

FINAL BILL REPORT

SSB 6188

C 367 L 06

Synopsis as Enacted

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).

Senate Committee on Health & Long-Term Care

House Committee on Health Care

House Committee on Appropriations

Background: Prostate cancer is the most common non-skin cancer in America. In 2006, it is estimated that over 232,000 men will be diagnosed with the disease. Over 30,000 will die from it, making it 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.

Early prostate cancer usually has no symptoms, and is most commonly detected through screening. If detected soon enough, the cancer can be eliminated from the body, although current evidence is insufficient to establish a direct relationship between screening for prostate cancer and reduced mortality.

The state Department of Health 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 this state over age 50 had been screened for prostate cancer in the preceding year.

Summary: 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.

Votes on Final Passage:

Senate	42	1	
House	86	12	(House amended)
Senate	47	0	(Senate concurred)

Effective: June 7, 2006