

Approved March 6, 1991
Date

MINUTES OF THE HOUSE COMMITTEE ON INSURANCE

The meeting was called to order by Representative Turnquist at
Chairperson

~~3:30~~ a.m./p.m. on Tuesday, March 5, 1991 in room 531 N of the Capito

All members were present except:

Committee staff present:

Bill Edds, Revisor
Emalene Correll, Research
Chris Courtwright, Research
Nikki Feuerborn, Secretary

Conferees appearing before the committee:

Dick Brock, Insurance Commissioner's Office

Others attending: See Attached List

The Hearing for HB 2441 was begun with testimony by proponent Dick Brock, representing the Insurance Commissioner's Office. This bill would nullify federal enhancement and make Kansas more restrictive on the types of investments insurance companies are allowed to make. At the present time the federal government allows greater leniency in the investment of certain securities than the Insurance Commissioner feels is prudent.

No opponents appeared at the hearing.

Discussion on HB 2216, a bill proposing the use of a universal accident and sickness claim form devised by the Insurance Commissioner, was introduced.

Representative Sprague made a conceptual motion for the pluralization of form(s) in the bill. Representative Neufeld seconded the motion. Motion carried.

Representative Wells made a conceptual motion that the provider assist in the preparation and completion of such claim forms as the HCFA 1500 and UB82 due to special coding. This should be a generalized statement with no sanctions. Representative Ensminger seconded the motion. Motion carried.

Representative Sprague moved that HB 2216 be passed favorably with amendments out of committee. Representative Ensminger seconded the motion. Motion carried.

Discussion on HB 2001, a bill proposing major health insurance market reform, was opened with Bill Edds, Revisor, passing out to all committee members a modified and revised version of the original bill. (See Attachment 1) He reviewed each balloon of the bill. A typographical error on Page 1 should be corrected to read "employee" rather than "employer."

Representative Sprague moved we adopt the bill as amended with the balloons and technical changes which would include disability, medicare, etc.. Representative Helgerson seconded the motion.

Representative Cribbs questioned the 80% increase which would be allowed in the pool. Kent Campbell said that was due to the fact that a pool could change character by changing from accountants to dynamite handlers and still the risk pool premiums could only be increased by 80% if it was low enough in the beginning.

Motion carried.

CONTINUATION SHEET

MINUTES OF THE HOUSE COMMITTEE ON INSURANCE

room 531 N, Statehouse, at 3:30 ~~am~~ p.m. on Tuesday, March 5, 1991, 1991

Representative Helgerson proposed an amendment to HB 2001 (See Attachment 2). Included with this amendment was a copy of a study reviewing additional costs paid by the non-smoking community for smokers health insurance. (See Attachment 3).

Representative Helgerson moved for the adoption of the amendment to HB 2001. Representative Neufeld seconded the motion.

This amendment would require there be two different rates: one for smokers and one for non-smokers. There would not be a discounted rate. the rate would be based on the companies own loss experience. It would only apply to whether the applicant for the insurance smoked and would not depend on whether any member of the immediate household smoked. Due to discussion by the committee regarding absolute proof that other factors were not involved in determining the statistics regarding the health of smokers, Representative Helgerson withdrew his motion. The second was withdrawn also.

Representative Campbell made a conceptual motion that the bill language remain uniform. Representative Welshimer seconded the motion. Motion carried.

Representative Sprague moved HB 2001 be approved for passage as amended. Representative Flower seconded the motion. Motion carried.

The meeting adjourned at 5:15 p.m.

3/5/91

HOUSE BILL No. 2001

By Special Committee on Insurance

Re Proposal No. 11

12-28

10 AN ACT relating to insurance; concerning accident and sickness
11 insurance and the regulation of the rates thereof by the commis-
12 sioner of insurance; concerning eligibility for coverage under group
13 policies; amending K.S.A. 1990 Supp. 40-19c09, 40-2209 and 40-
14 2215 and repealing the existing sections; also repealing K.S.A.
15 1990 Supp. 40-19c07.

16
17 *Be it enacted by the Legislature of the State of Kansas:*

18 Section 1. K.S.A. 1990 Supp. 40-2209 is hereby amended to read
19 as follows: 40-2209. (A) Group sickness and accident insurance is
20 declared to be that form of sickness and accident insurance covering
21 groups of persons, with or without one or more members of their
22 families or one or more dependents, ~~or one or more members of~~
23 ~~their families or one or more dependents, and.~~ *Except at the*
24 *option of the employee or member and except employees or members*
25 *enrolling in a group policy after the close of an open enrollment*
26 *opportunity, no individual employee or member of an insured group*
27 *and no individual dependent or family member may be excluded*
28 *from eligibility or coverage under a policy providing hospital, med-*
29 *ical or surgical expense benefits both with respect to policies issued*
30 *or renewed within this state and with respect to policies issued or*
31 *renewed outside this state covering persons residing in this state.*

32 *No group policy providing hospital, medical or surgical expense*
33 *benefits issued or renewed within this state or issued or renewed*
34 *outside this state covering residents within this state shall limit or*
35 *exclude benefits for specific conditions existing at or prior to the*
36 *effective date of coverage thereunder. Such policy may impose a*
37 *waiting period, not to exceed one year for benefits for conditions,*
38 *including related conditions, for which diagnosis, treatment or advice*
39 *was sought or received in the 90 days prior to the effective date of*
40 *coverage. Such policy shall waive such a waiting period to the extent*
41 *the employee or member or individual dependent or family member*
42 *was covered by a group sickness and accident policy prior to the*
43 *effective date of coverage with no gap in coverage. [Such policy] may*

For purposes of this section, an open enrollment opportunity shall be deemed to be a period no less favorable than a period beginning on the employer's or member's date of initial eligibility and ending 31 days thereafter.

Any group sickness and accident policy may impose participation requirements, define full-time employees or members and otherwise be designed for the group as a whole through negotiations between the group sponsor and the insurer to the extent such design is not contrary to or inconsistent with this act and

March 5, 1991
Attachment 1
House Insurance

1 *be issued to such group* upon the following basis:

2 (1) Under a policy issued to an employer or trustees of a fund
3 established by an employer, who is the policyholder, insuring at
4 least five employees of such employer, for the benefit of persons
5 other than the employer. The term "employees" shall include the
6 officers, managers, employees and retired employees of the em-
7 ployer, the partners, if the employer is a partnership, the proprietor,
8 if the employer is an individual proprietorship, the officers, managers
9 and employees and retired employees of subsidiary or affiliated cor-
10 porations of a corporation employer, and the individual proprietors,
11 partners, employees and retired employees of individuals and firms,
12 the business of which and of the insured employer is under common
13 control through stock ownership contract, or otherwise. The policy
14 may provide that the term "employees" may include the trustees or
15 their employees, or both, if their duties are principally connected
16 with such trusteeship. A policy issued to insure the employees of a
17 public body may provide that the term "employees" shall include
18 elected or appointed officials. ~~No policy providing benefits for~~
19 ~~hospital, medical or surgical expense which replaces a policy~~
20 ~~issued under this section shall contain any provision which~~
21 ~~prevents any person insured under the replaced policy im-~~
22 ~~mediately prior to such replacement from being insured under~~
23 ~~the replacing policy. Except at the option of the employee, and~~
24 ~~except employees and individual dependent or family members~~
25 ~~enrolling in a group policy after the close of an open enrollment~~
26 ~~opportunity, no individual employee and no individual de-~~
27 ~~pendent or family member may be excluded from eligibility~~
28 ~~or coverage under a policy providing benefits for hospital, med-~~
29 ~~ical or surgical expense issued under this section. Notwith-~~
30 ~~standing the foregoing sentence, a waiting period, not to exceed~~
31 ~~one year, may be imposed upon coverage for conditions of~~
32 ~~health which existed prior to the date of enrollment of such~~
33 ~~employee, dependent or family member, hospitalization in~~
34 ~~progress on the date of enrollment need not be covered, and~~
35 ~~The plan may impose participation requirements, define full-time~~
36 ~~employees and otherwise design the coverage for the group as a~~
37 ~~whole to be negotiated between the employer and insurer.~~

Delete

38 (2) Under a policy issued to a labor union which shall have a
39 constitution and bylaws insuring at least 25 members of such union.

40 (3) Under a policy issued to the trustees of a fund established
41 by two or more employers or business associations or by one or
42 more labor unions or by one or more employers and one or more
43 labor unions, which trustees shall be the policyholder, to insure

2/10/8

1 (21) The insurer shall give the employee or member and such
2 employee's or member's covered dependents reasonable notice of
3 the right to convert at least once during the six-month continuation
4 period in accordance with rules and regulations adopted by the
5 commissioner of insurance.

6 Sec. 2. K.S.A. 1990 Supp. 40-2215 is hereby amended to read
7 as follows: 40-2215. (a) No individual policy of accident and sickness
8 insurance as defined in K.S.A. 40-2201 and amendments thereto
9 shall be issued or delivered to any person in this state nor shall any
10 application, rider or endorsement be used in connection therewith,
11 until a copy of the form thereof and of the classification of risks and
12 the premium rates pertaining thereto, have been filed with the
13 commissioner of insurance.

14 (b) ~~No group or blanket policy~~ of accident and sickness insurance
15 shall be issued or delivered to any person in this state, nor shall
16 any application, rider or endorsement be used in connection there-
17 with, until a copy of the form thereof has been filed with the com-
18 missioner of insurance.

19 (b) (c) No such policy shall be issued, nor shall any application,
20 rider or endorsement be used in connection therewith, until the
21 expiration of 30 days after it has been filed unless the commissioner
22 gives written approval thereof.

23 (e) (d) The commissioner may, within 30 days after the filing of
24 any such form required to be filed pursuant to subsection (a), dis-
25 approve such form: (1) If the benefits provided therein are unrea-
26 sonable in relation to the premium charged; or (2) if it contains a
27 provision or provisions which are unjust, unfair, inequitable, mis-
28 leading, deceptive or encourage misrepresentation of such policy. If
29 the commissioner notifies the insurer which has filed any such form
30 that it does not comply with the provisions of this section or K.S.A.
31 40-2202 and 40-2203, and amendments thereto, it shall be unlawful
32 thereafter for such insurer to issue such form or use it in connection
33 with any policy. In such notice the commissioner shall specify the
34 reasons for disapproval and state that a hearing will be granted within
35 20 days after request in writing by the insurer.

36 (e) (1) Any risk classifications, premium rates, rating formulae,
37 and all modifications of either applicable to Kansas residents shall
38 not establish an unreasonable, excessive or unfairly discriminatory
39 rate or, with respect to group or blanket policies issued pursuant
40 to K.S.A. 40-2209 or 40-2210, and amendments thereto, discriminate
41 against any individuals eligible for participation in a group, or es-
42 tablish rating classifications within a group ~~except those based on~~
43 ~~criteria solely and directly relevant to recognition of rating differ-~~

or certificate

EXPLANATION: With respect to group accident and sickness policies, insured members receive a certificate issued off a master policy which contains the coverage provisions. As a result, certificates are also subject to the filing requirement.

and of the classification of risks and the premium rates pertaining thereto

amendments to individual policies

accident and sickness providing hospital or medical-surgical expense benefits

EXPLANATION: These amendments are intended to clarify the types of policies to which these provisions apply.

that are based on medical conditions

Delete

EXPLANATION: This is a significant change which allows much greater latitude with respect to the establishment of rating classifications within a group. With this amendment, the only restriction is that rating classifications based on medical condition cannot be established. Any other relevant risk characteristics such as age, occupation, smoking/non-smoking, wellness participation etc. would be permitted.

24 R

1 ~~ences attributable to the marital status of a group's members and~~
 2 ~~persons eligible for dependents' benefits.~~
 3 (2) All rates for accident and sickness insurance covering Kansas
 4 residents shall be made in accordance with the following provisions:
 5 (A) Due consideration shall be given to: (i) Past and prospective loss
 6 experience; (ii) past and prospective expenses; (iii) adequate contin-
 7 gency reserves; and (iv) all other relevant factors within and without
 8 the state;
 9 ~~(B) risks may be grouped by classifications for the establishment~~
 10 ~~of rates for individual, group or blanket policies;~~
 11 ~~(C) rates shall be reasonable, not excessive and not unfairly dis-~~
 12 ~~criminatory; and~~
 13 ~~(D) rates charged to an employer of 25 or fewer employees under~~
 14 ~~group and blanket policies, including such employers covered under~~
 15 ~~a policy issued to an association or trust located within or outside~~
 16 ~~this state covering an employer which is a resident of this state,~~
 17 ~~shall be based on the aggregate loss and expense experience of all~~
 18 ~~such employers insured by the insurer, contingency reserves and~~
 19 ~~other factors required to be considered in making rates to which~~
 20 ~~this act applies. Such rates shall apply to all such employers insured~~
 21 ~~in this state by the insurance company using the rates on a per~~
 22 ~~person basis but may vary with the number of persons in a family,~~
 23 ~~and may vary from employer to employer from a community rate~~
 24 ~~by no more than 50% above the community rate. As used herein,~~
 25 ~~"community rate" means the rate which would be derived by dividing~~
 26 ~~all of the claims expense or anticipated claims expense for the rating~~
 27 ~~period for which such rates will be in effect and all of the admin-~~
 28 ~~istrative expense and other retentions for all such employers covered~~
 29 ~~by the same or similar coverage which is equivalent in value by all~~
 30 ~~of the persons covered by such coverage. For the purposes of this~~
 31 ~~definition, employee, family, spouse and dependent expense and num-~~
 32 ~~bers of such persons covered may be separately aggregated and~~
 33 ~~divided. With respect to policies issued prior to the effective date~~
 34 ~~of this act, in any case where the premium rate exceeds the com-~~
 35 ~~munity rate by more than 50%, no increase in such rates may be~~
 36 ~~made until the later of the beginning of a rating period in which~~
 37 ~~such premium rates would be lower than 50% more than the com-~~
 38 ~~munity rate or five years following the effective date of this act.~~
 39 ~~Thereafter, the rates for such policies shall comply with the re-~~
 40 ~~quirements of this subsection.~~
 41 (3) Nothing in this act is intended to prohibit or discourage
 42 reasonable competition or discourage or prohibit uniformity of rates
 43 except to the extent necessary to accomplish the aforementioned pur-

Delete

Delete

EXPLANATION: These provisions are deleted because they are duplicative of the provisions in subsection (1).

(B)

providing hospital or medical-surgical expense benefits

For purposes of this subsection (B) members of an association shall be construed as employees whether or not an employer and employee relationship exists. With the exception of groups created pursuant to K.S.A. 1990 Supp. 40-2209(A)(5) which were in existence on January 1, 1991 and whose rates were established solely on the basis of their own experience as of that date

EXPLANATION: This change encompasses 2 amendments. First, it recognizes the fact that some association groups exist whose membership does not involve employer/employee arrangements. Second, it exempts existing association groups whose rates are based solely on their own experience from the community rating requirements.

such

In no event shall the rates charged to any employer to which this subsection applies increase by more than 80% during any annual period unless the insurer can clearly document a material and significant change in the risk characteristics of the group.

EXPLANATION: This provision adds additional stability to a small group's rates by limiting the effect of any rate increase to not more than 80% in any one year.

Nothing in this act shall be construed as prohibiting the application of rates to a particular employer that are less than the community rate established pursuant to this subsection.

EXPLANATION: This added provision simply clarifies the original intent that on the basis of individual risk characteristics some groups could vary downward from the community rate. This amendment does not, however, affect the manner in which the community rate is established.

Delete

(F)

Delete

Delete

no

exceed the community rate by more than 50%.

EXPLANATION: These amendments are intended to clarify the application of the community rating provisions. Specifically, it provides that no community rated group may receive a rate increase as long as its rates are more than 50% above the group rate. At the end of 5 years following the effective date of the act, any group's rates that are still more than 50% of the community rate must be reduced to the 150% level.

1/27/91

1 pose. The commissioner is hereby authorized to issue such rules and
2 regulations as are necessary and not inconsistent with this act.

3 (d) (f) The commissioner may at any time, after a hearing of
4 which not less than 20 days' written notice shall be given to the
5 insurer, withdraw approval of any such form on any of the grounds
6 stated in this section or rate in the event the commissioner finds
7 such filing no longer meets the requirements of this section or of
8 article 22 of chapter 40 of the Kansas Statutes Annotated, and
9 amendments thereto. It shall be unlawful for the insurer to issue
10 such form or use it in connection with any policy after the effective
11 date of such withdrawal of approval.

12 (g) Violations of subsection (e) shall be treated as violations of
13 the unfair trade practices act and subject to the penalties prescribed
14 by K.S.A. 40-2407 and 40-2411 and amendments thereto.

15 (e) (h) Hearings under this section shall be conducted in ac-
16 cordance with the provisions of the Kansas administrative procedure
17 act.

18 Sec. 3. K.S.A. 1990 Supp. 40-19c09 is hereby amended to read
19 as follows: 40-19c09. Corporations organized under the nonprofit
20 medical and hospital service corporation act shall be subject to the
21 provisions of the Kansas general corporation code, articles 60 to 74,
22 inclusive, of chapter 17 of the Kansas Statutes Annotated, applicable
23 to nonprofit corporations, to the provisions of K.S.A. 1990 Supp.
24 40-2250 and 40-2251 and to the provisions of K.S.A. 40-214, 40-215,
25 40-216, 40-218, 40-219, 40-222, 40-223, 40-224, 40-225, 40-226, 40-
26 229, 40-230, 40-231, 40-235, 40-236, 40-237, 40-247, 40-248, 40-249,
27 40-250, 40-251, 40-252, 40-254, 40-2,100, 40-2,101, 40-2,102, 40-
28 2,103, 40-2,104, 40-2,105, 40-2,116, 40-2,117, 40-2a01 et seq., 40-
29 2111 to 40-2116, inclusive, 40-2216 40-2215 to 40-2220, inclusive,
30 40-2401 to 40-2421, inclusive, and 40-3301 to 40-3313, inclusive, and
31 amendments thereto, and to the provisions of K.S.A. 1989 Supp.
32 40-2221a, 40-2221b, 40-2229 and 40-2230, and amendments thereto,
33 except as the context otherwise requires, and shall not be subject
34 to any other provisions of the insurance code except as expressly
35 provided in this act.

36 Sec. 4. K.S.A. 1990 Supp. 40-19c07, 40-19c09, 40-2209 and 40-
37 2215 are hereby repealed.

38 Sec. 5. This act shall take effect and be in force from and after
39 January 1, 1992, and its publication in the statute book.

(f) The provisions of subsection (e) shall not apply to any medicare supplement policy as defined by the commissioner pursuant to rule and regulation, any policy of long-term care insurance as defined by K.S.A. 1990 Supp. 40-2227 and amendments thereto, any specified disease, specified accident or accident only coverage, credit insurance, hospital confinement indemnity or any disability income protection policy.

(g) disapprove any filed in accordance with K.S.A. 40-2215(a)

(h)

(i)

Explanation: This is a new concept developed to address problems associated with the cost of accident and sickness policies utilized by groups as the primary means of financing health care costs. Therefore, this amendment is intended to specifically identify those specialty type products that are exempt from its provisions.

Explanation: These amendments have nothing to do with the purpose of House Bill No. 2001 but will correct a long-standing administrative difficulty by permitting the commissioner to directly disapprove a rate applicable to an individual accident and sickness policy. Historically and currently any regulatory control could be applied only to the form with which the rate is used.

541

Proposed Amendment to HB 2001

On page 14, in line 23, by striking "K.S.A. 1990 Supp."; in line 24, by striking "40-2250 and 40-2251" and inserting "section 4 of this act"; in line 31, by striking "1989" and inserting "1990"; in line 32, by striking "and" where it appears for the first time and inserting a comma; also in line 32, after "40-2230," by inserting "40-2250 and 40-2251"; after line 35, by inserting a new section to read as follows:

"Sec. 4. (a) From and after the effective date of this act, every insurer issuing, offering or renewing any individual, group or blanket policy or contract of health and accident insurance covering any resident of this state shall establish and utilize a rate structure differentiating between individuals who smoke and individuals who do not smoke on the basis of the insurer's loss and expense experience with respect thereto.

(b) The provisions of this section shall be applicable to health maintenance organizations organized under article 32 of chapter 40 of the Kansas Statutes Annotated.

(c) For the purposes of this section, the term "individuals who smoke" means individuals who use lighted cigarettes, cigars, pipes or other lighted smoking equipment.

(d) Failure to comply with the provisions of this section shall be treated as violations of the unfair trade practices act and shall be subject to the penalties prescribed by K.S.A. 40-2407 and 40-2411 and amendments thereto.";

By renumbering sections 4 and 5 as sections 5 and 6, respectively;

House Insurance
March 5, 1991
Attachment 2



**KANSAS STATE EMPLOYEES
HEALTH CARE COMMISSION**

COMMISSIONERS:
Arthur H. Grigg, Acting Chairman
Ron Todd
Robert C. Harder

Dave Charay,
Benefits Administrator

M E M O R A N D U M

TO: Arthur H. Griggs, Acting Chairman
Health Care Commission and
Secretary of Administration

Ron Todd, Member
Health Care Commission

Robert Harder, Member
Health Care Commission

FROM: Dave Charay
Health Benefits Administrator

DATE: February 12, 1991

SUBJECT: Blue Cross Annual Report comparing
Smoker versus Non-Smoker Utilization
for the Kansas State Health Plan

Enclosed is the annual report comparing smoker versus non-smoker Utilization from Blue Cross and Blue Shield of Kansas. The report covers claims (for employees only) during the period January 1, 1990 through November 30, 1990 as paid through November 30, 1990.

As you review the statistics you will notice certain categories reported significant differences between smokers and non-smokers. For example, in the admissions per 1,000 category, smokers incurred 33% more hospital admissions than non-smokers, 106.50 to 71.06. In the days per 1,000, smokers averaged 41% more days than non-smokers, 597.30 to 352.51 as shown in Exhibit A and B. The other categories also showed differences between smokers and non-smokers.

The Health Care Commission should note that the total average claim payment per employee was \$282.62 more for smokers than non-smokers as illustrated in Exhibit C. Consideration may want to be given to changing the disincentive given to smokers in order to recognize the additional cost (\$25.69 more per month) smokers are adding to the health plan.

A recent report by the Environment Protection Agency reported 3,800 cancer deaths a year are caused by direct smoking as reported in the Washington Post, December 6, 1990. (Please see attachment.)

*Health Insurance
Attachment 3
March 5, 1991*

Health Care Commission
February 12, 1991
Page Two

Texas instruments recently implemented a non-smokers discount plan in their health similar to the State of Kansas. One major difference is that Texas Instruments health plan also decreases the premium rates \$10 for each dependent that does not smoke.

The Topeka Capital Journal last week reported that the number of smokers in the United States has decreased over 20% in the past 20 years. More significantly, was the increase in deaths attributable to smoking, going from 188,000 in 1965 to 434,000 in 1988 (a 65% increase). (Please see Exhibit D.)

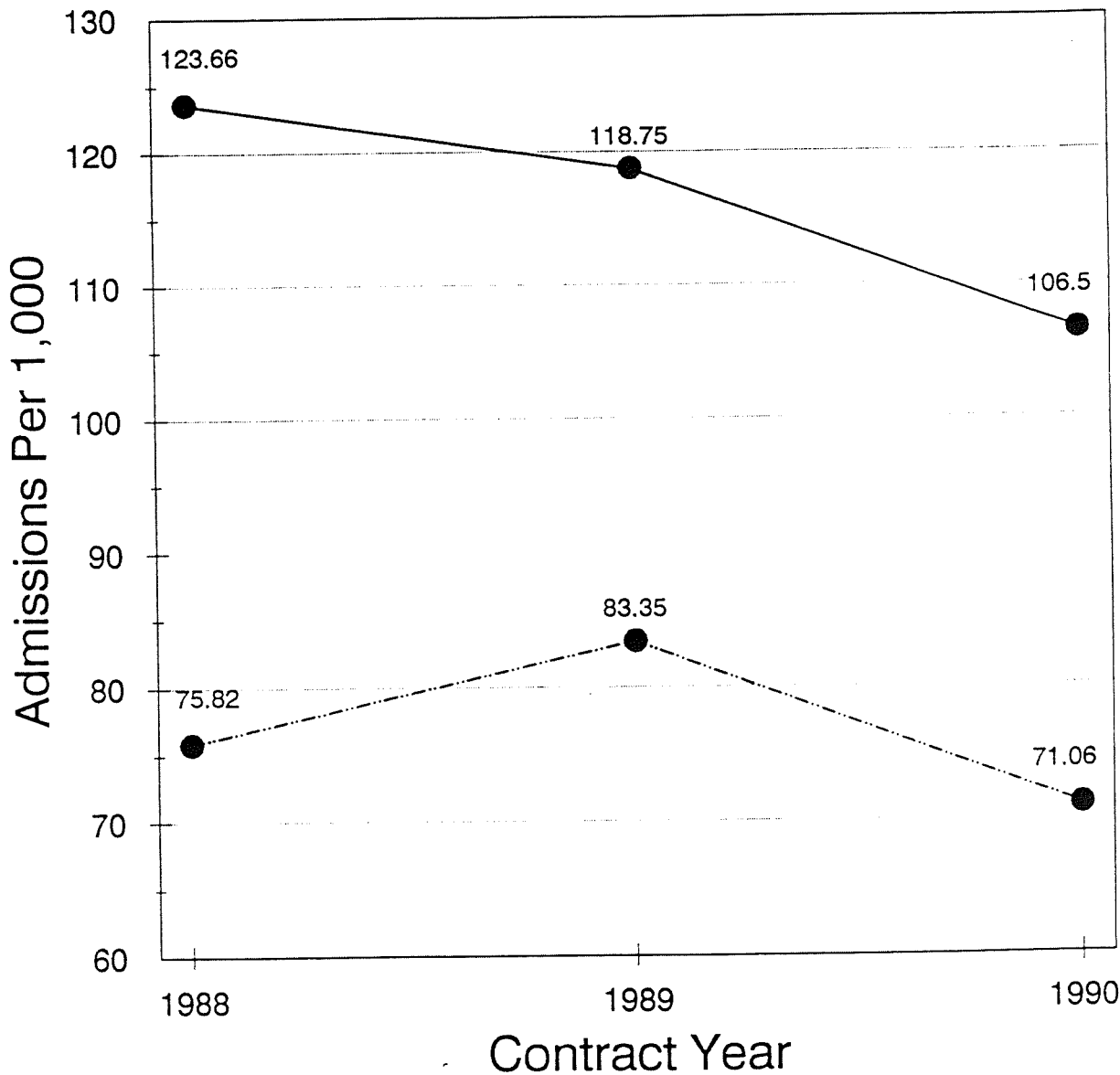
This is the third year Blue Cross and Blue Shield has provided the Health Care Commission statistics on smokers and non-smokers. As charts A, B, C and D illustrate, smokers continue to incur higher claim payments than non-smokers.

Please call me if you have any questions or would like to discuss this memorandum further.

DC:bcm
Enclosures

cc: Dick Brock ✓

**STATE OF KANSAS ACTIVE EMPLOYEE GROUP
TOBACCO USERS VS. NON TOBACCO USERS
ADMISSIONS PER 1,000 MEMBERS**



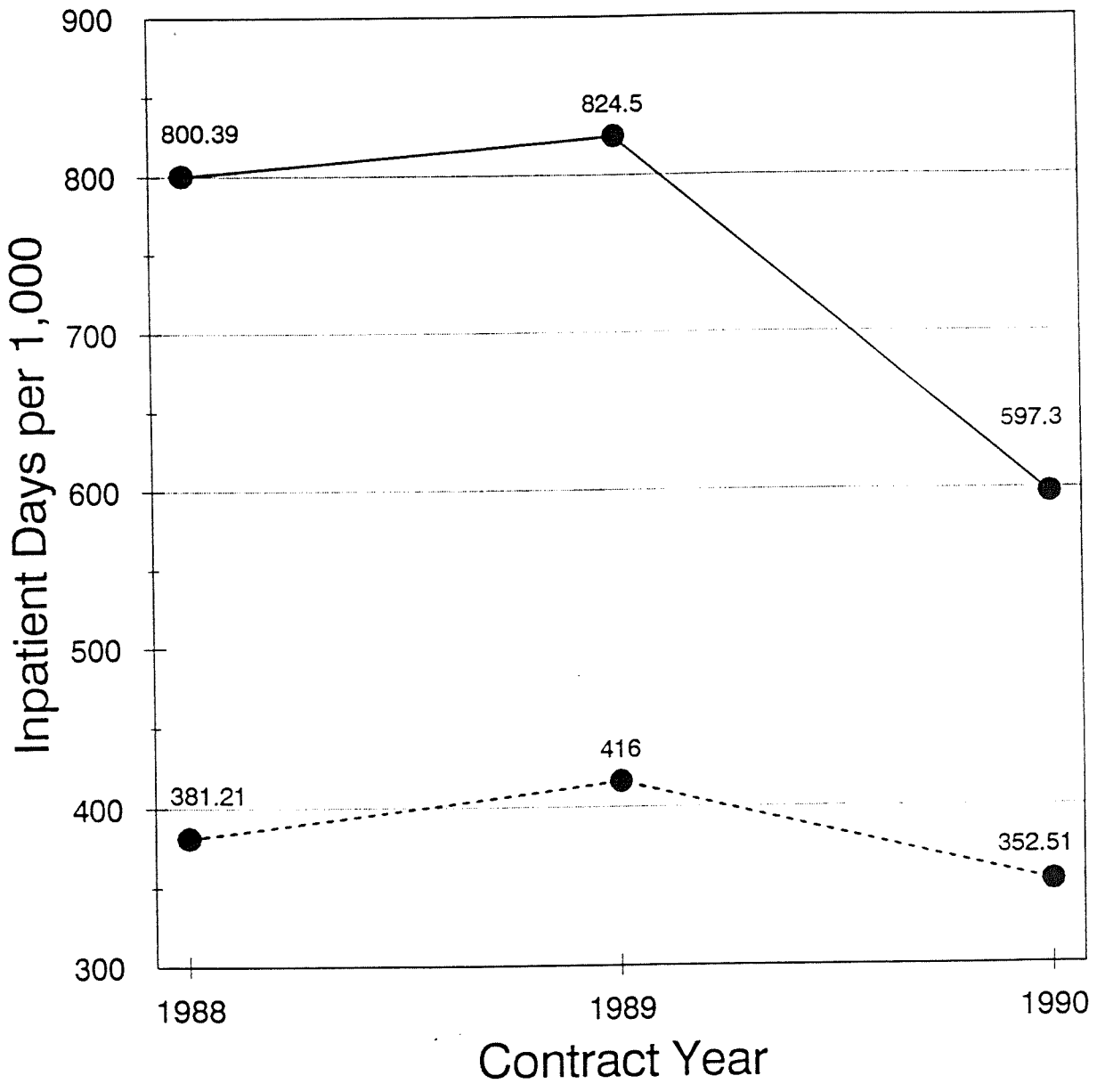
Tobacco Users Non Tobacco Users

—●— - - -●- - -

Based on 1989, 1990, and 1991 Blue Cross Data

343

**STATE OF KANSAS ACTIVE EMPLOYEE GROUP
TOBACCO USERS VS. NON TOBACCO USERS
INPATIENT DAYS PER 1,000 MEMBERS**

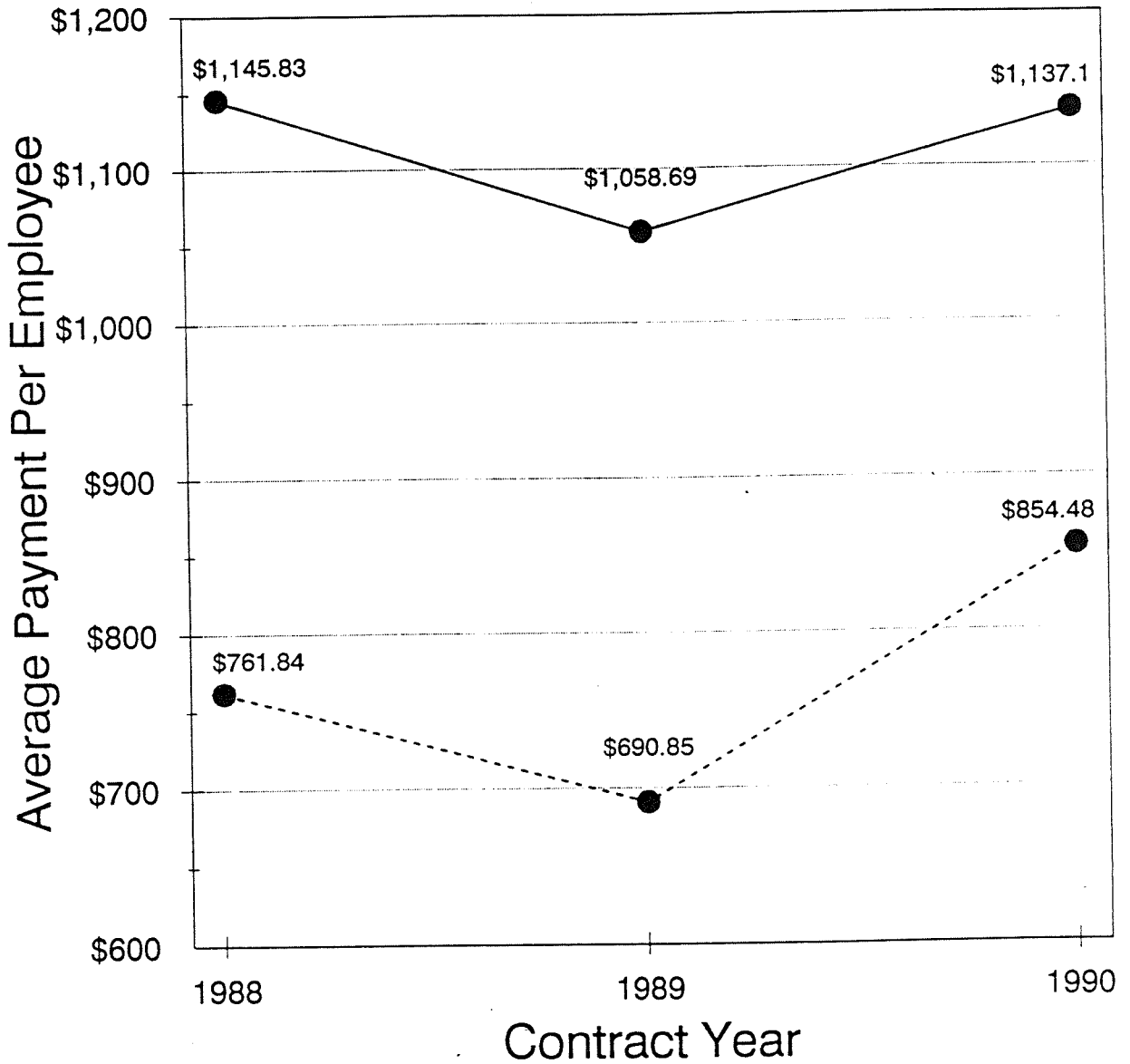


Tobacco Users
Non Tobacco Users
—●—
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Based on 1989, 1990, and 1991 Blue Cross Data

4 of 3

**STATE OF KANSAS ACTIVE EMPLOYEE GROUP
TOBACCO USERS VS. NON TOBACCO USERS
AVERAGE PAYMENT PER EMPLOYEE**



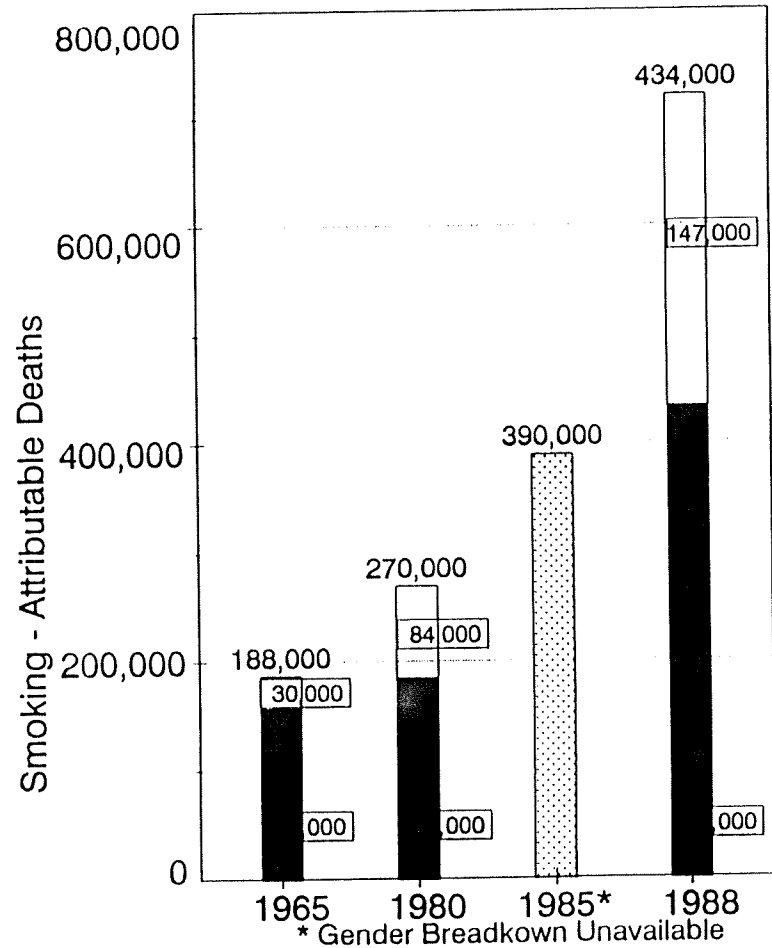
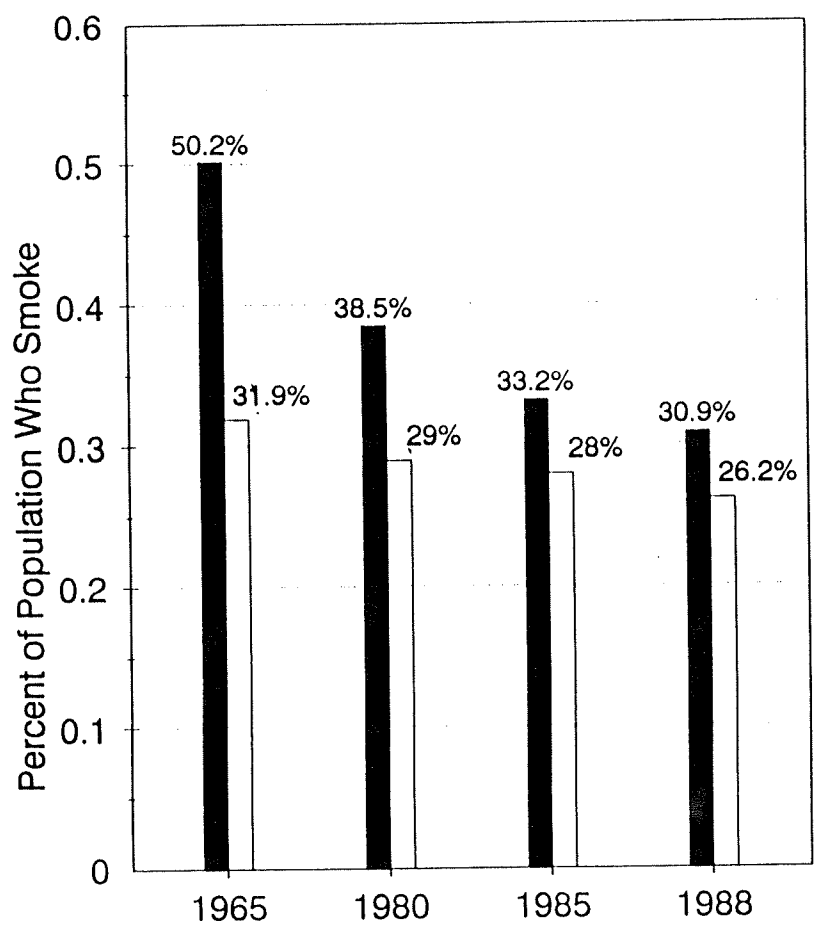
Tobacco Users Non Tobacco Users
—●— - - -●- - -

Based on 1988, 1989, and 1990 Blue Cross Data

543

THE UPS AND DOWNS OF SMOKING

■ Men □ Women



Source: The National Centers for Disease Control, Office on Smoking and Health AP/T.L

689 3

the previous year.

dentist in the previous year. The largest percentage of visits were made by those with higher incomes and higher educational levels, children age 6-11, and people with dental insurance. The populations least likely to receive regular dental care included blacks, Hispanics, older Americans, and people who had lost their teeth.

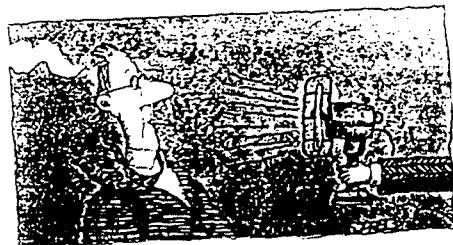
In 1986, dental-related illness accounted for 22.7 million lost workdays, 6.4 million days of bed disability, and 14.5 million days of restricted activity. The total cost of dental care for the nation in 1988 was approximately \$27 billion.

In addition to dental caries and periodontal disease, cancers of the oral cavity have a major impact on oral health. Approximately 30,500 new cases of cancer of the oral cavity and pharynx will be diagnosed in

1990 and only about one-half of these victims will be alive in five years. Tobacco and alcohol use are responsible for about 75 percent of oral cancers. Men are twice as likely to develop oral cancers as women and the incidence in blacks is 30 percent higher than for whites.

Regular contact with dental health professionals increases the chances of identifying cancerous lesions at an

With well under half the population (about 100 million people) receiving dental health insurance benefits, the cost of regular use of services may be a primary barrier."



JARED LEE

Passive Smoke a Cause of Cancer, Panel Concludes
Michael Weisskopf, *The Washington Post*, December 6, 1990

"A panel of independent science advisers to the Environmental Protection Agency concluded that involuntary exposure to tobacco smoke causes lung cancer in non-smokers and increases risk of respiratory illness in children.

The decision is expected to solidify plans by the EPA to rank environmental tobacco smoke (ETS) as a known human carcinogen, a move that would have major implications

Passive Poison

for employers nationwide. The Labor Department is waiting for a final EPA assessment, at least six months off, to

determine whether ETS should be regulated in the workplace.

Morton Lippmann, a scientist who chairs the indoor air quality panel of the EPA's Science Advisory Board, emphasized that the panel's judgment was tentative, based on its initial review of an EPA study that he said was "not fully developed." He called for further refinement of the data, saying EPA "should be able to make that case."

The 16-member panel was asked to review the EPA study because of controversy last May over its designation of passive smoke as one of just a handful of substances known as human carcinogens. That study also offered the first official estimate of ETS's toll: 3,800 lung cancer deaths a year, the third largest cause after radon and direct smoking."

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Environmental tobacco smoke's toll: 3,800 lung cancer deaths a year, the third largest cause after radon and direct smoking.

Health and Environment

RECEIVED PM

JAN 29 1991

HEALTH
DIVISION

4 of 3