

MINUTES OF THE JOINT HOUSE COMMITTEE ON HEALTH AND HUMAN SERVICES/SENATE PUBLIC HEALTH AND WELFARE COMMITTEE.

The meeting was called to order by Chairperson Susan Wagle at 1:30 p.m. on January 24, 2002 in Room 210 Memorial Hall

All members were present except: Representative Nancy Kirk, Excused
Representative Judy Showalter, Excused

Committee staff present: Dr. Bill Wolff, Kansas Legislative Research Department
Norman Furse, Revisor of Statute's Office
Lisa Montgomery, Revisor of Statute's Office
June Evans, Secretary

Conferees appearing before the committee: Senator James A. Barnett
Stephanie Sharp, American Cancer Society
Larrie Ann Lower, Executive Director, Kansas Association of Health Plans (KAHP)
Representative Jo Ann Pottorff
Ursula Hultgren

Others attending: See Attached Sheet

Chairperson Wagle asked for bill introductions:

Representative Joann Freeborn requested bill introduction regarding guide and service dogs, clarifying between pets and service animals.

Representative Wells moved and Representative Morrison seconded to accept the bill request. The motion carried.

Representative Swenson moved and Representative Wells seconded bill introduction concerning health care; relating to the cost of prescription drugs; enacting the Kansas prescription drug card program act. The motion carried.

Senator (Doctor) Barnett briefed the committee on colon cancer screening – early diagnosis. An average of 546 Kansans die every year from colon cancer representing the second leading cause of cancer death in the state. Current recommendations from the American Cancer Society include either a fecal occult blood card test and sigmoidoscopy every 5 years, colonoscopy every 10 years, or a barium enema examination every 5-10 years. Medicare and most insurance covers colon cancer screening (Attachment 1).

Stephanie Sharp, Government Relations Director for the American Cancer Society, stated colon cancer is the number two cancer killer in the nation, indeed in Kansas. In an average year, 1500 Kansans are diagnosed with colon cancer, and 550 lose their battle. Second, colon cancer is the most detectable, treatable, and survivable cancer, if it is caught early. Kansans are not being screened early enough. If colon cancer is caught early, the 5-year survival rate is greater than 90 percent. However, a late stage diagnosis drops that survival rate to less than 10% (Attachment 2).

Larrie Ann Lower, Executive Director of the Kansas Association of Health Plans (KAHP), stated KAHP, BCBS-KS and KC representing HIAA met and discussed a possible colon cancer screening insurance mandate. We all came to the conclusion that a legislative health insurance mandate would be unnecessary because all of the health plans in Kansas cover colon cancer screening. We all agreed that early detection of colon cancer through the use of colon cancer screening is of utmost importance and should be stressed (Attachment 3).

Ursula Hultgren, cancer survivor, revealed her story of having been diagnosed with cancer, having surgery, and survived. She said she could not stress enough the importance of early detection (Attachment 4).

CONTINUATION SHEET

MINUTES OF THE HOUSE COMMITTEE ON HEALTH AND HUMAN SERVICES, Room 210,
Memorial Hall at 1:30 p.m. on January 24, 2002.

Representative Jo Ann Pottorff stated she was a cancer survivor because of early detection which was diagnosed 6 years ago.

Chris Collins, Director of Government Affairs, Kansas Medical Society, provided written testimony on colorectal cancer screening stressing the importance of early detection (Attachment 5).

The meeting adjourned at 2:35 p.m. and the next meeting will be January 28, 2002.

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MEMBER: FEDERAL AND STATE AFFAIRS
FINANCIAL INSTITUTIONS AND
INSURANCE

**TESTIMONY FOR JOINT MEETING OF
HOUSE HUMAN HEALTH AND SERVICES COMMITTEE
AND
SENATE PUBLIC HEALTH AND WELFARE COMMITTEE**

Colon Cancer - Early Diagnosis

Chairperson Boston, Chairperson Wagle, members of the House Human Health and Services Committee, and members of the Senate Public Health and Welfare Committee, thank you for the opportunity to come before you today to discuss early detection of colon cancer.

An average of 546 Kansans die every year from this diagnosis representing the second leading cause of cancer death in our state. Much progress has been made regarding early detection. Currently, 67% of breast cancer is now diagnosed at an early stage. Screening mammography is a commonly performed procedure. Prostate cancer is also diagnosed at an increasingly early stage, particularly with the advent of the routine use of serum PSAs. Unfortunately, early detection of colon cancer has lagged behind.

For our state, only 39% of colon cancer cases are detected at an early stage. Fifty-six percent (56%) of cases are diagnosed at a late stage. Those numbers are very concerning, because when detected early, the 5-year survival of colon cancer is over 91%. Unfortunately, when detected late, the survival rate is less than 9%.

The American Cancer Society recommends regular screening for colon cancer detection. Fortunately, due to the support of the insurance industry in the state of Kansas, colon cancer screening is now broadly available. Medicare also expanded coverage for colon cancer screening this year by the inclusion of colonoscopies.

Current recommendations from the American Cancer Society include either a fecal occult blood card test and sigmoidoscopy every 5 years, colonoscopy every 10 years, or a barium enema examination every 5-10 years.

Today, I would like to describe and demonstrate some of the equipment involved in colon cancer screening and help all of us spread the word and encouragement to our fellow Kansans about these potentially life-saving procedures.

Signed:

Senator Jim Barnett

JAB/gkp

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Atch #1



January 24, 2002

Testimony before the Senate Public Health and Welfare and House Health and Human Services Committees regarding Colon Cancer Screening

Chairpersons Wagle and Boston, Committee Members, colon cancer survivors, and guests:

As the Government Relations Director for the American Cancer Society, I represent more than 270,000 volunteers, supporters, and staff in the state of Kansas. It is in that capacity that I want to share with you the state of colon cancer in Kansas.

The top page of your packet details individualized statistics with regard to cancer incidence (diagnosis), mortality, and staging data for the counties in your district. Colon cancer is the number two cancer killer in the nation, indeed in Kansas. In an average year, 1500 Kansans are diagnosed with colon cancer, and 550 lose their battle.

Second, colon cancer is the most detectable, treatable, and survivable cancer, if it is caught early. The colonoscopy is widely accepted as the most thorough screening available for this cancer, as it allows the doctor to view the entire colon, searching for pre-cancerous polyps. Removing these polyps before they "go bad", or before they become cancerous, is the best way to ensure a cancer-free colon. American Cancer Society guidelines suggest a colonoscopy every 10 years after the age of 50.

The second sheet in your packet is an article featured in the Washington Post on Tuesday that details future efforts by the American Cancer Society and the Ad Council to promote colon cancer awareness with "Polyp Man". We must demystify and remove the fear from these screenings. You can help by adding your district-specific data to your constituent newsletter and encouraging your voters to get screened.

Third, Kansans are not being screened early enough. The orange pamphlet in your packet may help those statistics. I encourage you to fill out the postcard and send it in for your very own at-home Fecal Occult Blood Test. If colon cancer is caught early, the 5-year survival rate is greater than 90 percent. However, a late stage diagnosis drops that survival rate to less than 10 percent.

Recently, Senator Barnett and I researched insurance coverage for this screening. The major Kansas insurers claim to cover colon cancer screening for their beneficiaries, and Medicare began covering colon cancer screening, including colonoscopy, in 2001. Insurance coverage for screening tests varies widely by state and by health plan. Surveys show that many health plans that do provide colon cancer screenings only cover the most

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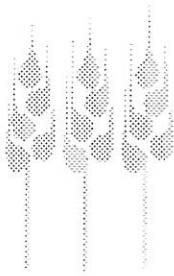
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basic blood test and do not provide reimbursement for more comprehensive and effective screenings.

Colon cancer screening tests not only save lives, they also save money. Patients diagnosed early at a screening cost of \$125-300 have more than a 90 percent chance of survival. If a patient is not diagnosed until symptoms develop and the disease has spread, the chance of survival plummets and the care for the next four to five years of life can exceed \$100,000.

Memorial Sloan-Kettering doctors believe that regular colon cancer screening could cut U.S. cancer deaths from this disease in half, and could prevent many cancers from ever developing. Colon cancer screening for men and women should be just as much a part of a health exam as breast cancer and cervical cancer screenings are now for women. It IS possible to see a day when colon cancer is as survivable as breast cancer. Please help us get there.

Thank you for your time and consideration.



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Testimony before the
Senate Public Health and Welfare Committee
House Health and Human Services Committee
Informational Hearing on
Early Detection of Colon Cancer

January 24, 2002

Chairpersons Wagle and Boston, and members of the Committees. Thank you for allowing me to appear before you today. I am Larrie Ann Lower, Executive Director of the Kansas Association of Health Plans (KAHP).

The KAHP is a nonprofit association dedicated to providing the public information on managed care health plans. Members of the KAHP are Kansas licensed health maintenance organizations, preferred provider organizations and others who support managed care. KAHP members serve most all of the Kansans enrolled in a Kansas licensed HMO. KAHP members also serve the Kansans enrolled in HealthWave and medicaid HMO's and also many of the Kansans enrolled in PPO's and self insured plans. We appreciate the opportunity to provide comment on the importance of early detection of colon cancer.

Early last December Sen. Barnett spoke with me as the representative of the KAHP, Brad Smoot representing BCBS-KS and KC and Bill Sneed representing HIAA regarding a possible colon cancer screening insurance mandate. Bill and Brad spoke to their clients and I surveyed my member plans, along with Senator Barnett, we all came to the same conclusion that a legislative health insurance mandate would be unnecessary because all of the health plans in Kansas cover colon cancer screening. We certainly appreciate the opportunity to work with Sen. Barnett and Stephanie Sharp of the American Cancer Society on this important issue and would like to continue to stress the importance of early detection of colon cancer.

When I surveyed the plans on this particular issue I was overwhelmed with positive feedback. As stated earlier, all of the Kansas licensed HMO's cover colon cancer screening. Many encourage early detection of colon cancer screening through various methods. Several highlight the importance of colon cancer screening in their newsletters to members. One plan encourages screening on their web site. Another is the largest single contributor to the National Colorectal Cancer Research Alliance which has helped launch an anti-cancer campaign with one of the goals being to promote early detection of colorectal cancer and one even sends each member a hemacult kit once they reach the age of 50.

In conclusion, the members of KAHP, BCBS-KS & KC and the members of HIAA all recognize the importance of the early detection of colon cancer through the use of colon cancer screening. If any of us can be of further assistance in this discussion please do not hesitate to contact any of us.

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Atch #3



Hope. Progress. Answers.

January 24, 2002

Constituent testimony before the Senate Public Health and Welfare and House Health and Human Services Committees regarding Colon Cancer Screening

Ladies and Gentlemen, as a survivor of colon cancer, I have been asked to speak to you today about the importance of early screening for colon cancer. Two years ago in August, I had a summer of being very tired and didn't know why. Then a situation occurred that was stranger than fiction. I was bitten by something on my arm and had an allergic reaction that caused me to be in and out of the emergency room and doctor's office every other day for a week. Nine days later, intuition made me take a sample of stool to the doctor's office.

After much discussion, the doctor agreed to check my rectum and announced that he and another doctor he wanted me to meet. I asked why and was given a very evasive answer. I insisted on meeting with the new doctor and talking to him about whatever was suspected before consenting to a colonoscopy. Three weeks later, the colonoscopy was done. When I awoke from the anesthetic, the doctor said he had "good news and bad news." The bad news is that it was cancer and that it was in the worst possible location to operate. The good news was that it was contained.

The part I really had heard was that he thought it was contained and in that moment I knew I could handle whatever else I was to find out. I was to find an oncologist and proceed from there. After talking to a number of people who have cancer and discussing it with Dr. Clark, I chose to go to Wichita. The doctor in Wichita told me that it was a very aggressive type of cancer, but if I wanted to try radiation to shrink it, I could. There was only a 25 percent chance that it would work if I were a risk-taker. The cancer lay in the muscle just to centimeters inside the rectum and would require either surgery or radiation or both. On my next visit, he told me I had no more choice – it would require extensive surgery, and soon.

My surgery was at Via Christi - St. Francis in Wichita just two weeks later, and I remained hospitalized for 9 days. It was a long process back. At one point I was told that because of the location, this surgery is harder on your system than open-heart surgery. **I was fortunate** – The result was that the cancer turned out to be self-contained. **I was fortunate** – They felt it had not gone through the muscle far enough to spread. Generally colon cancer will quickly spread to the liver both through the rectum and also the colon. Once there, your chances of survival diminish greatly.

The other result of my surgery is that I have a permanent colostomy. I have had complications, but not from the cancer. The good news is that while it can be difficult to

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learn to deal with the colostomy, especially one that had the problems mine had, it is survivable. You have to keep a good attitude, learn to enjoy something about each day, and I thank God every day for my life.

A few days before I left the hospital, one of the residents came in and asked if I understood what had happened to me. I said "Why, because I haven't laid here and cried?" My perspective is that "I'm here, I survived, it is survivable and we will learn to deal with the rest of it." My story is one of celebration and hope for the future. Not everyone is so lucky.

Do I realize how fortunate I was that they found the cancer when they did? You bet I do. It would only have been a short period of time before this story would have had a different ending. In Kansas, only 40 percent of colon cancers are diagnosed early, but in McPherson County, only 31 percent are found in those crucial early stages. At this point, I have had two years and four months of being cancer free. Time to enjoy my family and friends, and time to find a job that has given me a chance to do many of the things I have enjoyed doing as a volunteer.

I cannot stress enough the importance of early detection. Common sense would tell you that by supporting early detection, many lives could be saved. I have heard it said that companies feel they are justified in not encouraging early detection because of the cost. This seems incredible to me, we are talking about life and about giving someone's loved one another chance at that life. My oncologist tells me that because of the lack of early detection they are seeing more and more people coming in who need to go straight to hospice. Can you imagine if someone in your family came out of a colonoscopy with chances so slim that they were referred to hospice with little or no hope? The earlier the detection the less money would be paid out for chemo and radiation. Surgery is expensive, but the alternative is costly, not only in additional treatment costs but in the loss of lives and needless suffering of patients and their families. Prevention should be promoted not punished.

Please, I urge you, help make early screening for cancer a must and stop cancer before it spreads. It could be your loved one whose life you will be saving.



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TO: Senate Committee on Public Health and Welfare
House Committee on Health and Human Services

FROM: Chris Collins *Chris Collins*
Director of Government Affairs

DATE: January 24, 2002

RE: Colorectal Cancer Screening

Ladies and Gentlemen of the Committee:

Thank you for the opportunity to present written testimony to you today on the important issue of Colorectal Cancer Screening.

A study by the Kansas Department of Health and Environment and the American Cancer Society tells us that in an average year, 1,456 Kansans develop colorectal cancer and 546 die from the disease. Colorectal cancer is the second leading cause of cancer-related death in the state. It causes 10.4 percent of all cancer deaths and 12.8 percent of all cancer incidence. It is one of the leading causes of death in non-smokers.

Only about 40% of colorectal cancers are detected at early stages, when cancer is most treatable. When detected at a local stage, the five year relative survival rate is 91.4 percent. This rate drops to 66.1 percent when the cancer has spread to surrounding tissue. The survival rate drops further to 8.5 percent when the cancer has metastasized to remote parts of the body.

The importance of early detection is clear. One of the key components to early detection is physician awareness of the issue. The Kansas Medical Society supports Dr. Barnett's efforts to raise awareness among our members. We will dedicate a section in our monthly newsletter and space on our website to physician education on colorectal cancer screening and will continue to support Continuing Medical Education credit for Kansas physicians on the issue. KMS remains steadfast in its commitment to promote quality health care for all Kansans.

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