

Approved 3-19-1984  
Date zh

MINUTES OF THE HOUSE COMMITTEE ON PUBLIC HEALTH AND WELFARE

The meeting was called to order by Marvin Littlejohn at  
Chairperson

1:30 a.m./p.m. on March 15, 1984 in room 423-S of the Capitol.

All members were present except:

Committee staff present:

Emalene Correll, Research  
Bill Wolff, Research  
Sue Hill, Secy. to Committee

Conferees appearing before the committee:

Vickie Parra, Paralegal with a law firm  
Beverly Londerholm, Citizen  
Senator Bud Burke  
Margaret Evans, Citizen  
Deborah Dixon, Citizen  
Don Strole, Attorney for Board of Healing Arts  
Jerry Slaughter, Kansas Medical Society  
Dr. Richard Carleton, Clay Center, Kansas  
Charlene Satzler, Ks. Department of Health and Environment  
Marjorie Van Buren, Judicial Administration (printed testimony only.)

Visitor's register, see (Attachment No. 1.)

Chairman called meeting to order at 2:25 p.m.

Chair apologized to conferees for members being late for committee meeting. The adjournment of the House had just taken place at 2:25, so members were unable to get to committee until now. He thanked them all for their patience.

Hearings began on SB 623:--

Vickie Parra, a legal assistant for a law firm that represents clients in mal-practice suits spoke to SB 623. (See Attachment No. 2.), for details. As a paralegal a large portion of her duties include investigation of care and treatment rendered in connection with mastectomies performed ostensibly for "pre-malignant" breast cancer. She spoke of the impact of mastectomy and the amount of destruction it can cause. Many times the patients have been educated after the fact; after the removal of the breasts. They have not been educated to the alternatives of treatment they could have or might have chosen. Further, she stated that there were photographs for viewing by committee that her clients wished to share. These photographs portray only the physical aspect. (Photographs passed around to committee.) She stated the emotional impact is much more profound. If clients sent to their firm had been instructed there were treatment alternatives, they would not have chosen such radical surgery. She then answered questions from staff and committee, i.e., time frame in which the woman is to receive the information from the doctor. 5 days has been suggested, or when the diagnosis is made. It was stated, the day before proposed surgery is just too late to be notified there are alternatives. Also, questions were asked on what if the doctor fails to notify the patient of the proposed information, and what if cancer isn't detected during examination, but later is diagnosed as cancer, and the implications of such actions.

Senator Burke, sponsor of SB 623 gave some background as to why he sponsored this legislation. He said there were reports of many unnecessary radical mastectomies and he was contacted by many people in this regard. After doing a lot of study, he felt the concerns needed to be addressed. This bill has passed the Senate 38 to 1. He feels it is also a way of protection for the physicians.

## CONTINUATION SHEET

MINUTES OF THE HOUSE COMMITTEE ON PUBLIC HEALTH AND WELFARE,  
 room 423-S, Statehouse, at 1:30 a.m. on March 15, 1984

SB 623 continues:--

Beverly Londerholm, speaking in support of SB 623 told committee of her personal experiences after a diagnosis of breast cancer. She said women need to know ALL the options before they can make a wise decision as to what course of treatment to follow. "Radical Mastectomy is not necessarily best for ALL patients". She said she came very close to radical surgery, only to find out at the very last few minutes from an outside source, there were other, wiser options, and it is her hope that all other women facing these decisions will be totally informed by their doctors. (See printed testimony in Attachment No. 3.), for details.

Margaret Evans, speaking in support of SB 623 also relayed some of her personal experiences to committee in regard to waiting and thinking on a final decision about what course of treatment to take. She did not elect for radical surgery because she was given time to think and become better informed, and hopes that SB 623 will be favorably passed, so that all women can become better informed about treatment options. (See Attachment No. 4.), for details.

Deborah M. Dixon spoke in favor of SB 623, and urged committee for their consideration of favorable passage of this bill. She spoke of her experiences as a volunteer of the Cancer Hotline in Kansas City, Kansas, and that she has a personal interest since she too was diagnosed as having breast cancer. All information about treatment options is vital, and only when the doctor informs the patient about these options can a wise decision be made, she said. (See Attachment No. 5.), for details.

Don Strole, Attorney for Kansas Board of Healing Arts, stated their Board generally support SB 623, but they wish to offer an amendment. On page 3, line 100 and 101, strike words, "all", and "effective", and on line 107, strike "and efficacious". They have concerns with broad scope of this language. He stated he was aware of an amendment that will be proposed by Jerry Slaughter of the Kansas Medical Society, and Mr. Strole stated further that the Kansas Board of Healing Arts has no problems with that amendment. He answered questions from committee and staff.

Jerry Slaughter, Kansas Medical Society offered an amendment to SB 623. Lines 99 and 100, to delete "form of breast cancer", and insert in lieu thereof, "for which surgery is contemplated". They believe, he said, this clarifies the bill. He stated Senator Burke does approve of this amendment and Mr. Slaughter stated his Association has no problems with the proposed amendment in language changes by the Board of Healing Arts. He then answered questions from committee and staff, i.e., rather than language "contemplated", would "for which surgery is treatment of choice", take away from the impact of the amendment proposed by Mr. Slaughter, etc. He stated there are a number of abnormalities of breast tissue that surgery doesn't enter into threament thereof, so does not want to unnecessarily alarm the patient. More disucssion on language used in amendment.

Mr. Slaughter then introduced Dr. Richard Carleton of Clay Center to answer questions from committee and staff in regard to specifics in treatment of abnormalities of breast tissue.

Hearings closed on SB 623.

Hearings began on SB 658:--

CONTINUATION SHEET

MINUTES OF THE HOUSE COMMITTEE ON PUBLIC HEALTH AND WELFARE,  
room 423-S, Statehouse, at 1:30 ~~a/m~~/p.m. on March 15, 1984

SB 658 continues:--

Ms. Charlene Satzler, Department of Health and Environment spoke to SB 658, in that her Department supports favorable passage of this bill. It would serve to eliminate the three-day waiting period for issuing marriage licenses, require date of birth rather than age on the license, and provide for an expiration date of the license when not used within six months of issuance. (See Attachment No. 7.), for details.

Ms. Satzler read printed testimony for Marjorie J. Van Buren of the Ks. Judicial Administration Office who was unable to be here in person. (See Attachment No. 8.), for details. The testimony stated the Judicial Administration supports passage of SB 658, and encouraged striking lines 49 through 56 as added by the Senate Public Health and Welfare Committee.

Hearings closed on SB 658

Meeting adjourned at 3:15 p.m. until next scheduled meeting on Monday, March 19, 1984 at 1:30 p.m.

Date: 3-15-84

GUEST REGISTER

HOUSE

PUBLIC HEALTH AND WELFARE

Please Print

NAME	ORGANIZATION	ADDRESS
Beverly Londerholm		10910 W 175 Olathe, Ks
Margaret Evans	ACTS	10328 Wenona, Leawood, Ks
Eldred Evans		10328 Wenona, Leawood Ks
Chabon, Dablin	Dept. of Health + Environment	Topeka, Topeka, Ks
Vicki Parra	Barnett + Ross, Chartered	705 N. 8th St KC KS 66101
James m. Barnett	Barnett + Ross, Chartered	705 N. 8th St. KC KS 66101
Deborah M Dixon	CANCER HOTLINE - BOARD MEMBER	4410 MAIN KCMO 64111
KEITH R LANDIS	CHRISTINN SCIENCE COMMITTEE AND PUBLICATION FOR KANSAS	TOPEKA
Diane Botteroff	KSNA	Topeka
Michele Hinds	self	Topeka

Attn. #1.  
3-15-1984





Attn. #2

3-15-84

Ladies and Gentlemen:

My name is Vicki Parra. I am employed as a paralegal with a law firm. A large portion of my duties include the investigation of the care and treatment rendered in connection with mastectomies performed ostensibly for "pre-malignant" breast cancer.

In order to properly represent our clients, I must reach deeply into the very souls of the women we represent and uncover their physical and emotional pain; their strengths and weaknesses, and their fears and anxieties. Through our numerous conferences I have come to know these women and their families well and have seen the full impact of a mastectomy and the amount of destruction it can cause.

In dealing with these women, each and every one of them has a primary motivating factor for seeking the assistance of the laws of this land and that is to prevent unnecessary emotional and physical pain and suffering from occurring to any other woman.

Each of these women have been educated after the fact; after the removal of the breasts; after the physical pain and mental turmoil has become so intense they have sought help through other physicians, psychologists, ministers and other lay people. Each and every one of these women have stated if they knew then what they know now, they would have chosen an alternative to mastectomy.

Complications can develop with any surgical procedure but it is how well a woman has been prepared for complications prior to her surgery which will mandate how well she will be able to handle any post-op problems.

Attn. #2  
3-15-1984

It has been through tears of frustration, anger and depression that the lives of these women and their ordeal with their mastectomy has been uncovered, and it is their stories I wish to share with you today; to point out the very real need for immediate passage of a bill such as Senate Bill No. 623.

I would like to state that the women I deal with are primarily middle class women with above average intelligence and very supportive families. They have shown themselves to be strong women, as it takes much more courage to live through a painful ordeal over and over again after you have discovered your mastectomy was unnecessary than to have had surgery for a diagnosis of actual carcinoma. This extends also to the patient who has actual diagnosis of breast cancer and whose survival rate would be unchanged with procedures other than a mastectomy, such as a lumpectomy, radiation or chemotherapy.

These women are usually seen by a surgeon for diagnosis and/or treatment because of a lump discovered in their breasts by themselves or during a routine physical exam. A mammogram is usually performed, however, I have seen cases in which a diagnosis of a pre-cancerous condition is made with only the physical exam. A biopsy is needed to establish a diagnosis of actual carcinoma, however, many of these women have been advised they need a mastectomy solely on the basis of a physician's experience in dealing with breast cancer. Oftentimes scare tactics are employed by their physician to encourage a mastectomy and statement have been made such as "your cells are like a firecracker ready to go off at any moment" or "if you end up with breast cancer in four months, don't come back and look to me for help", or "if it were my wife, I would recommend a mastectomy".

All of these women were told by their physicians that a mastectomy with reconstruction was a "simple" procedure and that all breast tissue would be removed and implants placed under the skin. They were falsely reassured that with this surgery they would never have to worry about breast cancer again. They were not told of the many complications which can develop and they were not told they could still develop breast cancer. When their physicians were questioned about complications, all too often we have heard these women were told "there is nothing to worry about."

These women were not stupid. They submitted to surgery because of fear. The very word "breast cancer" implies the very real possibility of impending death. These physicians insisted upon immediate mastectomy with reconstruction and advised the women that they were too young to undergo a mastectomy without reconstruction. Their emotions were played upon in that many times they were told they would, through reconstruction, have a more youthful appearance and be more attractive to their husband. Some did ask for a referral for a second opinion but were assured by their physician of his expertise in this field and were dissuaded from seeking a second opinion. Women of this era were raised to believe in God and trust their physicians. If there was anything to be concerned about they believed certainly their physicians would tell them.

Complications associated with surgical technique did develop in these cases. These photographs which our clients have requested we share with you today can depict the true physical horror much better than any words I can give you. Common problems associated with mastectomy and reconstruction include ugly visible scars and



scar capsule formation causing painfully hard breasts. To give you an example, one woman's husband complained of the pain his wife's breasts caused him when she would lay across his chest. This constriction can be severe causing breasts to become as hard as your table and can cause disfigurement and much pain to a woman. Try to imagine your skin stretched very tight such as it would be if you blew up a small balloon as full as it stretch. Insert inside this balloon a baseball with stitching. The stitching on the baseball would feel like the scars stretching across your skin. One of our women described this pain as if someone had taken a butcher knife and chopped off her breasts and then stretched barbed wire across her chest as tightly as they could.

With a thorough dissection of the tissue the blood supply to the breast can become compromised which can cause necrosis and loss of the nipple complex. Also, with any surgical procedure you can have an infection. Both of these can lead to extrusion of the implants.

These complications do not encompass the entire spectrum of complications which could develop but time only allows me to highlight the problems.

These photographs portray only the physical aspect. The emotional impact is much more profound. For most women, it is impossible to find clothing to fit properly. They cannot do even ordinary household chores such as laundry; lifting full pots and pans or reaching for a jar on a shelf without pain. They cannot carry their children to bed or snuggle up close with them to hug them good night or rock them to sleep, because the pressure of the child on the hard constricted breast is unbearable. Needless to say many of these women are ashamed of their physical appearance and many cannot dress in front of the husband even

several years after the mastectomy. This same physical pain and disfigurement causes a woman to lose herself; to feel no longer capable of being a real mother to her children or wife to her spouse. Their best defense against the months of pain and emotional trauma seems to be withdrawal from the family and world. As she withdraws into herself, her family begins to feel shut out and unloved. Communication ceases and the very core of any relationship, either between friends, children or spouses becomes jeopardized. Finally this endless turmoil is more than the family can bear and divorce becomes a very common solution. For others, suicide becomes foremost on their minds.

The women depicted here today will need additional surgery to correct the deformities they now have. The majority of them are terrified of additional surgery. If and when they can overcome these fears, their medical bills for correction will range between \$8,000.00 and \$20,000.00, providing they have no further complications. Of course, nothing will completely undo the emotional trauma they have been through. Time, love and understanding from their families and the support of the community and their peers will help and it is our hope they will be able to pick up the pieces and continue on with their lives.

Because of the nature of my job, I rarely have the opportunity to encounter those women who have no problems, either physically or emotionally in dealing with their mastectomy, however, the amount of destruction can be so intense, both to the woman and her family, I felt it important to share it with you.

My purpose here today is not to judge physicians or to judge the treatment of any form of breast cancer. I am here merely to point out the devastating results which can occur and the urgent need for a full and complete picture for women of all alternatives they have to a mastectomy and for a full understanding of the advantages and disadvantages of any procedure they are to undergo. As I stated before, it is how well a woman has been prepared prior to any treatment which will mandate how they will be able to handle any emotional or physical problems which may develop.

I read in a magazine article just last night that in 1981, plastic surgeons in our country performed ten thousand prophylactic mastectomies. That is an astounding figure. Imagine 10,000 mastectomies for women who did not have breast cancer! The article went on to state that this figure did not include the number of mastectomies performed by other physicians in the country.

Because of the enormity and complexity of the issue, I would request some additions be made to Senate Bill No. 623. Specifically I believe it is necessary to ensure the enforcement of this legislation and would request a woman be provided with a written summary which must be given and signed for by a patient at least five days prior to her scheduled surgery. The purpose of Senate Bill No. 623 is to make it mandatory for a woman to be completely informed of her alternatives; to have the option if she desires of a second opinion and to have the time to discuss this surgery, whether it be a biopsy or a mastectomy, with her physician so that she can weigh all of the pros and cons and not only give a truly informed consent but to also participate in the decision of the best possible management of her condition.

Ladies and Gentlemen, I thank you very much for your time. I am aware of the awesome responsibility placed upon your shoulders with this legislation but I am certain you will do your utmost to help protect the women of this state and surrounding states who will face the issue of breast cancer in the future.

Again, thank you for allowing me to speak to you to today and present this information.

VICKI PARRA  
705 N. 8th Street  
Kansas City, Kansas 66101  
(913) 281-3500



Attn. # 3  
3-15-84

Camelot Ranch

Bob and Bev Londerholm  
P.O. Box 127  
Stanley, Kansas 66223

Mar. 11, 1984

Honorable Marwin Littlejohn Chairman  
House Public Health & Welfare Committee  
Room 422-S State Capitol Building  
Topeka, Kansas 66612

Dear Chairman Littlejohn,

I'm writing to ask for your favorable support on SB 623. This bill would require Doctors to provide women with information as to alternate treatments available for breast cancer.

The need for the bill arises because women must know all the feasible options before their consent can be said to be truly informed.

I know from personal experiences and from talking to other women the past 4 months that Doctors many times do not advise of all options. While I am sure that a Doctor may sincerely believe that one treatment-- such as surgery for a radical mastectomy-- is "best," there are admitted differences of opinion on this. A woman should be provided the information about these other options since it is her body which is being affected and perhaps altered forever.

I came within a few minutes of undergoing one form of treatment involving radical surgery, only to find out at the last minute from an outside source that I had other options. Thank the Lord that it was not too late in my case. Many others have not been so fortunate.

Sincerely yours,  
Beverly Londerholm

Attn. # 3  
3-15-1984



Attn #4 3-15-84

When my doctor told me the lump in my breast was undoubtedly malignant, he also told me I should have a biopsy, and a mastectomy if it was malignant.

I had heard with horror the stories of women who went for a biopsy and woke to find one breast gone, and the thought was a nightmare to me. I told him I could not accept that and he suggested I take some time to think about it, a month would not make much difference. I took three months.

I had seen articles in magazines and newspapers about alternatives to mastectomy, but had not read them as I couldn't believe it would ever happen to me, and I was afraid to think about it. Now I had to learn more about it and didn't know where to look for help. I had just been married and was surrounded by love and understanding, but it was one of the loneliest and most frightening times I have ever experienced because it had to be my decision and I didn't know what to do.

I found some very informative books and articles in the library, with concise, factual information, but all the hospitals shown were located in other cities. Finally, I called the American Cancer Society in Kansas, and the woman I spoke to suggested the Kansas University Medical Center. There I found intelligent, caring and factual answers to my questions - and went ahead with a lumpectomy, iridium implant, and radiation treatment.

I was fortunate in many ways. My doctor didn't pressure me to make an immediate decision. I could find information in accessible publications, and there was an agency I could reach to receive advice. But all this time and terrible mental and emotional stress would have been unnecessary if my doctor could have given me this information immediately.

I feel it is extremely important that this information be made available to all women facing breast surgery, as some might be so frightened of losing a breast, they would delay too long, or perhaps do nothing, and lose everything.

Margaret Evans  
Mrs. Eldred E. Evans  
10328 Wenonga Lane  
Leawood, Kansas 66206

Attn #4  
3-15-84

Attn. #5  
3-15-84

Deborah M. Dixon

A breast cancer informed consent law in Kansas is suddenly more than possible. This law will require any physician giving a malignant diagnosis to "inform" his patient of the effective, alternative, medically-viable treatment methods, and to give her a written summary of the options. He is free to recommend as he sees fit.

Albeit laws like this won't be necessary in a few years, this is not the case today. My work as a Volunteer and Board Member of the Cancer Hotline, with patients before the panels at the Cancer Management Center, with my breast cancer support group (ACTS), and the frequent contact I have with cancer patients and professionals all lead me to the same, simple conclusion: knowledge of the proven and safe methods (plural) for treating breast cancer is not commonly known even among the medical community, much less the general public.

I was fortunate to have a dear friend who cared enough to locate the breast specialist in the Midwest, and I was treated promptly and properly. Too often this is not the case. Too many women still do not seek treatment in time to save their lives, because they are afraid of the suspected treatment, and are unaware of the options available. Of course, all physicians are sincere in their desire to help their patients. Some do not inform their patients because a treatment may not be conveniently available, or because their choice is the only appropriate and/or possible treatment.

To say the least, discovering you have breast cancer is hard to handle. And without doubt, a mastectomy is the treatment of "choice" by some women. However, being informed and being a part of the decision affecting yourself is very important. No woman should discover, too late, that the loss of her breast was not the only appropriate way of treating "her" cancer. It just isn't safe to delay initial treatment which, once begun, cannot be undone.

I want others to make an "informed" consent to their treatment. Their own decision regarding their treatment will greatly affect their attitude, which may make the difference in whether they live or die.

This legislation is important because it will enable each patient to know why their treatment is appropriate for them. This, in turn, means that a diagnosis of breast cancer will merely scar a woman's body--not her mind or her life.

*Deborah*

Deborah M. Dixon

Attn. #5  
3-15-1984



Attn. # 6  
3-15-84

3/15/84

0084 pursuant to the provisions of this subsection, the record of such  
0085 board proceedings involving the mental and physical examina-  
0086 tion shall not be used in any other administrative or judicial  
0087 proceeding.

0088 (l) Had a license to practice the healing arts revoked, sus-  
0089 pended, or limited or had other disciplinary action taken, or an  
0090 application for a license denied, by the proper licensing author-  
0091 ity of another state, territory, District of Columbia, or other  
0092 country.

0093 (m) Violated any lawful rule or regulation promulgated by  
0094 the board or violated any lawful order or directive of the board  
0095 previously entered by the board.

0096 (n) Failure to report or reveal the knowledge required to be  
0097 reported or revealed under K.S.A. 1983 Supp. 65-28,122.

0098 (o) *Failure by persons licensed to practice medicine and*  
0099 *surgery to inform a patient suffering from any form of breast*  
0100 *neoplasm abnormality of the breast tissue of all alternative, effec-*  
0101 *tive methods of treatment of which the licensee is knowledge-*  
0102 *able as specified in the standardized summary supplied by the*  
0103 *board, including surgical, radiological or chemotherapeutic*  
0104 *treatments or combinations of treatments and the risks asso-*  
0105 *ciated with each of these methods. The board shall develop and*  
0106 *distribute to persons licensed to practice medicine and surgery a*  
0107 *standardized summary of the alternative and efficacious*  
0108 *methods of treatment known to the board at the time of dis-*  
0109 *tribution of the standardized summary. The standardized sum-*  
0110 *mary shall be given to each such patient suffering from any form*  
0111 *of abnormality of the breast tissue, and this shall constitute*  
0112 *compliance with the requirements of this subsection (o). The*  
0113 *provisions of this subsection (o) shall not be effective until the*  
0114 *standardized written summary provided for in this subsection*  
0115 *(o) is developed and printed and made available by the board to*  
0116 *persons licensed by the board to practice medicine and surgery.*  
0117

for which surgery is contemplated,

0118 Sec. 2. K.S.A. 1983 Supp. 65-2836 is hereby repealed.

0119 Sec. 3. This act shall take effect and be in force from and  
0120 after its publication in the statute book.

TESTIMONY ON SB 658

PRESENTED March 15, 1984

This is the official position taken by the Kansas Department of Health and Environment on SB 658:

BACKGROUND INFORMATION:

S.B. 658 would amend K.S.A. 23-106 to eliminate the three-day waiting period for issuing marriage licenses, to require the date of birth rather than age on the license, and to provide for an expiration date of the license when not used within six months of issuance.

STRENGTHS:

With elimination of the premarital blood test during the 1981 Legislature, there is no longer a need to wait the three days for the return of the blood test results. During joint meetings between Department personnel and the Clerks of the District Court Advisory Council, the clerks recommended that the Department include the elimination of the three-day waiting period in this proposed legislation since they do not feel there is a need for this time interval to prepare the license. Passage of this bill would therefore cut down on the amount of time required to process each marriage license and would save the applicants that second trip to the courthouse.

Changing the age item to date of birth would greatly eliminate the present confusion as to what age is to be recorded--the age at the time of application, at the time the license is issued or at the time of marriage. Birth date is specific and self explanatory.

Presently there is no expiration date of marriage licenses. Technically, once a license is issued it could conceivably be used at anytime during the lifetime of those individuals which means that the court and the state must maintain marriage license records indefinitely even though the license is not returned within a reasonable amount of time. An expiration date would save storage space and would slightly increase the marriage fees collected.

WEAKNESSES:

None apparent to this Department.

DEPARTMENT'S POSITION:

This bill is basically a clean-up bill. All issues addressed will assist in making the marriage license registration process more efficient and less confusing; therefore, we recommend support.

Charlene Satzler for  
Presented by: Barbara J. Sabol, Secretary  
Kansas Department of Health and Environment

Attn #7  
3-15-1984



Attn. #  
3-15-84

State of Kansas

## Office of Judicial Administration

Kansas Judicial Center  
301 West 10th  
Topeka, Kansas 66612

(913) 296-2256

March 15, 1984

Hon. Marvin Littlejohn,  
Chairman  
Public Health & Welfare Committee  
State Capitol  
Topeka, Kansas 66612

Dear Rep. Littlejohn:

The Legislative Committee of the Kansas Association of District Court Clerks and Administrators supports passage of S.B. 658. They would further encourage the House Public Health and Welfare Committee to restore the bill to its original form by striking lines 49-56 as added by the Senate Committee.

Sincerely,

A handwritten signature in cursive script that reads "Marjorie J. Van Buren".

Marjorie J. Van Buren  
Executive Assistant  
to the Judicial Administrator

MJVB:dm

Attn. #8  
3-15-1984