

MINUTES OF THE SENATE PUBLIC HEALTH AND WELFARE COMMITTEE.

The joint meeting of the Senate Public Health and Welfare and the Health and Human Services Committees was called to order by Chairperson Senator Susan Wagle at 1:30 p.m. on January 24, 2002 in the Memorial Hall Auditorium, Room 210.

All members were present except:

Committee staff present: Ms. Emalene Correll, Kansas Legislative Research Department  
Ms. Renae Jefferies, Revisor of Statutes  
Ms. Lisa Montgomery, Revisor of Statutes  
Ms. Margaret Cianciarulo, Administrative Assistant  
Ms. Jocilyn Oyler, Senator Wagle's Intern

Conferees appearing before the committee: Senator Jim Barnett, Vice Chairperson, PH&W Committee  
Ms Stephanie Sharp, Government Relations Director,  
American Cancer Society  
Ms. Ursula Holtering, colon cancer survivor  
Ms. Laurie Ann Lauer, Executive Director of the Kansas  
Association of Health Plans (KAHP)  
Representative Jo Ann Pottorff colon cancer survivor  
Ms. Chris Collins, director of Government Affairs for  
Kansas Medical Society

Others attending: See attached guest list.

**Overview on early diagnosis of colon cancer**

Upon calling the joint meeting of the Senate Public Health and Welfare and the House Health and Human Services Committee to order, Chairperson Susan Wagle introduced Senator Jim Barnett, Vice Chairperson, Public Health & Welfare Committee, who was the first person to speak regarding early detection of colon cancer.

Senator Barnett began his presentation by stating an average of 546 Kansas die every year from this diagnosis representing the second leading cause of cancer death in Kansas. And that even though much progress has been made regarding early detection, only 39% of colon cancer cases are detected at an early stage in Kansas. He then went on to describe and demonstrate some of the equipment involved in the screening. A copy of his attachment (Attachment 1) is attached hereto and incorporated into the Minutes by reference.

Senator Barnett then introduced Ms. Stephanie Sharp, Government Relations Director for the American Cancer Society who presented a packet highlighting three sections she particularly wanted to share with the Committee. The first page was individualized statistics with regard to cancer incidence, data for counties in the Senate and House districts. Second, was an article to promote colon cancer awareness with "Polyp Man". Senator Barnett stated that colon cancer is the most detectable, treatable, and survivable cancer if caught early. The third was a post card for each to fill out to receive an at-home Fecal Occult Blood Test. A copy of her testimony and packet is (Attachment 2) attached hereto and incorporated into the Minutes by reference.

Next to speak was Ms. Ursula Holtering, a colon cancer survivor, who spoke about the importance of early screening for colon cancer. A copy of her testimony (Attachment 3) is attached hereto and incorporated into the Minutes by reference.

The last to speak was Representative Jo Ann Pottorff, also a colon cancer survivor, who also gave an overview of her ordeal. No written testimony was provided.

Because of time constraints, Ms. Chris Collins, Director of Government Affairs for the Kansas Medical Society, provided written testimony stating one of the key components to early detection is physician awareness of the issue. She stated that the KMS will dedicate a section in their monthly newsletter and the website to physician education on colorectal cancer screening. A copy of her testimony is (Attachment 4) attached hereto and incorporated into the Minutes by reference.

Chairperson Wagle asked if there were questions or comments from the two Committees. A healthy question and answer discussion covering issues from the occult blood kit, cost of the test, insurance coverage, preventions to anesthesia and sedation, and the dangers of perforation causing infection and bleeding.

### **Adjournment**

As there was no further business the meeting was adjourned. The time was 2:20 p.m.

The next meeting is scheduled for January 29, 2002.

# HEALTH AND HUMAN SERVICES

DATE *January 24, 2002*

NAME	REPRESENTING
<i>John Bergmeier</i>	<i>Rep. <sup>American</sup> Cancer Ass</i>
<i>Yvonne Bergmeier</i>	<i>American Cancer Ass.</i>
<i>Charles W. Soenderker</i>	<i>" "</i>
<i>Steve Montgomery</i>	<i>United Healthcare</i>
<i>Debra Hultgren</i>	<i>Cancer Services Story</i>
<i>Dennis Hultgren</i>	<i>Spouse</i>
<i>Sally Finney</i>	<i>Ks. Public Health Assn</i>
<i>Tuck Duncan</i>	<i>Ks. Occupational Therapy Assn.</i>



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SENATE CHAMBER

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LYON, MARION, MORRIS,  
OSAGE AND WABAUNSEE

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MEMBER FEDERAL AND STATE AFFAIRS  
FINANCIAL INSTITUTIONS AND  
INSURANCE

JAMES A. BARNETT  
SENATOR 17TH DISTRICT  
HOME ADDRESS: 1400 LINCOLN  
EMPORIA, KS 66801  
OFFICE: STATE CAPITOL BUILDING 136 N  
TOPEKA KANSAS 66612-1504  
785 296-7384  
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**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

*Senate Public Health & Welfare Committee  
Date: January 24, 2002  
attachment 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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*Senate Public Health & Welfare Committee  
Date: January 24, 2002  
Attachment 2*

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.

*Stephanie Sharp*



Senator Wagle:

Below you will find colorectal cancer statistics for your legislative district. The numbers include colorectal cancer diagnosis, death, and staging rates. (Please note the data is based on counties in your district. All data has been rounded to the nearest whole number.) The statistics are published in "Saving Lives in Kansas" (you received a copy during the 2001 session), a cooperative research effort between the American Cancer Society and the Kansas Department of Health and Environment.

Constituent deaths from colorectal cancer 1990 – 1998:

702

Constituents diagnosed 1996-1998:

647

Constituents diagnosed in late stage:

57

On average, 40 percent of colorectal cancers in Kansas are detected at early stages, when the cancer would be most treatable. As a comparison, the percentage of breast cancer cases detected in early stages is 67 percent. National data demonstrates the need for early screening for this devastating disease:

- When detected at an early stage, the 5-year relative survival rate for colorectal cancer is greater than 90 percent.
- That rate drops to 8.5 percent when colorectal cancer is detected at a late stage, when the cancer has metastasized to parts of the body remote from the primary tumor.

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# Is the World Ready for Polyp Man?

Tuesday, January 22, 2002; Page HE03

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Picture a cross between Woody

Allen and John Lovitz in a

bulbous red wet suit, cornered like a street thief by a pair of tough-talking lab-coated gumshoes. Stop action. Cut to voice-over by Tim Allen: "Colon polyps. Stop them before they go bad."

Inside the fat suit, that's actor Dean Jacobson -- who, after his debut in next month's planned multimedia blitz by the Advertising Council and the American Cancer Society (ACS), will forever be known as "Polyp Man." Yes, Polyp Man, a tiny nub of possibly precancerous flesh sometimes found hiding in the colon, transformed into a shuddering red thug in nerdy glasses and a hapless sneer.

Developed by ad agency Campbell-Ewald, the public service ad campaign aims to get more people, especially those over 50, screened for colon cancer, a disease projected to kill more than 56,000 Americans this year. While highly treatable in its early stages -- when polyps can be surgically removed -- the disease is often undetectable without screening. But only an estimated 35 to 40 percent of those over 50 have had any of the five tests recommended for this purpose. Polyp Man's mission is to change that.

ACS surveys have shown "it's clearly difficult for doctors to talk to their patients about colorectal cancer," said Harmon Eyre, the society's national chief medical officer. "We hope approaching this from a humor standpoint can help break down those barriers." ACS didn't always think this way: The last screening campaign, in 1988, "started at graveside, with a coffin coming out of the hearse," recalled Peggy Conlon, president and CEO of the Ad Council. "It was really morose."

But fear isn't the only barrier the new ads take care to sidestep.

"Get the test. Get the polyp. Get the cure," the ads admonish. Which test is that? Why not specify colonoscopy, widely regarded as the most accurate screening tool? Because, for one thing, there are only enough gastroenterologists and colorectal surgeons to perform the test on half the Americans who should have it, says Eyre, who notes that patients

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seeking screening colonoscopies must wait up to six months in some cities. The wait for diagnostic colonoscopies -- administered when a problem is suspected due to a symptom or other test result -- is generally much shorter.

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Insurance barriers also make the approximately \$1,000 procedure unaffordable for some medical consumers, although Eyre says cost/benefit studies have shown it to be the most cost-effective in the long run. Eyre says any of the other tests recommended by the ACS -- fecal occult blood test, sigmoidoscopy and double-contrast barium enema, alone or in combination at varying time intervals -- will also lower cancer risks for individuals over 50 without a history of colon cancer or polyps.

Oh yes: Even though the character is Polyp *Man* -- "Men are easier to pick on," says Bill Ludwig, Campbell-Ewald's vice chairman and CEO -- women don't get a pass on the disease. They need to get screened, too.

-- Susan Morse

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2-5

## WARNING SIGNS:

- Rectal bleeding
- Blood in the stool
- Change in bowel habits.

## RISK FACTORS:

- Age: After age 50, your risk increases for developing colorectal cancer
- Personal or family history of cancer or polyps of the colon or rectum
- Inflammatory bowel disease
- High-fat and/or low-fiber diet may also contribute to the development of colon cancer.

## SCREENING FOR COLORECTAL CANCER:

- Digital rectal examination
- Stool blood test (test for blood in the stool invisible to the human eye)
- Sigmoidoscopy
- Colonoscopy
- Barium enema

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**All of these are examples of screening tools used to detect colorectal cancer at an early stage, when treatment is more successful.**

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will provide you with a home kit to test for hidden blood in the stool. It's free of charge, easy to do and won't take much of your time. It is the first step in screening for colorectal cancer. After age 50, in addition to testing for blood in the stool, you should also have a sigmoidoscopy or colonoscopy or barium enema.

To order your test kit, detach and complete the card to the left, and mail it to us. We will send you a test kit within 3-4 weeks.

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M or F

6-2

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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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*Senate Public Health & Welfare Committee  
Date: January 24, 2002  
Attachment 3*

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.

Ursula Holtering



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fax 785.235.5114

kmsonline.org

**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.

*Senate Public Health & Welfare Committee  
Date: January 24, 2002  
attachment 4*