Approved February 15, 1990
Date

MINUTES OF THE House COMMITTEE ON Insurance.

The meeting was called to order by Dale Sprague
Chairperson
at

3:30 xx a.m./p.m. on February 13, 19 90 in room 531-n of the Capitol.

All members were present except:

Committee staff present: Chris Courtwright, Research Department
Emalene Correll, Research Department
Bill Edds, Revisor of Statutes
Patti Kruggel, Committee Secretary

Conferees appearing before the committee:

see attached list

The meeting was called to order at 3:40 p.m. and the Committee continued topic briefings on Kansas Mandated Health Insurance Coverage.

Bryce Miller, Mental Health Association provided testimony (Attachment 1) opposing the elimination of mandated mental health insurance.

Ruth Sullivan, President, Mental Health Association provided testimony (Attachment 2) in support of mandated mental health insurance. Ms. Sullivan explained that if citizens do not have access to mental health care through their insurance, they will in many cases delay treatment, resulting in increased acute care needs, at higher costs that may include referrals to state hospitals, as people are unable to pay.

Next appearing was Dr. Millard Spencer, Kansas Radiologic Society. Dr. Spencer provided testimony (Attachment 3) supporting reasons for continued mandated health insurance particularly concerning coverage for pap smears and mammography work. He stated that mammograms are the only know diagnostic test which can specifically claim positive identification of cancer without invasive biopsy and is now the most endorsed program ever promoted by medicine.

There were no others wishing to testify on mandated health insurance coverage and the topic briefings were closed.

The Chairman introduced Wayne Johnson, President, Blue Cross/Blue Shield of Kansas and asked that he give a global overview of what is perceived to be the issue concerning health insurance delivery systems.

Mr. Johnson provided a slide presentation which addressed many explanations as to why the health insurance industry has reached such a critical stage. Mr. Johnson explained that over 37 million people in this country are without health insurance of any kind due to costs and availability. He stated that 37 years ago everyone had the same program, a share of the risk and that today we no longer have group insurance, that the original concept of health insurance has been lost. In closing, Mr. Johnson suggested the possibility of returning to a pooling system. He feels that the government is close to going to National Insurance Coverage and urged that the public must be made to understand the critical changes to occur.

The meeting was adjourned at 5:00 p.m.

GUEST LIST

COMMITTEE: _____ DATE: 2/13

NAME (PLEASE PRINT)	ADDRESS	COMPANY/ORGANIZATION
Jerry Slaughter	Topeka	KS. Medical Soc.
Guy Gibson	"	AARP
Mary Spinks	"	Health Care Commission
Pat Turnbaugh	Kansas City	voter
Bob Williams	Topeka	KS. Pharmacists Assoc.
Mary Biker	Topeka	BCBS of KS
Kevin Kelly	OP	Sun
ALAN COBB	WICHITA	KS RESPCare Soc.
Ken Bahr	Topeka	Ks. Assn of Prof. Psychologists
Linda McCoursey	Topeka	KS Psychological Assn
Allen Morgan	Topeka	Governor's office
Wayne Johnston	Topeka	BC-BS
Bill Pisenberger	Topeka	Blue Cross - Blue Shield
Gigi Felix LMSW	Topeka	K-NASW
Chip Wheeler	Topeka	KS Psychiatric Soc
LARRY MAGILL	"	IAK

February 12, 1990

Testimony Regarding Mandated Mental Health Insurance in Kansas

My name is Bryce Miller, Past President of the Mental Health Association in Kansas. I am also currently the Kansas representative to the National Alliance for the Mentally Ill-Client Council.

I served on the Governor's Task Force on Mental Health Reform in 1988 and 1989. I am currently a member of the Governor's Mental Health Services Planning Council.

It is a pleasure to be able to visit with the committee today regarding mandated mental health insurance in Kansas.

I was involved as a volunteer consumer advocate when HB 2737 covering mandated mental health insurance was passed.

We got far less mental health insurance coverage in HB 2737 than we wanted. I strongly believed then and still believe that mental health insurance coverage should be equal to physical health insurance coverage. For example, the 50% deductible for mental health insurance benefits is really discriminatory There is no doubt about that. Mental illness has often been shown to be biochemical in nature which certainly makes it a physical type illness. Remember the brain and head are connected to the body. Lithium used to treat a bipolar illness is not put in the ear to get into the brain, but rather taken in the mouth to get into the the entire body including the brain. The body and the brain are one system, not two systems.

I am a current employee of the State of Kansas. Since HB 2737 was passed mandating mental health insurance, I have been personally approached by seven different state employees wanting information or a referral for mental health

Attachment 1

services. Each time I was able to encourage them to seek early intervention/ prevention mental health services and advise that they, due to the mandate, had some mental health insurance coverage.

I'm happy to report that none of the state employees seeking information or referrals were ever hospitalized using in-patient treatment. Isn't it much better and more cost effective to treat Kansas citizens on an out-patient community basis utilizing mandated mental health insurance coverage than to require state hospital care at $150/day or private hospitalization treatment at $300-400/day if it can be avoided through early treatment? Mandated insurance coverage makes it available when needed. It has been shown that one out of five persons in the United States will at some time need mental health treatment.

I believe mandated coverage is consistent with two of the mission statements of the Governor's Task Force on Mental Health Reform Report - 1989:

1. Mental health clients shall have reasonable access to services offered throughout the mental health service catchment area where they live, regardless of geographic location within the catchment area.

2. Mental health clients shall have access to needed medications and emergency services in the least restrictive setting. For the majority of individuals, the community is the best place for providing services.

After 14 years of service as a volunteer advocate, it is apparent to me that it is more cost effective to serve the citizens of Kansas needing mental health services in the community, not in a hospital setting. Mandated mental health insurance is part of the package needed to provide adequate community mental health services. With mental health care reform underway in Kansas, it is certainly not the time to discontinue mandated mental health insurance coverage. If anything, the benefits should be increased and made more equitable.

Therefore, we oppose the elimination of mandated mental health insurance coverage in Kansas and hope you will join with us in this opposition.

The Mental Health Association in Kansas

430 North Woodlawn Wichita, Kansas 67208 (316) 685-1821

Affiliate of the National Mental Health Association

House Insurance Committee

Rep. Dale Sprague, Committee Chairman

Members of the Committee

Contact: Lori Class

Re: Topical Briefing on Health Insurance

913/234-2764

My name is Ruth Sullivant. As state president I today speak in behalf of the Mental Health Association in Kansas and its thirteen chapters. I am testifying in favor of continuing the mandated mental health insurance coverage in Kansas.

Research substantiates that many forms of mental illness are in fact physical disorders involving brain chemistry and disease. Thus medical treatment, including medication, is essential to the health care patients need to be able to function adequately in their daily lives. To eliminate that care from their insurance coverage wold be highly discriminatory.

The National Mental Health Association supports the provision of mental health treatment benefits in health care plans. Our State Mental Health Association supported passage of the mandate for mental health coverage. We continue to support that mandate.

Mental health reform is being pursued in Kansas. If our citizens do not have access to mental health care through their insurance, they will in many cases delay treatment. That delay will result in increased acute care needs, at higher cost, that

Attachment 2

may include referral to our state hospitals, as people are unable to pay. That is not consistent with the plans being developed for access to community-based care. For people who have insurance, they must have access to care without bankrupting themselves or the state of Kansas.

We implore you to stand firm and retain the mandate for for mental health coverage in health care insurance plans.

RMM/ecs

Millard C. Spencer, M.D.
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c/o Stormont-Vail Regional Medical Center
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Topeka, Kansas 66606
(913) 234-3451
FAX: (913) 233-1211

February 13, 1990

Members of the Insurance Committee
Kansas State Legislature
Capitol Building
Topeka, KS

Dear Sirs:

I am here speaking as a representative for the Kansas Radiologic Society which is a Chapter organization of the American College of Radiology. My current position in Topeka is a member of the Radiology practice group, Radiology and Nuclear Medicine. I have been with this practice in 20 years and am now one of the senior members of the Kansas Radiological Society. In addition to serving the society, I also serve on the Board of Chancellors for the American College of Radiology.

We, of the Kansas Radiologic Society, are concerned as are the insurance carriers and public about the cost of medical care. We are greatly concerned however, about excluding certain coverages such as pap smears and mammography work from routine insurance coverage. Mammography has become one of the most defined, inspected, studied, and now endorsed programs ever promoted by medicine. This is the only known diagnostic test which can specifically claim positive identification of cancer without invasive biopsy. Mammography, under appropriate circumstances, has extremely high sensitivity and specificity. The American College of Radiology with the American Cancer Society has developed a program with extremely high standards now embraced by a number of organizations including quite notably the National Cancer Institute. The guidelines and endorsements are included in my published statement. We, in Radiology, are proud to note that with the development of mammography we have been able to greatly reduce the individual exam charge while improving quality especially in the screening situation.

I would implore the people of Kansas, the third party payers, insurance providers and group purchasers to incorporate within their planning mechanisms to evaluate quality of care utilizing known educational and performance standards. My profession, Medicine, and specifically Radiology is struggling with these issues. Performance guidelines, outcome statistics, clinical indicators, and even recertification are being considered. I proudly say, the performance guidelines developed by the ACR and American Cancer Society are one of the finest products ever offered by our profession. The certified program is supplying a quality product. The product has been carefully scrutinized. The certification program developed by the ACR has very high standards with a current fail rate of approximately 30%. The certified practices are known by third party payers and are available upon request through the American Cancer Society to all those who might be interested.

Attachment 3

Perhaps, you would best serve your constituents by directing industry and legislative effort toward both quality and quantity issues in health care.

With my statement I have incorporated relatively recent information published in the American College of Radiology Bulletin. A great deal more information is available upon your request. I would note in this study a few specific factors. It appears that there is an increasing incidence of breast cancer in women in the United States. This year the American Cancer Society estimates that 142,000 women in the United States will develop breast cancer with 43,000 deaths predicted. Currently, there are 16 states which have enacted laws for insurance coverage of mammography. 22 states have legislation pending and there is National Legislation pending.

Thank you for your attention. I would stand for questions and offer to obtain far more additional information if requested by this committee.

Sincerely,

Millard C. Spencer, M.D., Chairman
Commission on Radiologic Practice

mrs

acr bulletin

Vol. 45 No. 7 July 1989

Major medical groups agree on guidelines

Mammogram screening urged

For the first time, 11 of the nation's most prominent health care organizations have endorsed common guidelines for screening mammography. (See page 4 for the joint statement.)

The guidelines recommend that beginning at age 40, women without symptoms should have an annual clinical examination with mammographic screening every one to two years, and annually after age 50. There are nearly 50 million American women age 40 or older.

For women with symptoms, say the guidelines, the frequency and type of examination will vary and should be determined by the physician.

Endorsing the joint guidelines are the American Cancer Society, National Cancer Institute, American Medical Association, National Medical Association and seven specialty societies: the American College of Radiology, American Society of Internal Medicine, American Academy of Family Physicians, American Society for Therapeutic Radiology and Oncology, American Association of Women Radiologists, College of American Pathologists, and American Osteopathic College of Radiology.

At a press conference held June 27 in Washington, D.C., to announce the historic agreement, Gerald D. Dodd of Houston, Texas, chairman of the ACR Breast Task Force and vice chairman of the American Cancer Society's National Advisory Committee on Cancer Detection and Prevention, explained the importance of this agreement. "While in recent years the value of mammography as an early detection and diagnostic tool has been widely supported by the major health groups, many women and health care professionals have been confused by the publication of organizational guidelines which differ in detail, if not in substance. Consequently, the number of patients referred for mammography screening by primary physicians has remained low."

The American Cancer Society, in its 1986 survey of physicians' attitudes and practices in early cancer detection, found that only 49 percent of primary care physicians had ordered screening mammography for asymptomatic women. In addition, only 11 percent followed the screening guidelines recommended by the ACS, which are similar to those agreed upon now by the various organizations.

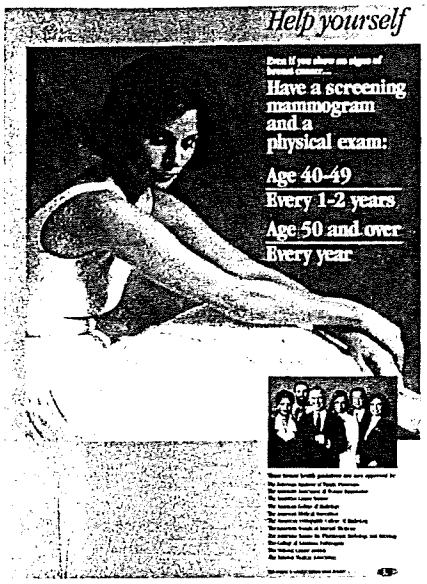
The 1987 National Cancer Institute health interview surveys found that only 17 percent of women age 40 and over had had mammograms in the past year and only 37 percent had ever had a mammogram, according to Dr. Dodd, also a member of the ACS's National Task Force on Breast Cancer Control.

With the number of women who develop breast cancer during their lifetime increasing—from 1 in 13 to 1 in 10 in the last four years—it is critical that

(Continued on page 4)

Breast screening education needed

(From page 1)



Five free posters are available per group. Call Communications Dept., 1-800-ACR-LINE, ext.328.

women and their families be educated about the importance of mammography, Dr. Dodd said. This year the ACS estimates that 142,000 women in the United States will develop breast cancer, with 43,000 deaths predicted.

Beginning January 1, 1990, Medicare will reimburse for mammograms done every two years.

Currently, 16 states have enacted laws for insurance coverage of mammograms. They are Arizona, California, Colorado, Connecticut, Florida, Kansas, Maryland, Massachusetts, Minnesota, New Hampshire, New York, Oklahoma, Rhode Island, Tennessee, Texas and Virginia. Three states—Alaska, Illinois and Indiana—have passed laws supporting mammography screening and education only. About 22 states have legislation pending. □

Joint statement on mammography guidelines

Eleven of the nation's largest health care and medical research organizations have reached a consensus on mammography screening guidelines. Their joint statement, issued June 27, says:

A number of medical organizations have issued guidelines for the detection of breast cancer in asymptomatic women. While there has been general agreement, because the individual statements were developed at different times and with different perspectives, they vary in detail. This is confusing to the public and to many physicians. The undersigned organizations are in agreement concerning the components and frequency of a breast screening program; differences in wording or presentation in previous official statements should not be construed as departing from the following consensus:

- Clinical examinations of the breasts and mammography are the basic detection methods. The examinations are complementary and both are necessary to achieve maximum detection rates.

- It is recommended that the screening process begin by age 40 and consist of annual clinical examination with screening mammography performed at one to two year intervals.

- Beginning at age 50, both clinical examination and mammography should be performed on an annual basis.

- The recommendations apply to women without signs or symptoms of breast cancer; the frequency and type of examination will vary for the individual with symptoms and should be determined by the responsible physician.

The coordinated and unstinting efforts of medical groups, government and third-party carriers will be necessary to provide adequate screening opportunities; educate women concerning the benefits of breast cancer screening; reduce the cost of mammography; and continue to stimulate, conduct and monitor research on efficacy in younger women. The cost of making such a program available to all American women is substantial; however, available data demonstrate that the systematic use of mammography and clinical examination can reduce mortality for cancer of the breast in women over 40 years of age.

American Academy of Family Physicians
American Association of Women Radiologists
American Cancer Society
American College of Radiology
American Medical Association
American Society of Internal Medicine
American Society for Therapeutic Radiology and Oncology
College of American Pathologists
National Cancer Institute
National Medical Association
American Osteopathic College of Radiology □