

Approved: February 29, 2012

MINUTES OF THE PUBLIC HEALTH AND WELFARE COMMITTEE

The meeting was called to order by Chairman Vicki Schmidt at 1:30 p.m. on February 16, 2012, in Room 546o-S of the Capitol.

All members were present.

Committee staff present:

Nobuko Folmsbee, Office of the Revisor of Statutes
Renaë Jefferies, Office of the Revisor of Statutes
Iraida Orr, Kansas Legislative Research Department
Melissa Calderwood, Kansas Legislative Research Department
Carolyn Long, Committee Assistant

Conferees appearing before the Committee:

Senator Jean Schodorf
Representative Sheryl Spalding
Marc F. Inciardi, M.D., The University of Kansas Medical Center
JoAnn Pushkin, Are You Dense Advocacy, Inc.
Peggy L. Johnson, Wichita Medical Research and Education Foundation
Jerry Slaughter, Kansas Medical Society
Kathleen Lipper, Kansas State Board of Healing Arts

Others attending:

See attached list.

The Chair opened the meeting by calling for approval of minutes for January 30, 2012, January 31, 2012, and February 1, 2012. *Moved by Senator Kelsey, seconded by Senator Brungardt that the minutes be approved as presented. Motion carried.*

The hearing on **SB 407—concerning mammography examinations; providing for certain information and notice to the patient.** Staff stated that this legislation would require that an informational report form developed by the State Board of Healing Arts and the Kansas Department of Health and Environment be provided to patients who undergo mammography examinations. The report would include information explaining that dense breast tissue can hide abnormalities and those patients with demonstrated dense breast tissue would benefit from supplemental screening, depending on individual risk factors.

Senator Jean Schodorf said that the reason she initiated this legislation was in the hope that it would provide knowledge to women about dense breasts which could mask abnormalities on their mammograms and would enable them to talk to their doctor about the best possible care available for them (Attachment #1). She also shared written testimony from a constituent (Attachment #2).

CONTINUATION SHEET

The Minutes of the Public Health and Welfare Committee at 1:30 p.m. on February 16, 2012, in Room 546-S of the Capitol.

Representative Sheryl Spalding shared with the Committee her daughter's battle with breast cancer and the fact that had her daughter been given information regarding dense breasts and the diagnostic tests available, results may have been less disruptive or intrusive on her (Attachment #3).

From the University of Kansas Medical Center, Dr. Marc F. Inciardi told the committee he was an assistant professor of Radiology and provided a definition of dense breasts. Breast tissue is composed of two primary components; fatty and fibroglandular tissue. On mammograms, fat is dark gray, while fibroglandular (dense) tissue is white. While mammography is very good at detecting breast cancer while it is at an early stage in breasts that are fatty or mostly fatty, the ability for radiologists to find breast cancer falls substantially in breasts that are dense. While the accuracy of mammography approaches 100% in very fatty breast, it falls to about 50% in dense breasts. Radiologists have known for at least 16 years that mammography misses cancers in a significant number of patients with dense breasts, and that the use of ultrasound can indeed detect additional cancers that are mammographically occult. The number of women with dense breasts is about 50% of premenopausal women and up to 40% of post menopausal women. The risk of breast cancer is 4-6X higher in a woman with the most dense breast when compared to a fatty breast. He suggests language that mentions the availability of additional adjunctive tools such as ultrasound and MRI and secondly, the verbiage to make it clear that she does have dense tissue (Attachment #4).

JoAnn Pushkin, representing Are You Dense Advocacy, Inc. shared her personal experience with breast cancer even though she followed all protocol. Are You Dense Advocacy was born out of the frustration of women with later-stage cancers, who diligently followed the screening protocols recommended by medical professionals and who were never told they had dense breasts. She is in favor of the proposed legislation with the additional language indicating whether or not a woman has dense tissue (Attachment #5).

Peggy L. Johnson, Kansas Cancer Partnership, said that cancer is an extremely costly disease—an estimated 1.6 billion dollars are spent every year on cancer in Kansas—4.4 million dollars per day. More women die in the state of Kansas from breast cancer than any other cancer. Early detection is critical and not only saves lives but vital resources such as time and money. They endorse this bill with the additional wording previously recommended (Attachment #6).

Representing the Kansas Medical Society, Jerry Slaughter said that legislation which promotes increased awareness in women about their health issues, particularly relating to breast cancer, while also encouraging them to discuss their specific risk factors with their personal physician, is good public policy. The two objectives of the bill—to increase patient awareness, and to encourage meaningful patient/physician discussions about breast cancer, its diagnosis, and its associated risk factors—is a laudable public goal. To that end they offer an amendment that does

CONTINUATION SHEET

The minutes of the Public Health and Welfare Committee at 1:30 p.m. on February 16, 2012, in Room 546-S of the Capitol.

not represent a substantive change to the original bill, but is more concise notice of the limitations of mammography (Attachment #7).

Kathleen Lippert, Kansas State Board of Healing Arts, said that her Board was providing neutral testimony until they are aware of the bill's intent (Attachment #8).

The Chair remarked that she was surprised that the American Cancer Society (ACS) did not weigh in on this piece of legislation. Chris Masoner, representing the ACS, said that typically the Society remained neutral and not get too involved in legislation that involved the patient-doctor relationship.

The Chair asked the involved parties to work on agreed upon language for the bill and with that the hearing on **SB 407** was closed.

The next meeting of the Committee is February 20, 2012.

The meeting adjourned at 2:30 p.m.