

Approved: 3-11-97
Date

MINUTES OF THE SENATE COMMITTEE ON PUBLIC HEALTH AND WELFARE.

The meeting was called to order by Chair Sandy Praeger at 10:00 a.m. on March 5, 1997 in Room 526-S of the Capitol.

All members were present except:

Committee staff present: Emalene Correll, Legislative Research Department
Norman Furse, Revisor of Statutes
Jo Ann Bunten, Committee Secretary

Conferees appearing before the committee:

Tom Wilder, Director of Public Affairs, Kansas Insurance Department
Steven R. Potsic, M.D., Director of Health, Kansas Department of Health and Environment
Meg Henson, Director of Government Affairs, Kansas Medical Society

Others attending: See attached list

Hearing on HB 2044 - HMO licensing requirements

Tom Wilder, Director of Public Affairs, Kansas Insurance Department, appeared before the Committee in support of HB 2044 which deals with the type of information a health maintenance organization (HMO) must report to the Commissioner of Insurance when they apply for a license to do business in Kansas. Mr. Wilder noted that the law currently requires HMOs to provide the Insurance Department with financial projections for three years from the date the company plans to start operations in the state, and the information must be in conformity with, "generally accepted accounting principles." The legislation would require reports be presented based on, "statutory accounting principals." The amendment in the bill would require HMOs to use these same statutory guidelines when they apply for a license to do business in Kansas. (Attachment 1)

There were no opponents to HB 2044.

Because of the non-controversial nature of HB 2044, Senator Lee made a motion the Committee recommend the bill be placed on the consent calendar, seconded by Senator Jones. The motion carried.

Hearing on HB 2181 - Establishing a cancer registry

Dr. Steven R. Potsic, Director of Health, Kansas Department of Health and Environment, testified before the Committee in support of HB 2181 which would authorize the Secretary of Health and Environment to require the collection of data related to cancer from hospitals, health care providers, and pathology laboratories. The requirement would effectively establish a Kansas Cancer Registry in statute. The bill would also authorize the Secretary of Health and Environment to establish regulations designating reporting requirements - including which providers would report, grant immunity from liability for those reporting, protect the confidentiality of registry data, and authorize the use of confidential data for limited purposes. Dr. Potsic noted that currently federal dollars made available as a result of this law account for approximately 75% of registry operating funds. (Attachment 2) During Committee discussion, it was pointed out that failure to enact this legislation could result in the loss of \$340,716 in federal funds because of federal grant conditions aimed at assuring statutory authority to establish and operate a statewide cancer registry. Other comments during Committee discussion related to confidentiality of data, completion rate of reporting data, mandating reporting, civil and criminal liability, and whether language on page 1, (b) of the bill relating to reporting of cancer "may be required by rules and regulations" should be deleted.

Meg Henson, Kansas Medical Society, expressed her support for HB 2181 and noted that KMS is satisfied that the reporting requirements placed on physicians under this bill will not be unduly burdensome, and that physicians will be required to provide cancer data only when responding to requests for information when this information is otherwise unascertainable. (Attachment 3)

There were no opponents to HB 2181.

Written comments on the bill were provided by Sue-Min Lai, Director, Kansas Cancer Registry, KUMC, (Attachment 4); Frederick F. Holmes, M.D., KUMC, (Attachment 5); Terri Roberts, Kansas State Nurses Association, (Attachment 6); and Kansas Fertilizer and Chemical Association, (Attachment 7).

Adjournment

The meeting was adjourned at 10:50 a.m.
The next meeting is scheduled for March 6, 1997.

SENATE PUBLIC HEALTH AND WELFARE COMMITTEE GUEST LIST

DATE: 3-5-97

NAME	REPRESENTING
Queen, Shirley Ramey	
Risa Meyer	KS Gov. Consulting
Amy Campbell	R. Rice Law Office
KEITH R LANDIS	CHRISTIAN SCIENCE COMMITTEE ON PUBLICATION FOR KANSAS
Ed Schulte	Johnson County Human Services + Aging
Loretta Seidl	Johnson County Home Service
Judy Tate	Jo. Co. Human Svcs + Aging
Pat	Hoell Fair Financing Admin
Sue Mrs. Lou	KUMC
Brian Kramawiller	American Cancer Society
Sandra McCaussey	KS Insurance Dept
Mary Ellen Conlee	Via Christi Health System
Steve Pottsie	KDHR
Harold Pittz	KCOA
Glyde Shacker	Governors Staff
L. K. Carr	visitor
A. D. Carr	visitor
Beck Barbours	Leadership Winfield
Nancy J. Davis	" "



Kathleen Sebelius
Commissioner of Insurance
Kansas Insurance Department

MEMORANDUM

To: Senate Public Health
and Welfare Committee

From: Tom Wilder

Re: H.B. 2044 (HMO License Requirements)

Date: March 5, 1997

The Kansas Insurance Department is requesting your approval of House Bill 2044 which deals with the type of information a health maintenance organization ("HMO") must report to the Commissioner when they apply for a license to do business in Kansas. The law currently requires HMOs to provide the Department with financial projections for three years from the date the company plans to start operations in the state. The information must be in conformity with, "generally accepted accounting principles." The legislation would require that reports be presented based on, "statutory accounting principals."

When health maintenance organizations report annual or quarterly financial information to the Insurance Department they must use statutory accounting principals. The amendment in H.B. 2044 would require HMOs to use these same statutory guidelines when they apply for a license to do business in Kansas.

I would ask that the Committee approve H.B. 2044.



State of Kansas

Bill Graves



Governor

Department of Health and Environment

James J. O'Connell, Secretary

Testimony presented to

Senate Public Health and Welfare Committee

by

The Kansas Department of Health and Environment

House Bill 2181

I am pleased to present testimony in support of House Bill 2181, which establishes statutory authority for a cancer registry in the State of Kansas. The proposed legislation would:

- 1) authorize the Secretary of KDHE to require the collection of data related to cancer from hospitals, health care providers, and pathology laboratories;
- 2) authorize the establishment of regulations designating reporting requirements (including which providers would report);
- 3) grant immunity from liability for those reporting;
- 4) protect the confidentiality of registry data; and
- 5) authorize use of confidential data for limited purposes.

The purpose of the state cancer registry is to provide health data related to cancers which occur among Kansas residents. Collection of basic clinical information about each occurrence of cancer in the state provides the data needed for a) investigation of abnormal clusterings of cancer; b) decreasing cancer mortality through preventive screening; c) reducing known cancer risk factors; d) identifying previously unrecognized risk factors/causes of cancer; e) monitoring the potential health impact of environmental exposures; f) monitoring health care access and utilization of services for the prevention and treatment of cancer; g) estimating costs associated with cancer care. Use of the registry for these purposes depends upon complete and unduplicated information for each occurrence of cancer. Certainty of identity, geographic location, treatment, and survival requires the collection of confidential data (e.g., in the course of cluster investigation, reports received from concerned citizens which identify persons they know who have cancer must be matched to the registry; reports received by the registry from different providers must be matched by identity to ensure non-duplication).

The cancer registry is currently collecting data under KAR 28-1-4. Although the Secretary operates under broad authority to collect cancer data; this authority does not ensure the following:

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1. Immunity for persons reporting;
2. Reporting by many health care providers;
3. Use of confidential data for disease investigation and treatment (e.g., offering patients access to cancer treatments not available except through clinical trials).

Although cooperation with the Data Governing Board is necessary to ensure appropriate access to non-confidential registry data, the specific measures needed to protect the confidentiality of patients and protect health care providers from liability when they report is outside the authority of the Data Governing Board.

The need for high quality cancer registries in all 50 states has been recognized by Congress. Public Law 102-515 authorized funding for the improvement of state registries. Currently federal dollars made available as a result of this law account for approximately 75% of registry operating funds. One of the requirements for continued receipt of federal dollars for the registry is the existence (or establishment) of state enabling legislation for a cancer registry. This legislation will ensure Kansas' continuing eligibility for registry funds.

Anticipated Outcomes Resulting from the Passage of Proposed Legislation

The legislation would improve the quality and completeness of the data contained in the cancer registry. Quality of data would meet state needs for investigation of cancer occurrence in Kansas. The bill would also bring Kansas into compliance with the federal law that authorizes the national cancer registry program. Reporting requirements for hospitals would not change from current practice and regulations would exempt clinical practitioners from routine reporting. (Practitioners would be asked to provide information only on those persons with cancer previously identified and for whom hospital cancer data was not available). Pathology laboratories would be required to submit to the registry a copy of each cancer tissue result. Effectiveness of hospital plus pathology laboratory reporting has been demonstrated in other state (e.g., Minnesota).

Thank you for your consideration of this important legislation which will improve both our ability to effectively use the registry to reduce death and disability due to cancer in Kansas, as well as protect both patients and health care providers.


Testimony presented by: Steven R. Potsic, MD, MPH
Director of Health
Kansas Department of Health and Environment
March 5, 1997



KANSAS MEDICAL SOCIETY

March 5, 1997

To: Senate Public Health and Welfare Committee

From: Meg Henson 
Director of Government Affairs

Subj: HB 2181 - Cancer Registry

The Kansas Medical Society appreciates the opportunity to appear today on HB 2181, regarding the formal establishment of a cancer registry. The cancer registry currently collects data pursuant to K.A.R. 28-1-4. However, statutory authority is needed so the registry can continue to receive federal funding, which the registry relies heavily on. KMS supports this legislation.

Confidentiality is always an issue when dealing with sensitive data. KMS is satisfied that confidentiality would be maintained under this legislation. The bill specifies that confidential data must be securely locked and used only for specified purposes. It also creates a panel which would review all requests for confidential data before this data is disclosed. Finally, it establishes important immunity provisions for health care providers who, in good faith, report confidential data pursuant to this bill.

KMS is also satisfied that the reporting requirements placed on physicians under this bill will not be unduly burdensome. We understand that physicians will be required to provide cancer data only when responding to requests for information when this information is otherwise unascertainable. Requests will be limited to information that is already collected by physicians. KDHE has assured us that even pathology labs, where pathologists collect and record a substantial amount of information, will not be required to report any data that they do not currently collect.

KMS intends to work with KDHE to educate physicians about their responsibilities to provide requested patient information under this law, which will be important to developing a complete and accurate registry database.

Thank you for your consideration. I would be happy to respond to questions.

Testimony in support of House Bill No. 2181 - Establishing a Kansas Cancer Registry

Sue-Min Lai, Ph.D., MS, MBA
Director, Kansas Cancer Registry
Assistant Professor of Preventive Medicine
University of Kansas Medical Center
Kansas City, Kansas

In 1968 Dr. Frederick Holmes was asked by the KDHE and KUMC to create a cancer registry in the state of Kansas. By 1985 this registry truly covered the entire state of Kansas. In 1994, I became director of the Kansas Cancer Registry and have secured funding from Centers for Disease Control and Prevention in the amount of one million dollars from fiscal year 1995 through fiscal year 1997. I am a strong proponent for this bill. My support for enacting this law is based on the following:

1. Cancer is a significant public health problem.

- One in five deaths in Kansas is due to cancer. In 1995, cancer is still the second leading cause of death in Kansas.
- A rising trend in cancer occurrence has been observed since 1953. It is estimated that about 13,000 new cancer cases will be diagnosed in Kansas in 1997.
- Overall costs due to cancer in the US in 1985 totaled \$72.5 billion.

2. Cancer death and disability can be reduced by screening and early detection.

Early detection and intervention have shown to significantly reduce cancer mortality for some cancers. For example, mortality due to breast cancer can be reduced by 30% among women aged 50 and older through a screening test such as mammography. Identification of high risk individuals for prevention is crucial in the process of cancer prevention and control.

3. The Kansas Cancer Registry is the essential vehicle in identifying individuals who are at high risk for cancer and communities where a possible cancer cluster exists.

- Functions of the KCR have been clearly identified in this bill.
- Through the KCR endeavor, appropriate interventions can be delivered to those high risk individuals to prevent them from cancer and improve their chance of surviving cancer if detected.
- Communities with excess cancer risk can be identified.

4. A law requiring case reporting to Kansas Cancer Registry is the key to the success of cancer risk reduction in Kansas.

- A law which requires reporting is essential for completeness of case reporting. This effort has been proven in other states such as Iowa.
- Without complete case reporting, preventive programs can not be targeted to communities and high risk individuals where these programs would benefit the most.
- Current experience from the registry also shows wide support among hospitals and the Tumor Registrars Association of Kansas as to enacting a law requiring case reporting.

5. Enacting this bill is critical for KCR to continue and compete for CDC funding.

In conclusion, I urge this bill to be enacted so that the health of Kansans, particularly cancer and high risk individuals will benefit from it. Moreover, through a well-established cancer registry which is strongly endorsed by the KDHE, ACS, our Federal Government, and KUMC, cancer will be reduced in Kansas along with the related cost for cancer care.

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HEARTLAND DIVISION, INC.

THERE'S NOTHING MIGHTIER THAN THE SWORD

**TESTIMONY IN SUPPORT OF HOUSE BILL 2181
Establishing a Cancer Registry in Kansas**

In 1968, I was asked by the Kansas Department of Health and Environment and the University of Kansas Medical Center to create a registry of cancer patients in the State of Kansas. With the assistance of the American Cancer Society and the federal government, this was accomplished over the next five years using computer technology, with special attention devoted to confidentiality of patient records. By 1985, this registry truly covered the entire State of Kansas. In 1994, funding of about \$300,000 per year was secured from the federal Center for Disease Control in Atlanta to upgrade and guarantee the future of this cancer registry. Since 1968, the data in this registry has been used hundreds of times to:

- Define the extent of cancer problems in our state;
- Identify occupational and environmental cancer risks, particularly in rural areas;
- Establish and improve the care of cancer patients by Kansas hospitals and outpatient facilities; and
- Assist in health care planning.

I support this bill for the following reasons:

- The work of nearly 30 years and the substantial support from the Center of Disease Control will be jeopardized if the bill is not enacted.
- Kansas has increasing need to define, address, and solve cancer problems and this cannot be accomplished without this cancer registry.
- Issues of accuracy of cancer patient diagnosis and quality of treatment in Kansas can only be ascertained with a statewide cancer registry.
- The American Cancer Society has studied this bill carefully and strongly endorses it without reservation.
- Kansas has been among the leading states in cancer registration over the years and it would be tragic to lose that position.
- Issues of confidentiality of patient information and security of data are more than adequately addressed in this bill.

In conclusion, I urge that this bill be enacted to benefit a large and vulnerable group of Kansas citizens - those with cancer. Scarcely a single family in Kansas is not touched by cancer over a period of time. Those who govern our state have an opportunity to continue to strengthen the well-established cancer registry program in Kansas that has been developed and is strongly endorsed by the Kansas Department of Health and Environment, the American Cancer Society, our federal government, and the University of Kansas Medical Center.

Presented by: Frederick F. Holmes, MD, Professor of Medicine
University of Kansas Medical Center
Kansas City, Kansas

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913/233-8638 * FAX 913/233-5222

the Voice of Nursing in Kansas

Betty Smith-Campbell, Ph.D., R.N.
President

Terri Roberts, J.D., R.N.
Executive Director

FOR MORE INFORMATION
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March 6, 1997

H.B. 2181 Establishing a Cancer Registry in Kansas

WRITTEN TESTIMONY

Chairperson Praeger and members of the Senate Public Health and Welfare Committee, the Kansas State Nurses Association is very supportive of H.B. 2181 which will establish a cancer registry for the state of Kansas for the purpose of collecting cancer health data.

We understand that the bill will provide the Secretary of the Kansas Department of Health and Environment with the authority to "require" the collection of data related to cancer from Kansas hospitals, health care providers, and pathology laboratories. We recognize that some responsibility will fall to health care providers in order to insure that 100% of the cancer is captured and reported. We value the intended purpose and use of the data collection, and therefore support the reporting obligation on healthcare providers.

This legislation insures the confidentiality of the data for disease investigation and treatment and affords healthcare personnel immunity for reporting under the statute. These statutory provisions are essential and good public policy.

From an epidemiological perspective, the more we know about the disease the greater the potential for eradicating and or diminishing its prevalence. The proposed Cancer Registry will contribute greatly to the availability of information that researchers and health scientists can use.

The Kansas State Nurses Association urges your support for the establishment of the Kansas Cancer Registry with favorable approval of H.B. 2181.

Thank you.

The mission of the Kansas State Nurses Association is to promote professional nursing, to provide a unified voice for nursing in Kansas and to

Constituent of The American Nurses Association

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The following statement on H.B. 2181 is submitted on behalf of the Kansas Fertilizer and Chemical Association (KFCA). KFCA is the state's trade association for the plant nutrient and crop protection industry. KFCA's nearly 500 members are primarily retailers, but also include distribution firms, manufacturer representatives and others who serve the industry.

While KFCA supports the general intent of H.B. 2181, we do have concerns regarding the possible use of information compiled under the auspices of this registry. We support the collection of information by the health community and the use of that information to provide better health care for the citizens of Kansas.

KFCA specifically supports language in Section 4 which precludes this registry being subject to the Kansas Open Records Act. Additionally, we are concerned of the possible use of this evidence in civil or criminal proceedings and would support further language to limit the use of this information for any reason other than benefiting the citizens of our state.

KFCA appreciates the opportunity to submit comments on H.B. 2181. Any questions should be directed to Doug Wareham, KFCA Vice President, Government Affairs, 234-0463.

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