SENATE BILL REPORT

SSB 5349

As Passed Senate, February 10, 2000

Title: An act relating to coverage for cranial hair prostheses for alopecia areata.

Brief Description: Providing insurance coverage for cranial hair.

Sponsors: Senate Committee on Health & Long-Term Care (originally sponsored by Senators Costa, Spanel, Long, Fairley, Kohl-Welles, Snyder, Kline, Franklin, Thibaudeau, Wojahn, Rasmussen, Patterson, Deccio and Prentice).

Brief History:

Committee Activity: Health & Long-Term Care: 2/10/99, 3/1/99 [DPS-WM].

Ways & Means: 3/5/99, 3/8/99 [DPS (HEA)]. Passed Senate, 3/16/99, 35-11; 2/10/00, 32-15.

SENATE COMMITTEE ON HEALTH & LONG-TERM CARE

Majority Report: That Substitute Senate Bill No. 5349 be substituted therefor, and the substitute bill do pass and be referred to Committee on Ways & Means.

Signed by Senators Thibaudeau, Chair; Wojahn, Vice Chair; Costa, Franklin and Winsley.

Staff: Christopher Blake (786-7446)

SENATE COMMITTEE ON WAYS & MEANS

Majority Report: That Substitute Senate Bill No. 5349 as recommended by Committee on Health & Long-Term Care be substituted therefor, and the substitute bill do pass.

Signed by Senators Loveland, Chair; Bauer, Vice Chair; Brown, Vice Chair; Fairley, Fraser, Kline, Kohl-Welles, Long, Rasmussen, B. Sheldon, Snyder, Spanel, Thibaudeau, Winsley and Wojahn.

Staff: Tim Yowell (786-7435)

Background: Alopecia areata and its variants, alopecia totalis, and alopecia universalis, are common, noncontagious diseases that affect between two and four million Americans. It is estimated that in Washington State there are 40,000 people with this condition. The disease results in hair loss that can be acute and short-lived, occurring in just days or weeks, or chronic with years of regrowth in some sites and progression to new sites. The degree of severity ranges from large patches of baldness to the total loss of all body hair.

The precise cause of alopecia is unknown; however, it has been associated with an alteration in the immunological system or abnormally low levels of a thyroid hormone. Treatments for alopecia can stimulate new hair growth, but none prevent new patches from developing.

There is concern that alopecia may affect the way that society treats patients with the disease, particularly women and children. There are documented cases of adults who have lost their jobs, have been harassed and have been accused of belonging to extremist cults because of their appearance due to hair loss. Children with alopecia have been removed from mainstream classes and placed in special education classes and ostracized by their peers.

It is suggested that because alopecia is a recognized disease which can prevent patients from functioning as they usually would, the use of cranial hair prostheses to return patients to their previous functional status must be covered as would any other prostheses.

Summary of Bill: The Legislature finds that alopecia is a recognized medical disease that can alter a patient's functional status.

All health insurance policies that provide coverage for prostheses must provide coverage for cranial hair prostheses for patients under 18 years of age suffering from alopecia areata, totalis or universalis. Prostheses are only required to be provided upon the recommendation of a physician, nurse practitioner or a physician's assistant. The standard policy provisions regarding a patient's financial responsibility may apply to the provision of these benefits.

Appropriation: None.

Fiscal Note: Available.

Effective Date: Ninety days after adjournment of session in which bill is passed.

Testimony For (Health & Long-Term Care): The traumatic effects of alopecia on children's self-esteem can be lessened through the availability of cranial hair prostheses. By paying for this coverage during childhood, money is saved on later emotional counseling. Regular wigs do not fit properly, thus requiring the use of a specially fitted prosthesis.

Testimony Against (Health & Long-Term Care): This is a mandated benefit that will increase health care costs and make insurance less affordable. It should be the insurance purchaser's decision whether or not they want this type of coverage.

Testified (Health & Long-Term Care): Senator Costa, prime sponsor (pro); Senator Spanel, co-sponsor (pro); Steve Boruchowitz; Department of Health (informational); Rietta Costa (pro); June Secreto, National Alopecia Areata Foundation (NAAF) (pro); Jeralyn St. John, NAAF (pro); Kay Fleischer, NAAF (pro); Judith Wilson, NAAF (pro); Gary Smith, Independent Business Association (con); Ken Bertrand, Group Health (con).

Testimony For (Ways & Means): The hair loss due to alopecia can create severe emotional trauma for children. A high-quality prosthesis enables a child with alopecia to do the things which a child normally does, like running and swimming. The loss of self-esteem suffered by a child with alopecia whose family cannot afford a prosthesis may result in greater social costs down the road.

Testimony Against (Ways & Means): Requiring this additional benefit will raise the price which insurers charge the state and other purchasers for coverage. This kind of mandate further burdens the already fragile individual and small group market.

Testified (Ways & Means): PRO: Senator Jeralita Costa, prime sponsor; Senator Harriet Spanel, co-sponsor; CON: Ken Bertrand, Group Health Cooperative; Rick Wickman, Blue Cross; Gary Smith, Independent Business Association.