" within the Department  
10 of Health and Senior Services.

11 b. The task force shall be comprised of the following members:

12 (1) the Commissioner of Health and Senior Services, or his  
13 designee, who shall serve ex officio; and

14 (2) no more than 20 public members to be appointed by the  
15 Governor, who shall include representatives from: the Public Health  
16 Council; the New Jersey State Commission on Cancer Research; the  
17 New Jersey Office on Minority and Multicultural Health; the Medical  
18 Society of New Jersey; academic medical centers and universities  
19 engaged in cancer education, research and treatment; providers of  
20 cancer treatment and support services; pharmaceutical companies  
21 engaged in cancer research; community-based organizations and  
22 coalitions engaged in cancer outreach, education and screening; and  
23 cancer survivors.

24 c. The public members shall serve for a term of one year.  
25 Vacancies in the membership of the task force shall be filled in the  
26 same manner as the original appointments were made.

27 d. The task force shall organize as soon as may be practicable, but  
28 no later than the 30th day after the appointment of its members, and  
29 shall select a chairperson from among the public members. The  
30 chairperson shall appoint a secretary who need not be a member of the  
31 task force. The public members shall serve without compensation, but  
32 may be reimbursed for necessary expenses incurred in the performance  
33 of their duties.

34 e. The Department of Health and Senior Services shall supply such  
35 staff and resources, including a person to serve as executive director  
36 of the task force, as the task force requires to carry out its duties.

37 f. The task force is entitled to the assistance and services of the  
38 employees of any State department, board, bureau, commission or  
39 agency as it may require and as may be available to its for its purposes,

1 and to incur traveling and other miscellaneous expenses necessary to  
2 perform its duties, within the limits of funds appropriated or otherwise  
3 made available to it for its purpose.

4

5 2. a. The task force shall:

6 (1) evaluate current trends in cancer incidence, morbidity and  
7 mortality, screening, diagnosis, and behaviors that increase risk;

8 (2) evaluate historic, current and emerging cancer control  
9 strategies;

10 (3) establish cancer reduction goals, which shall seek to reduce  
11 mortality rates for breast, cervical, prostate, lung and colorectal  
12 cancer;

13 (4) establish specific goals for:

14 (a) reducing behavior that increases the risk of cancer, including  
15 behavior related to smoking and diet;

16 (b) reversing the present trend of annual increases in the rate of  
17 invasive melanoma;

18 (c) closing the gap in cancer mortality rates between the total  
19 population and minorities;

20 (d) increasing the use of screening tests for cancer, especially  
21 among elderly and minority populations; and

22 (e) increasing the percentage of cancers diagnosed at early stages;

23 (5) develop an integrated set of priority strategies that are  
24 necessary to achieve the goals established pursuant to this act; and

25 (6) delineate the respective roles and responsibilities for the State  
26 and other entities in implementing the priority strategies identified  
27 pursuant to this act.

28 b. (1) The task force shall report to the Governor, the  
29 Commissioner of Health and Senior Services and the Legislature on its  
30 findings, recommendations and activities at least biennially.

31 (2) In addition, the cervical cancer workgroup, which the task  
32 force shall establish in addition to such other workgroups as it deems  
33 appropriate, shall report to the Governor, the Commissioner of Health  
34 and Senior Services and the Legislature at least biennially on its  
35 findings and recommendations regarding strategies and actions to  
36 reduce the occurrence of, and burdens suffered from, cervical cancer,  
37 along with any legislative bills that it desires to recommend for  
38 adoption by the Legislature.

39

40 3. The task force established pursuant to Executive Order No. 114  
41 of 2000, together with its functions, powers, duties, and workgroups,  
42 is continued in the Department of Health and Senior Services as the  
43 "Task Force on Cancer Prevention, Early Detection and Treatment in  
44 New Jersey" established pursuant to this act.

45

46 4. This act shall take effect immediately.

1

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2

3 Establishes Task Force on Cancer Prevention, Early Detection and

4 Treatment in New Jersey.

# ASSEMBLY, No. 4071

## STATE OF NEW JERSEY 211th LEGISLATURE

INTRODUCED MAY 12, 2005

**Sponsored by:**

**Assemblywoman LORETTA WEINBERG**

**District 37 (Bergen)**

**Assemblywoman JOAN VOSS**

**District 38 (Bergen)**

**SYNOPSIS**

Establishes "New Jersey Cervical Cancer Prevention Task Force."

**CURRENT VERSION OF TEXT**

As introduced.



1 AN ACT establishing the "New Jersey Cervical Cancer Prevention  
2 Task Force."

3  
4 **BE IT ENACTED** *by the Senate and General Assembly of the State*  
5 *of New Jersey:*

6  
7 1. There is established the "New Jersey Cervical Cancer Prevention  
8 Task Force." The purpose of the task force shall be to study and  
9 evaluate, and develop recommendations relating to, specific actionable  
10 measures to support and enhance cervical cancer prevention among the  
11 residents of this State. The recommendations shall comprise the basis  
12 for a New Jersey Cervical Cancer Prevention Plan, which the task  
13 force shall present to the Governor and the Legislature pursuant to  
14 section 4 of this act.

15  
16 2. a. The task force shall be comprised of 15 members as follows:

17 (1) the Commissioners of Health and Senior Services and Human  
18 Services, or their designees, who shall serve *ex officio*;

19 (2) two members of the Senate to be appointed by the President of  
20 the Senate, who shall be members of different political parties and shall  
21 include at least one woman; and two members of the General  
22 Assembly to be appointed by the Speaker of the General Assembly,  
23 who shall be members of different political parties and shall include at  
24 least one woman; and

25 (3) nine public members, to be appointed as follows:

26 (a) three members appointed by the President of the Senate, who  
27 shall include: one person recommended by an organization that is  
28 concerned with women's health issues; one person recommended by  
29 the American Academy of Pediatrics - New Jersey Chapter; and one  
30 person recommended by the Health Professionals and Allied  
31 Employees;

32 (b) three members appointed by the Speaker of the General  
33 Assembly, who shall include: one person recommended by the  
34 American Cancer Society who is an oncologist; one person  
35 recommended by The American College of Obstetricians and  
36 Gynecologists; and one person recommended by the New Jersey  
37 Association of Health Plans; and

38 (c) three members appointed by the Governor, who shall include:  
39 one person recommended by the New Jersey Academy of Family  
40 Physicians; one person who reports on health issues for a newspaper  
41 or television station in this State; and one person recommended by the  
42 New Jersey State Nurses Association.

43 b. The legislative and public members of the task force shall be  
44 appointed no later than the 60th day after the effective date of this act.  
45 Vacancies in the membership of the task force shall be filled in the  
46 same manner provided for the original appointments.

1 c. The task force shall organize as soon as practicable following  
2 the appointment of its members and shall elect a chairperson and vice-  
3 chairperson from among the members of the task force. The task  
4 force shall appoint a secretary who need not be a member of the task  
5 force.

6 d. The public members shall serve without compensation, but shall  
7 be reimbursed for necessary expenses incurred in the performance of  
8 their duties and within the limits of funds available to the task force.

9 e. The task force shall be entitled to call to its assistance and avail  
10 itself of the services of the employees of any State, county or  
11 municipal department, board, bureau, commission or agency as it may  
12 require and as may be available to it for its purposes.

13 f. The task force may meet and hold hearings at the places it  
14 designates during the sessions or recesses of the Legislature.

15 g. The Department of Health and Senior Services shall provide  
16 staff support to the task force.

17

18 3. It shall be the duty of the task force to:

19 a. obtain and review statistical and qualitative data on the  
20 prevalence and burden of cervical cancer;

21 b. receive and consider reports and testimony from agencies,  
22 organizations, health care facilities and professionals, and other  
23 persons to learn more about their contributions to cervical cancer  
24 diagnosis, prevention and treatment and their recommendations for  
25 improving diagnosis, prevention and treatment;

26 c. develop an initiative to increase public awareness of cervical  
27 cancer, including, but not limited to, its causes and nature, personal  
28 risk factors, value of prevention, early detection, options for testing,  
29 new technology, treatment costs and health benefits coverage, and to  
30 provide relevant education for health care professionals;

31 d. identify priority strategies and new technologies, including  
32 newly introduced vaccines, which have proven to be effective in  
33 preventing and controlling the risk of cervical cancer;

34 e. identify and examine the limitations of existing statutes,  
35 regulations, programs and services with regard to health benefits  
36 coverage and awareness issues concerning cervical cancer;

37 f. facilitate coordination among, and communication between,  
38 State and local agencies, organizations and other entities regarding  
39 their involvement in furthering the objectives of the task force; and

40 g. develop the New Jersey Cervical Cancer Prevention Plan  
41 pursuant to section 1 of this act and strategies for its implementation,  
42 including, but not limited to, strategies to facilitate specific  
43 commitments from public officials, State and local agencies, private  
44 organizations and other persons to assist in implementing the plan.

45

46 4. The task force shall report to the Governor and the Legislature,  
47 no later than 24 months after its initial meeting, on its findings and



1 recommendations regarding strategies and actions to reduce the  
2 occurrence of, and burdens suffered from, cervical cancer, along with  
3 any legislative bills that it desires to recommend for adoption by the  
4 Legislature. The report shall contain the New Jersey Cervical Cancer  
5 Prevention Plan.

6

7 5. This act shall take effect immediately and shall expire upon the  
8 issuance of the task force report.

9

10

11

#### STATEMENT

12

13 This bill establishes the "New Jersey Cervical Cancer Prevention  
14 Task Force."

15 The bill provides as follows:

16 C The purpose of the task force is to study and evaluate, and develop  
17 recommendations relating to, specific actionable measures to  
18 support and enhance cervical cancer prevention among the residents  
19 of this State, which will comprise the basis for a New Jersey  
20 Cervical Cancer Prevention Plan.

21 C The task force is to be comprised of 15 members as follows:

22 (1) the Commissioners of Health and Senior Services and Human  
23 Services, or their designees, as ex officio members;

24 (2) two members of the Senate appointed by the President of the  
25 Senate, who are members of different political parties and include at  
26 least one woman; and two members of the General Assembly  
27 appointed by the Speaker of the General Assembly, who are members  
28 of different political parties and include at least one woman; and

29 (3) nine public members as follows:

30 -- three members appointed by the President of the Senate, to  
31 include: one person recommended by an organization that is  
32 concerned with women's health issues; one person recommended by  
33 the American Academy of Pediatrics - New Jersey Chapter; and one  
34 person recommended by the Health Professionals and Allied  
35 Employees;

36 -- three members appointed by the Speaker of the General  
37 Assembly, to include: one person recommended by the American  
38 Cancer Society who is an oncologist; one person recommended by The  
39 American College of Obstetricians and Gynecologists; and one person  
40 recommended by the New Jersey Association of Health Plans; and

41 -- three members appointed by the Governor, to include: one  
42 person recommended by the New Jersey Academy of Family  
43 Physicians; one person who reports on health issues for a newspaper  
44 or television station in this State; and one person recommended by the  
45 New Jersey State Nurses Association.

- 1 C The legislative and public members of the task force are to be  
2 appointed no later than the 60th day after the effective date of the  
3 bill.
- 4 C The Department of Health and Senior Services is directed to  
5 provide staff support to the task force.
- 6 C It will be the duty of the task force to:
- 7 -- obtain and review statistical and qualitative data on the  
8 prevalence and burden of cervical cancer;
  - 9 -- receive and consider reports and testimony from agencies,  
10 organizations, health care facilities and professionals, and other  
11 persons to learn more about their contributions to cervical cancer  
12 diagnosis, prevention and treatment and their recommendations for  
13 improving diagnosis, prevention and treatment;
  - 14 -- develop an initiative to increase public awareness of cervical  
15 cancer, including, but not limited to, its causes and nature, personal  
16 risk factors, value of prevention, early detection, options for testing,  
17 new technology, treatment costs and health benefits coverage, and to  
18 provide relevant education for health care professionals;
  - 19 -- identify priority strategies and new technologies, including newly  
20 introduced vaccines, which have proven to be effective in preventing  
21 and controlling the risk of cervical cancer;
  - 22 -- identify and examine the limitations of existing statutes,  
23 regulations, programs and services with regard to health benefits  
24 coverage and awareness issues concerning cervical cancer;
  - 25 -- facilitate coordination among, and communication between,  
26 State and local agencies, organizations and other entities regarding  
27 their involvement in furthering the objectives of the task force; and
  - 28 -- develop the New Jersey Cervical Cancer Prevention Plan and  
29 strategies for its implementation, including, but not limited to,  
30 strategies to facilitate specific commitments from public officials, State  
31 and local agencies, private organizations and other persons to assist in  
32 implementing the plan.
- 33 C The task force is directed to report to the Governor and the  
34 Legislature, no later than 24 months after its initial meeting, on its  
35 findings and recommendations regarding strategies and actions to  
36 reduce the occurrence of, and burdens suffered from, cervical  
37 cancer, along with any legislative bills that it desires to recommend  
38 for adoption by the Legislature. The report is to contain the New  
39 Jersey Cervical Cancer Prevention Plan.
- 40 C The bill expires upon the issuance of the task force report.

# ASSEMBLY HEALTH AND HUMAN SERVICES COMMITTEE

## STATEMENT TO

### ASSEMBLY COMMITTEE SUBSTITUTE FOR ASSEMBLY, No. 4071

# STATE OF NEW JERSEY

DATED: MAY 12, 2005

The Assembly Health and Human Services Committee reports favorably an Assembly Committee Substitute for Assembly Bill No. 4071.

This committee substitute establishes the "Task Force on Cancer Prevention, Early Detection and Treatment in New Jersey" within the Department of Health and Senior Services (DHSS).

The substitute provides specifically as follows:

C The task force is to be comprised of the following members:

-- the Commissioner of Health and Senior Services, or his designee, as an ex officio member; and

-- no more than 20 public members to be appointed by the Governor, to include representatives from: the Public Health Council; the New Jersey State Commission on Cancer Research; the New Jersey Office on Minority and Multicultural Health; the Medical Society of New Jersey; academic medical centers and universities engaged in cancer education, research and treatment; providers of cancer treatment and support services; pharmaceutical companies engaged in cancer research; community-based organizations and coalitions engaged in cancer outreach, education and screening; and cancer survivors.

C The public members are to serve for a term of one year, and vacancies in the membership of the task force are to be filled in the same manner as the original appointments were made.

C DHSS is to supply such staff and resources, including a person to serve as executive director of the task force, as the task force requires to carry out its duties.

C The task force is directed to:

-- evaluate current trends in cancer incidence, morbidity and mortality, screening, diagnosis, and behaviors that increase risk;

-- evaluate historic, current and emerging cancer control strategies;

-- establish cancer reduction goals, which shall seek to reduce mortality rates for breast, cervical, prostate, lung and colorectal cancer;

-- establish specific goals for:

(1) reducing behavior that increases the risk of cancer, including behavior related to smoking and diet;

(2) reversing the present trend of annual increases in the rate of invasive melanoma;

(3) closing the gap in cancer mortality rates between the total population and minorities;

(4) increasing the use of screening tests for cancer, especially among elderly and minority populations; and

(5) increasing the percentage of cancers diagnosed at early stages;

-- develop an integrated set of priority strategies that are necessary to achieve the goals established pursuant to the substitute; and

-- delineate the respective roles and responsibilities for the State and other entities in implementing the priority strategies identified pursuant to the substitute.

C The task force is to report to the Governor, the Commissioner of Health and Senior Services and the Legislature on its findings, recommendations and activities at least biennially.

C In addition, the cervical cancer workgroup, which the task force is to establish in addition to such other workgroups as it deems appropriate, is to report to the Governor, the Commissioner of Health and Senior Services and the Legislature at least biennially on its findings and recommendations regarding strategies and actions to reduce the occurrence of, and burdens suffered from, cervical cancer, along with any legislative bills that it desires to recommend for adoption by the Legislature.

C The task force established pursuant to Executive Order No. 114 of 2000, together with its functions, powers, duties, and workgroups, is continued in DHSS as the "Task Force on Cancer Prevention, Early Detection and Treatment in New Jersey" established pursuant to this substitute.

SENATE HEALTH, HUMAN SERVICES AND SENIOR  
CITIZENS COMMITTEE

STATEMENT TO

ASSEMBLY COMMITTEE SUBSTITUTE FOR  
ASSEMBLY, No. 4071

**STATE OF NEW JERSEY**

DATED: DECEMBER 1, 2005

The Senate Health, Human Services and Senior Citizens Committee reports favorably the Assembly Committee Substitute for Assembly Bill No. 4071.

This committee substitute establishes the "Task Force on Cancer Prevention, Early Detection and Treatment in New Jersey" within the Department of Health and Senior Services (DHSS).

The task force is to be comprised of the following members: the Commissioner of Health and Senior Services, or his designee, as an ex officio member; and no more than 20 public members to be appointed by the Governor, to include representatives from: the Public Health Council; the New Jersey State Commission on Cancer Research; the New Jersey Office on Minority and Multicultural Health; the Medical Society of New Jersey; academic medical centers and universities engaged in cancer education, research and treatment; providers of cancer treatment and support services; pharmaceutical companies engaged in cancer research; community-based organizations and coalitions engaged in cancer outreach, education and screening; and cancer survivors.

The public members are to serve for a term of one year, and vacancies in the membership of the task force are to be filled in the same manner as the original appointments were made. DHSS is to supply such staff and resources, including a person to serve as executive director of the task force, as the task force requires to carry out its duties.

The task force is directed to:

- C evaluate current trends in cancer incidence, morbidity and mortality, screening, diagnosis, and behaviors that increase risk;
- C evaluate historic, current and emerging cancer control strategies;
- C establish cancer reduction goals, which shall seek to reduce mortality rates for breast, cervical, prostate, lung and colorectal cancer;
- C establish specific goals for: (1) reducing behavior that increases the risk of cancer, including behavior related to smoking and diet; (2)

reversing the present trend of annual increases in the rate of invasive melanoma; (3) closing the gap in cancer mortality rates between the total population and minorities; (4) increasing the use of screening tests for cancer, especially among elderly and minority populations; and (5) increasing the percentage of cancers diagnosed at early stages;

- C develop an integrated set of priority strategies that are necessary to achieve the goals established pursuant to the substitute; and
- C delineate the respective roles and responsibilities for the State and other entities in implementing the identified priority strategies.

The task force is to report to the Governor, the Commissioner of Health and Senior Services and the Legislature on its findings, recommendations and activities at least biennially. In addition, the cervical cancer workgroup, which the task force is to establish in addition to such other workgroups as it deems appropriate, is to report to the Governor, the Commissioner of Health and Senior Services and the Legislature at least biennially on its findings and recommendations regarding strategies and actions to reduce the occurrence of, and burdens suffered from, cervical cancer, along with any legislative bills that it desires to recommend for adoption by the Legislature.

Finally, under the substitute, the task force established pursuant to Executive Order No. 114 of 2000, together with its functions, powers, duties, and workgroups, is continued in DHSS as the "Task Force on Cancer Prevention, Early Detection and Treatment in New Jersey" established pursuant to this substitute.

This substitute is identical to Senate Bill No. 2733 (Karcher/Madden), which the committee also reported favorably on this date.

# SENATE, No. 2733

## STATE OF NEW JERSEY 211th LEGISLATURE

INTRODUCED JUNE 27, 2005

**Sponsored by:**

**Senator ELLEN KARCHER**

**District 12 (Mercer and Monmouth)**

**Senator FRED MADDEN**

**District 4 (Camden and Gloucester)**

**Co-Sponsored by:**

**Senator Buono**

**SYNOPSIS**

Establishes Task Force on Cancer Prevention, Early Detection and Treatment in New Jersey.

**CURRENT VERSION OF TEXT**

As introduced.



1 AN ACT establishing the "Task Force on Cancer Prevention, Early  
2 Detection and Treatment in New Jersey" and supplementing Title  
3 26 of the Revised Statutes.

4

5 **BE IT ENACTED** by the Senate and General Assembly of the State  
6 of New Jersey:

7

8 1. a. There is established the "Task Force on Cancer Prevention,  
9 Early Detection and Treatment in New Jersey" within the Department  
10 of Health and Senior Services.

11 b. The task force shall be comprised of the following members:

12 (1) the Commissioner of Health and Senior Services, or his  
13 designee, who shall serve ex officio; and

14 (2) no more than 20 public members to be appointed by the  
15 Governor, who shall include representatives from: the Public Health  
16 Council; the New Jersey State Commission on Cancer Research; the  
17 New Jersey Office on Minority and Multicultural Health; the Medical  
18 Society of New Jersey; academic medical centers and universities  
19 engaged in cancer education, research and treatment; providers of  
20 cancer treatment and support services; pharmaceutical companies  
21 engaged in cancer research; community-based organizations and  
22 coalitions engaged in cancer outreach, education and screening; and  
23 cancer survivors.

24 c. The public members shall serve for a term of one year.  
25 Vacancies in the membership of the task force shall be filled in the  
26 same manner as the original appointments were made.

27 d. The task force shall organize as soon as may be practicable, but  
28 no later than the 30th day after the appointment of its members, and  
29 shall select a chairperson from among the public members. The  
30 chairperson shall appoint a secretary who need not be a member of the  
31 task force. The public members shall serve without compensation, but  
32 may be reimbursed for necessary expenses incurred in the performance  
33 of their duties.

34 e. The Department of Health and Senior Services shall supply such  
35 staff and resources, including a person to serve as executive director  
36 of the task force, as the task force requires to carry out its duties.

37 f. The task force is entitled to the assistance and services of the  
38 employees of any State department, board, bureau, commission or  
39 agency as it may require and as may be available to it for its purposes,  
40 and to incur traveling and other miscellaneous expenses necessary to  
41 perform its duties, within the limits of funds appropriated or otherwise  
42 made available to it for its purpose.

43

44 2. a. The task force shall:

45 (1) evaluate current trends in cancer incidence, morbidity and  
46 mortality, screening, diagnosis, and behaviors that increase risk;



1 (2) evaluate historic, current and emerging cancer control  
2 strategies;

3 (3) establish cancer reduction goals, which shall seek to reduce  
4 mortality rates for breast, cervical, prostate, lung and colorectal  
5 cancer;

6 (4) establish specific goals for:

7 (a) reducing behavior that increases the risk of cancer, including  
8 behavior related to smoking and diet;

9 (b) reversing the present trend of annual increases in the rate of  
10 invasive melanoma;

11 (c) closing the gap in cancer mortality rates between the total  
12 population and minorities;

13 (d) increasing the use of screening tests for cancer, especially  
14 among elderly and minority populations; and

15 (e) increasing the percentage of cancers diagnosed at early stages;

16 (5) develop an integrated set of priority strategies that are necessary  
17 to achieve the goals established pursuant to this act; and

18 (6) delineate the respective roles and responsibilities for the State  
19 and other entities in implementing the priority strategies identified  
20 pursuant to this act.

21 b. (1) The task force shall report to the Governor, the  
22 Commissioner of Health and Senior Services and the Legislature on its  
23 findings, recommendations and activities at least biennially.

24 (2) In addition, the cervical cancer workgroup, which the task force  
25 shall establish in addition to such other workgroups as it deems  
26 appropriate, shall report to the Governor, the Commissioner of Health  
27 and Senior Services and the Legislature at least biennially on its  
28 findings and recommendations regarding strategies and actions to  
29 reduce the occurrence of, and burdens suffered from, cervical cancer,  
30 along with any legislative bills that it desires to recommend for  
31 adoption by the Legislature.

32  
33 3. The task force established pursuant to Executive Order No. 114  
34 of 2000, together with its functions, powers, duties, and workgroups,  
35 is continued in the Department of Health and Senior Services as the  
36 "Task Force on Cancer Prevention, Early Detection and Treatment in  
37 New Jersey" established pursuant to this act.

38  
39 4. This act shall take effect immediately.

40  
41

42 STATEMENT

43  
44 This bill establishes the "Task Force on Cancer Prevention, Early  
45 Detection and Treatment in New Jersey" within the Department of  
46 Health and Senior Services (DHSS).

- 1 The bill provides specifically as follows:
- 2 C The task force is to be comprised of the following members:
- 3 -- the Commissioner of Health and Senior Services, or his  
4 designee, as an ex officio member; and
- 5 -- no more than 20 public members to be appointed by the  
6 Governor, to include representatives from: the Public Health Council;  
7 the New Jersey State Commission on Cancer Research; the New  
8 Jersey Office on Minority and Multicultural Health; the Medical  
9 Society of New Jersey; academic medical centers and universities  
10 engaged in cancer education, research and treatment; providers of  
11 cancer treatment and support services; pharmaceutical companies  
12 engaged in cancer research; community-based organizations and  
13 coalitions engaged in cancer outreach, education and screening; and  
14 cancer survivors.
- 15 C The public members are to serve for a term of one year, and  
16 vacancies in the membership of the task force are to be filled in the  
17 same manner as the original appointments were made.
- 18 C DHSS is to supply such staff and resources, including a person to  
19 serve as executive director of the task force, as the task force  
20 requires to carry out its duties.
- 21 C The task force is directed to:
- 22 -- evaluate current trends in cancer incidence, morbidity and  
23 mortality, screening, diagnosis, and behaviors that increase risk;
- 24 -- evaluate historic, current and emerging cancer control strategies;
- 25 -- establish cancer reduction goals, which shall seek to reduce  
26 mortality rates for breast, cervical, prostate, lung and colorectal  
27 cancer;
- 28 -- establish specific goals for:
- 29 (1) reducing behavior that increases the risk of cancer, including  
30 behavior related to smoking and diet;
- 31 (2) reversing the present trend of annual increases in the rate of  
32 invasive melanoma;
- 33 (3) closing the gap in cancer mortality rates between the total  
34 population and minorities;
- 35 (4) increasing the use of screening tests for cancer, especially  
36 among elderly and minority populations; and
- 37 (5) increasing the percentage of cancers diagnosed at early stages;
- 38 -- develop an integrated set of priority strategies that are necessary  
39 to achieve the goals established pursuant to the substitute; and
- 40 -- delineate the respective roles and responsibilities for the State  
41 and other entities in implementing the priority strategies identified  
42 pursuant to the bill.
- 43 C The task force is to report to the Governor, the Commissioner of  
44 Health and Senior Services and the Legislature on its findings,  
45 recommendations and activities at least biennially.
- 46 C In addition, the cervical cancer workgroup, which the task force is

**S2733 KARCHER, MADDEN**

1 to establish in addition to such other workgroups as it deems  
2 appropriate, is to report to the Governor, the Commissioner of  
3 Health and Senior Services and the Legislature at least biennially on  
4 its findings and recommendations regarding strategies and actions  
5 to reduce the occurrence of, and burdens suffered from, cervical  
6 cancer, along with any legislative bills that it desires to recommend  
7 for adoption by the Legislature.  
8 C The task force established pursuant to Executive Order No. 114 of  
9 2000, together with its functions, powers, duties, and workgroups,  
10 is continued in DHSS as the "Task Force on Cancer Prevention,  
11 Early Detection and Treatment in New Jersey" established pursuant  
12 to this substitute.

SENATE HEALTH, HUMAN SERVICES AND SENIOR  
CITIZENS COMMITTEE

STATEMENT TO

**SENATE, No. 2733**

**STATE OF NEW JERSEY**

DATED: DECEMBER 1, 2005

The Senate Health, Human Services and Senior Citizens Committee reports favorably Senate Bill No. 2733.

This bill establishes the "Task Force on Cancer Prevention, Early Detection and Treatment in New Jersey" within the Department of Health and Senior Services (DHSS).

The task force is to be comprised of the following members: the Commissioner of Health and Senior Services, or his designee, as an ex officio member; and no more than 20 public members to be appointed by the Governor, to include representatives from: the Public Health Council; the New Jersey State Commission on Cancer Research; the New Jersey Office on Minority and Multicultural Health; the Medical Society of New Jersey; academic medical centers and universities engaged in cancer education, research and treatment; providers of cancer treatment and support services; pharmaceutical companies engaged in cancer research; community-based organizations and coalitions engaged in cancer outreach, education and screening; and cancer survivors.

The public members are to serve for a term of one year, and vacancies in the membership of the task force are to be filled in the same manner as the original appointments were made. DHSS is to supply such staff and resources, including a person to serve as executive director of the task force, as the task force requires to carry out its duties.

The task force is directed to:

- C evaluate current trends in cancer incidence, morbidity and mortality, screening, diagnosis, and behaviors that increase risk;
- C evaluate historic, current and emerging cancer control strategies;
- C establish cancer reduction goals, which shall seek to reduce mortality rates for breast, cervical, prostate, lung and colorectal cancer;
- C establish specific goals for: (1) reducing behavior that increases the risk of cancer, including behavior related to smoking and diet; (2) reversing the present trend of annual increases in the rate of invasive melanoma; (3) closing the gap in cancer mortality rates between the total population and minorities; (4) increasing the use

of screening tests for cancer, especially among elderly and minority populations; and (5) increasing the percentage of cancers diagnosed at early stages;

- C develop an integrated set of priority strategies that are necessary to achieve the goals established pursuant to the bill; and
- C delineate the respective roles and responsibilities for the State and other entities in implementing the identified priority strategies.

The task force is to report to the Governor, the Commissioner of Health and Senior Services and the Legislature on its findings, recommendations and activities at least biennially. In addition, the cervical cancer workgroup, which the task force is to establish in addition to such other workgroups as it deems appropriate, is to report to the Governor, the Commissioner of Health and Senior Services and the Legislature at least biennially on its findings and recommendations regarding strategies and actions to reduce the occurrence of, and burdens suffered from, cervical cancer, along with any legislative bills that it desires to recommend for adoption by the Legislature.

Finally, under the bill, the task force established pursuant to Executive Order No. 114 of 2000, together with its functions, powers, duties, and workgroups, is continued in DHSS as the "Task Force on Cancer Prevention, Early Detection and Treatment in New Jersey" established pursuant to this bill.

This bill is identical to the Assembly Committee Substitute for Assembly Bill No. 4071 (Weinberg/Voss/Gordon), which the committee also reported favorably on this date.