

HOUSE BILL REPORT

SSB 6188

As Reported by House Committee On:

Health Care
Appropriations

Title: An act relating to health benefit plans offering coverage for prostate cancer screening.

Brief Description: Providing health benefit plans offering coverage for prostate cancer screening.

Sponsors: Senate Committee on Health & Long-Term Care (originally sponsored by Senators Johnson, Keiser, Oke, Rockefeller, Thibaudeau and Kohl-Welles).

Brief History:

Committee Activity:

Health Care: 2/17/06, 2/21/06 [DP];

Appropriations: 2/23/06 [DPA].

Brief Summary of Substitute Bill (As Amended by House Committee)

- Requires health plans and state health programs to cover prostate cancer screening.

HOUSE COMMITTEE ON HEALTH CARE

Majority Report: Do pass. Signed by 13 members: Representatives Cody, Chair; Campbell, Vice Chair; Morrell, Vice Chair; Hinkle, Ranking Minority Member; Curtis, Assistant Ranking Minority Member; Alexander, Appleton, Clibborn, Green, Lantz, Moeller, Schual-Berke and Skinner.

Minority Report: Do not pass. Signed by 2 members: Representatives Bailey and Condotta.

Staff: Dave Knutson (786-7146).

Background:

Prostate cancer is the second leading cause of cancer-related deaths among men in this country. The chance of having prostate cancer increases rapidly after age 50, with more than 70 percent of all prostate cancers diagnosed in men over age 65.

The state Department of Health (Department) estimates that each year about 4,500 men in Washington are diagnosed with prostate cancer, and about 600 die from the disease. A 2002 survey by the Centers for Disease Control showed that just less than 50 percent of men in Washington over age 50 had been screened for prostate cancer in the preceding year.

Summary of Bill:

After December 31, 2006, health plans are required to cover prostate cancer screening, provided that the screening is delivered upon the recommendation of a patient's physician, advanced registered nurse practitioner, or physician assistant. This does not prevent the application of standard policy provision applicable to other benefits, such as deductibles. Neither does it prevent contracting with specific providers for delivery of the screening services. The requirement applies to disability insurers, health care service contractors, health maintenance organizations, self-funded multi-employee welfare arrangements, the Basic Health Plan, the Uniform Medical Plan for state employees, and medical assistance programs provided by the Department of Social and Health Services.

The Department is directed to implement a prostate cancer public awareness and education campaign, placing special emphasis on early education for men over 40, African-American men, and men who are at high risk for prostate cancer.

Appropriation: The sum of \$50,000.

Fiscal Note: Available.

Effective Date: The bill takes effect 90 days after adjournment of session in which bill is passed.

Testimony For: (In support) Prostate cancer is one of the most deadly cancers faced by men. Increased screening and public education will reduce the incidence of this deadly disease.

(Comments only) National prevention studies do not support increased prostate cancer screening.

(With concerns) The Legislature should not be adding new statutory requirements on health carriers.

Testimony Against: None.

Persons Testifying: (In support) Senator Johnson, prime sponsor; Paul Sanders, Washington State Prostate Cancer Coalition; Debi Johnson, Washington State Urology Society; Frank Agnello, Safe at Home; and Richard Swanson, Seattle Us-Too Prostate Support Group.

(Comments only) Dennis Martin, Health Care Authority.

(With concerns) Mike O'Sullivan, American Cancer Society; and Mellani McAleenan, Association of Washington Business.

Persons Signed In To Testify But Not Testifying: None.

HOUSE COMMITTEE ON APPROPRIATIONS

Majority Report: Do pass as amended. Signed by 26 members: Representatives Sommers, Chair; Fromhold, Vice Chair; Alexander, Ranking Minority Member; Anderson, Assistant Ranking Minority Member; McDonald, Assistant Ranking Minority Member; Buri, Clements, Cody, Conway, Darneille, Dunshee, Haigh, Hinkle, Hunter, Kagi, Kenney, Kessler, McDermott, McIntire, Miloscia, Pearson, Priest, Schual-Berke, P. Sullivan, Talcott and Walsh.

Staff: Amy Hanson (786-7118).

Summary of Recommendation of Committee On Appropriations Compared to Recommendation of Committee On Health Care:

The bill no longer requires the Department of Health to implement a prostate cancer public awareness and education campaign. The appropriation provided to the Department of Health for this purpose is also removed.

Appropriation: None.

Fiscal Note: Available.

Effective Date of Amended Bill: The bill takes effect 90 days after adjournment of session in which bill is passed.

Testimony For: One of the things we hear most often from prostate cancer survivors is that they did not know that they should be tested or were at risk. We believe that the money appropriated in this bill will help educate Washingtonians that they are at risk for prostate cancer and that they need to be tested. We know from indications that 720 people in Washington will die from this disease this year. We have found that if prostate cancer is identified early it is nearly 100 percent treatable. This bill targets those at high risk to make sure that testing is covered. The cost impact is significant if younger patients can be identified early and treated in the least costly manner. We are aware that there is an enormous gap among African-American men and others with regard to this condition. The educational challenges are very important. Very recent data released this week says that only 25 percent of African-American men have had a Prostatic Specific Antigen (PSA) and 36 percent have had a beginning physical exam among men at risk for prostate cancer. By raising awareness, we are convinced that we can save lives.

Testimony Against: None.

Persons Testifying: Debi Johnson, Washington State Urology Society; Mike O'Sullivan, American Cancer Society; and Frank Agnello, Safe At Home Prostate Awareness Network.

Persons Signed In To Testify But Not Testifying: None.