

Approved March 16, 1988
Date

MINUTES OF THE SENATE COMMITTEE ON FINANCIAL INSTITUTIONS AND INSURANCE

The meeting was called to order by Sen. Neil H. Arasmith at
Chairperson

9:00 a.m./p~~xxx~~ on March 15, 1988 in room 529-S of the Capitol.

All members were present except:

Sen. Harder - Excused

Committee staff present:

Bill Wolff, Legislative Research
Bill Edds, Revisor of Statutes

Conferees appearing before the committee:

Sen. Jeannie Hoferer
Dr. John Gay
Rita Whelan, American Cancer Society
Darlene Hall, American Cancer Society
L. M. Cornish, Kansas Life Association
Jack Roberts, Blue Cross/Blue Shield

The minutes of March 3 were approved.

The Chairman called for a vote on SCR 1617 requesting legislative study on the funding of accident and sickness insurance for uninsurable persons. Sen. Karr made a motion to report SCR 1617 favorably, Sen. Strick seconded, and the motion carried.

Attention was turned to SB 668 for certain health insurance to include mammography and pap smear coverage. Sen. Jennie Hoferer testified in support of the bill which she had had introduced at the request of the American Cancer Society. She informed the committee that a mammography is the best form of breast cancer detection and if done along with a regular physical examination, it reduces deaths by 56%. Insurance companies do not cover the \$60 to \$100 cost of a mammogram so a low percentage of women get checked. Early detection could reduce deaths by 90% and reduce disfiguring surgery. Texas passed similar legislation last year, and other states are considering it. She explained further that many companies cover mammograms only if referred by a physician who has found a lump. If it is determined that due to family history a screening would be a good idea, insurance would not cover it because no pathology was detected. As to pap tests, more insurance policies routinely cover them. Sen. Hoferer said mammographies and pap tests are no longer considered high technology. The passage of this bill would encourage more women to use preventative measures. Sen. Hoferer said she would submit written testimony later.

The Chairman asked if the bill is primarily for diagnostic services and not treatment. Sen. Hoferer answered that currently it would be covered if the doctor discovered a lump, but routine screening for comparative purposes would not be covered. The bill is more about prevention than treatment.

Sen. Kerr asked if self-insureds would be required to have this and if Medicaid is covered by this. Sen. Hoferer said that self-insureds would not be required to have this and that she does not know if Medicaid is covered. Sen. Kerr commented that the bill singles out small employers and the poor.

Dr. John Gay followed with testimony in support of the bill. (See Attachment I.) The Chairman asked if the wide disparity in the cost of mammograms is related to mobile units going to rural areas. Dr. Gay said it is not. The cost has not been reduced in some areas because they have not wanted to do so. The Chairman asked how many mammograms are done in a year. Dr. Gay

Unless specifically noted, the individual remarks recorded herein have not been transcribed verbatim. Individual remarks as reported herein have not been submitted to the individuals appearing before the committee for editing or corrections.

CONTINUATION SHEET

MINUTES OF THE SENAT COMMITTEE ON FINANCIAL INSTITUTIONS AND INSURANCE

room 529-S, Statehouse, at 9:00 a.m./~~p.m.~~ on March 15, 19 88

said Stormont-Vail does 25 to 30 a day five days a week and that passage of this bill probably would increase the number.

Sen. Werts asked if sonogram technology is used for the detection of breast cancer. Dr. Gay answered that it is not used for screening and would not detect early cancer. Sen. Werts asked further if radiology technology is used in the detection of prostatic cancer and if such a procedure is covered now. Dr. Gay said radiology is used, but it is not covered because the only study that has been done is on women, and the proof is there for breast cancer. Sen. Gordon asked if the age group of the woman would determine the increase in the cost of the policy. Dr. Gay agreed that the frequency and cost is a consideration in the bill. Sen. Burke had questions as to the effectiveness of chest X-rays for detection as shown in the pass out from the American Cancer Society. (See Attachment II.) Sen. Reilly asked if diagnosis for testicular cancer is covered. Dr. Gay said he is not an expert on insurance, but he feels there is nothing in place to pay for the screening of this. In further discussion, Dr. Gay stated that if a woman fits into the age and frequency guidelines of the American Cancer Society, she can come in for a mammogram without a physician's referral. The report of the test is sent to her doctor. Too many women would not have it done if they had to wait for a physician's referral. Sen. Gannon asked if there is anything on the horizon to replace mammography, and Dr. Gay indicated that there is nothing that can replace it in finding the tiny breast cancer.

Rita Whelan, American Cancer Society, gave further testimony in support of SB 668. (See Attachment III.)

Darlene Hall, American Cancer Society, gave further testimony in support of SB 668. (See Attachment IV.) She added that the bill should be amended to read that coverage would be given to only accredited radiology labs.

L. M. Cornish, Kansas Life Association, expressed two concerns about the bill. He said that first this is another mandated benefit, and not matter how good it is, it still is going to have an impact on insurance rates. Second, this is specifically aimed at companies that provide diagnostic coverage. Also, line 29 needs to be amended by adding "diagnostic" to clarify its intention.

Sen. Karr asked Mr. Cornish if he could estimate the cost of the mandated coverage. Mr. Cornish said he could not and that only experience would tell. Sen. Karr asked if the increase in the number getting the test would cause a reduction in the cost of insurance. Mr. Cornish said it is doubtful it would. Sen. Gannon asked why companies would object if it is mandated on all of them. Mr. Cornish answered that it is just one more thing raising the premium cost and added that it is a public policy question.

Jack Roberts of Blue Cross/Blue Shield began testimony expressing his group's ambivalent attitude towards this bill because the bill as now written would cost subscribers an estimated \$1.8 million. He added that at least 35 to 50% employees are self-insured, and the state has no jurisdiction over them. The little groups will have to pay it. Then too, there are the concerns in the academic community which does not recommend mammograms for those under fifty. However, if the committee wishes to pass the bill, he had an amendment to offer to make it almost revenue neutral. (See Attachment V.) "Licensed practitioner" is changed because there is no definition of this. In the second amendment, mammography is treated the same as any other benefit which reduces any opposition BC/BS may have to the bill.

Sen. Strick asked what percentage the bill would cause in increasing rates. Mr. Roberts said he could not say how much, but it would be small. Sen. Burke asked how the rate structure is determined, lumped together or by individual types. Mr. Roberts was not sure how it was done for this bill, but the general pattern is to lump.

There being no further time, the Chairman announced that the hearing would be continued tomorrow. The meeting was adjourned.

SENATE COMMITTEE

ON

FINANCIAL INSTITUTIONS AND INSURANCE

OBSERVERS
(Please print)

DATE	NAME	ADDRESS	REPRESENTING
3/15/88	L.M. Conrad	Topeka	Ks Life Assn oversees the S.U.N.
	Loren Kelly	Overland Park	
	Bob Corkins	Topeka	Kan Hospital Assn.
	Barbara Snider	"	McGill Assn.
	John P. Stern	"	
	Rita Whelan	"	Am. Cancer Society
	Stacy Hoogstraten	"	" " "
	Jim Keppach	"	" " "
	John J. Gay, M.D.	"	" " "
	Pauline Tipton	✓	American Cancer Society
	M. Helen Heller	Topeka	" " "

Legislation requiring inclusion of coverage for mammography in health insurance policies is badly needed.

Mammography can find breast cancers in significant numbers that cannot be felt. Most of these will be early stage cancers with no lymph node involvement (B.C.D.D.P; U.S.; 1973-1981; A.C.S. and N.C.I. sponsored). This ability to detect small, early cancers in women of all ages has prompted the American Cancer Society to recommend regular mammography for all women beginning at age 40. Early detection is the only chance for a reduction in the mortality rate from breast cancer. Mammography is the most sensitive method of screening for breast cancer and is the only imaging procedure capable of finding early cancer in women who have no symptoms.

All experts agree that mammography should be performed regularly in women over 50 years of age. Four controlled studies (U.S. 1963; Sweden 1977; Netherlands 1975; Italy 1979) have proven that a decrease in mortality from breast cancer of 30-50% results from routine screening using mammography alone or mammography and physical examination combined.

For women 40-49 years of age, there is continued controversy about the use of mammography. Nevertheless, the Italian study and the U.S. study (after the 6th year of screening) have shown reduced mortality rates for these younger women. Experts believe that some breast cancers grow more rapidly in younger women and that screening mammography must be performed annually in this age group in order to prevent an excess of larger, more advanced cancers.

There is ample and sufficient medical evidence to support screening mammography for all women, age 40 and over. For economic reasons however, health care planners often claim no benefit from mammography.

The radiation dosages associated with mammography have been reduced dramatically since the 1960's. Current dosages using modern mammographic equipment are extremely small. There is no direct evidence that the low doses of radiation used in diagnostic radiology are dangerous. Estimates of theoretical danger are based upon high dose exposures 100 times or more the doses used in mammography. Little, if any, risk exists for women 40 years of age and older.

The quality of the mammographic exam and the ability of radiologists to diagnose early breast cancer has improved significantly in the last 10-15 years. There are several national seminars held each year to aid radiologists in upgrading their diagnostic skills. Many fellowship programs exist for the same purpose. These are well attended. Recently, an accreditation program sponsored by the American College of Radiology has been developed to assess and insure the quality of mammographic facilities in this country. Accreditation has already been sought and received by some facilities in Kansas.

Attachment I

Cost has been the greatest deterrent to the acceptance of routine mammography. Average costs for mammography in this country have been \$100-105 with some as high as \$150. Considerable effort is being made by some private radiologists, as well as the American Cancer Society and the American College of Radiology, to make affordable mammography a reality. Excellent quality mammography is now available in Kansas for \$50.

John D. Gay, M.D.

Director of Breast Imaging Services
Stormont-Vail Regional Medical Center
Topeka, Kansas

Member, American Cancer Society
Kansas Division Board of Directors
and Breast Cancer Detection Awareness
Committee

**SUMMARY OF
AMERICAN CANCER SOCIETY RECOMMENDATIONS
FOR THE EARLY DETECTION OF CANCER
IN ASYMPTOMATIC PEOPLE**

Test or Procedure	Population		
	Sex	Age	Frequency
Sigmoidoscopy	M & F	Over 50	After 2 negative exams 1 year apart, perform every 3-5 years.
Stool Guaiac Slide Test	M & F	Over 50	Every year
Digital Rectal Examination	M & F	Over 40	Every year
Pap Test	F	All women who are, or who have been, sexually active, or have reached age 18, should have an annual Pap test and pelvic examination. After a woman has had three or more consecutive satisfactory normal annual examinations, the Pap test may be performed less frequently at the discretion of her physician.	
Pelvic Examination	F		
Endometrial Tissue Sample	F	At menopause, women at high risk*	At menopause
Breast Self-examination	F	20 and over	Every month
Breast Physical Examination	F	20-40 Over 40	Every 3 years Every year
Mammography	F	35-39 40-49 50 and over	Baseline Every 1-2 years Every year
Chest X-ray			Not recommended
Sputum Cytology			Not recommended
Health Counseling and Cancer Checkup**	M & F M & F	Over 20 Over 40	Every 3 years Every year
<p>*History of infertility, obesity, failure to ovulate, abnormal uterine bleeding, or estrogen therapy. **To include examination for cancers of the thyroid, testicles, prostate, ovaries, lymph nodes, oral region, and skin.</p>			

I AM RITA WHELAN AND I HAVE HAD BREAST CANCER. I WOULD LIKE TO SHARE MY STORY WITH YOU.

I WENT TO MY GYNECOLOGIST FOR A REGULAR CHECK UP AND TO SEE IF I WAS A CANDIDATE FOR ESTROGEN REPLACEMENT THERAPY. THIS WAS IN OCTOBER OF 1985. MY DOCTOR REQUIRED TWO TESTS BEFORE HE WOULD PRESCRIBE THE ESTROGEN. THE FIRST TEST CAME BACK NEGATIVE AND THEN I WENT FOR THE SECOND TEST, A MAMMOGRAM. THIS WAS MY FIRST MAMMOGRAM. I SHOULD HAVE HAD SEVERAL MAMMOGRAMS PRIOR TO THIS ACCORDING TO THE AMERICAN CANCER SOCIETY GUIDELINES, BUT I REALLY WASN'T EDUCATED TO KNOW THAT THIS TEST SHOULD BE DONE ON A REGULAR BASIS AT MY AGE. THIS MAMMOGRAM WAS TOTALLY AN ASYMPTOMATIC TEST, "JUST ROUTINE" I WAS TOLD. THE X-RAYS WERE TAKEN AND A RADIOLOGIST READ THEM IMMEDIATELY. THE FIRST WORDS I HEARD FROM THE RADIOLOGIST WERE, "I RECOMMEND SURGERY." IF ANY OTHER WORDS WERE SAID, I DON'T REMEMBER. I FOCUSED ON THOSE THREE WORDS. HOW THEY STOOD OUT!!

THE DOCTOR WENT ON TO SAY THAT I HAD A MASS THAT COULD NOT HAVE BEEN DETECTED ANY OTHER WAY THAN BY MAMMOGRAM AND IT HAD BEEN THERE FOR A TIME. HE EXPLAINED THAT A BIOPSY WOULD BE NECESSARY. I REALIZED I HAD A PROBLEM AND THOUGHT, "I MUST GET RID OF IT." THE BIOPSY WAS PERFORMED WITHIN THE WEEK. IT WAS POSITIVE. I DID HAVE CANCER. WITHIN TWO WEEKS I WAS SCHEDULED FOR SURGERY AND HAD A MASTECTOMY. I WAS SURPRISED RECENTLY WHEN I HEARD NANCY REAGAN'S CANCER DESCRIBED IN EXACTLY THE SAME MANNER AS MY BREAST CANCER. IN ALL MY VISITS WITH OTHER WOMEN, I HADN'T HEARD ANYONE USE THE EXACT TERMINOLOGY.

Attachment III

TODAY, I GO TO MY DOCTOR FOR REGULAR CHECK UPS. I AM VERY HEALTHY
BECAUSE I CAUGHT MY CANCER EARLY. THAT WAS ENTIRELY DUE TO
MAMMOGRAPHY. EARLY DETECTION WAS THE KEY! I FEEL THE MAMMOGRAM SAVED
MY LIFE AND I WOULD HATE TO THINK THAT ANY WOMAN WOULD BE UNABLE TO
GET A MAMMOGRAM BECAUSE SHE COULD NOT AFFORD IT OR HER INSURANCE WOULD
NOT COVER THE TEST.

IF THIS WAS YOUR WIFE, OR MOTHER, OR DAUGHTER, WOULDN'T YOU WANT THIS
TEST AVAILABLE FOR THEM?

I am Darlene Hall, a registered nurse with Home Healthcare of Stormont-Vail Hospital, and Public Education Chairman for the American Cancer Society, Kansas Division, Inc.

The American Cancer Society was founded in 1913 for the express purpose of educating people about cancer. For many years dedicated Kansas Volunteers have taught thousands of Kansans ways to detect cancer early when it is most curable. One of our most notable successes has been in the area of cervical/uterine cancer. Since the introduction of the pap smear as a regular part of womens' health care, the death rate has dropped 70%. The American Cancer Society and the American College of Gynecologists recommend women over the age of eighteen or who are sexually active have yearly pap smears until they have three consecutive, annual normal examinations. After that they should have examinations every three years or as recommended by their physician.

With regular examination, cervical and uterine changes can actually be detected before they can become cancer. At this point they are entirely curable. However, as many as 125 Kansas women will die this year from uterine or cervical cancer.

In recent years mammography has emerged as the test which can have the same effect on deaths from breast cancer that the pap smear had on cervical and uterine cancer. Mammography is a low-dose

Attachment IV

x-ray of the breast which can detect a tumor or mass in a woman's breast when it is so small it could not be detected by any physical examination. At this stage, breast cancer is virtually 100% curable. In 1988, an estimated 125 Kansas wives, mother, sisters and daughters will die of breast cancer, a disease which is almost entirely curable. Why? Why are women dying from diseases we have the medical capability to cure? Many of them are not having the test necessary for early detection. Pap smears and mammograms cost money. The primary reason women give for not having regular exams is the cost. The American Cancer Society feels so strongly in the benefits of these tests that both the National Board of Directors and the Kansas Division Board have called for insurance coverage.

What good does all our knowledge do if it cannot benefit the people who need them? The American Cancer Society, Kansas Division, Inc. urges the members of this committee to support Senate Bill 668 for Insurance coverage of mammography and pap smears.

Thank you.

SENATE BILL No. 668

By Committee on Federal and State Affairs

2-17

0016 AN ACT relating to insurance; requiring mammogram and pap
0017 smear coverage to be offered for inclusion in certain health
0018 and accident policies; amending K.S.A. 40-19c09 and repeal-
0019 ing the existing section.

0020 *Be it enacted by the Legislature of the State of Kansas:*

0021 New Section 1. This act applies to any individual, group or
0022 blanket policy of accident and sickness, medical or surgical
0023 expense coverage, or any provision of a policy, contract, plan or
0024 agreement for medical service, issued, issued for delivery, con-
0025 tinued or renewed, covering Kansas residents on or after the
0026 effective date of this act.

0027 New Sec. 2. Notwithstanding any provision of any policy,
0028 provision, contract, plan or agreement to which this act applies,
0029 whenever reimbursement or indemnity for laboratory, x-ray or
0030 both such services are covered, reimbursement or indemnifica-
0031 tion shall not be denied for mammograms or pap smears when
0032 performed at the direction of a ~~licensed practitioner~~ within the
0033 lawful scope of such ~~practitioner's~~ license.

0034 Sec. 3. K.S.A. 40-19c09 is hereby amended to read as fol-
0035 lows: 40-19c09. Corporations organized under the nonprofit
0036 medical and hospital service corporation act shall be subject to
0037 the provisions of the Kansas general corporation code, articles 60
0038 to 74, inclusive, of chapter 17 of the Kansas Statutes Annotated,
0039 applicable to nonprofit corporations, to the provisions of ~~K.S.A.~~
0040 ~~40-2,116 and 40-2,117 sections 1 and 2 of this act~~ and to the
0041 provisions of K.S.A. 40-214, 40-215, 40-216, 40-218, 40-219, 40-
0042 222, 40-223, 40-224, 40-225, 40-226, 40-229, 40-230, 40-231, 40-
0043 235, 40-236, 40-237, 40-247, 40-248, 40-249, 40-250, 40-251, 40-
0044 252, 40-254, 40-2,100, 40-2,101, 40-2,102, 40-2,103, 40-2,104,

person licensed by the board of healing arts
person's

A policy, provision, contract, plan or agreement may
apply to mamograms or pap smears the same deductibles,
coinsurances, and other limitations as apply to other
covered services.

Jack Roberts

Attachment IV