

SENATE BILL REPORT

SB 6188

As Reported By Senate Committee On:
Health & Long-Term Care, January 26, 2006

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: Senators Johnson, Keiser, Kohl-Welles, Oke, Rockefeller, and Thibaudeau.

Brief History:

Committee Activity: Health & Long-Term Care: 1/9/06, 1/26/06 [DPS].

SENATE COMMITTEE ON HEALTH & LONG-TERM CARE

Majority Report: That Substitute Senate Bill No. 6188 be substituted therefor, and the substitute bill do pass.

Signed by Senators Keiser, Chair; Thibaudeau, Vice Chair; Deccio, Ranking Minority Member; Brandland, Franklin, Johnson, Kline, Parlette and Poulsen.

Staff: Jonathan Seib (786-7427)

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

Substitute Bill Compared to Original Bill: The substitute bill replaces the requirement that prostate cancer screening be covered at least once a year for men over forty with the requirement that screening be covered when delivered upon the recommendation of a person's health care provider, and allows the screening to be subject to plan deductibles. It adds the Uniform Medical Plan, the Basic Health Plan, self-funded multi-employer welfare arrangements, and medical assistance programs to the list of those explicitly covered by the mandate. A prostate cancer public awareness campaign is also added.

Appropriation: \$50,000.

Fiscal Note: Available.

Committee/Commission/Task Force Created: No.

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

Testimony For: Prostate cancer is the second leading cause of cancer-related death in Washington. The cost of screening is quite low, and the slight increase in insurance costs the bill would cause is worth it to avoid putting men's lives at risk. The issue is early diagnosis. Since the inception of the PSA test, the number of men presenting with curable prostate cancer has risen substantially. This is a question of saving lives. Prostate cancer is curable if caught early, and the treatment is much less expensive than when it is not. This legislation would be cost effective for the insurance industry, patients and government.

Testimony Against: Striving for early detection of prostate cancer is a good idea, provided that early prostate cancer screening really makes a difference. However, at this time the evidence does not support routine prostate cancer screening. Treatments for prostate cancer are of variable effectiveness with significant side-effects. The PSA is far from an ideal screening test, with many false positives. Prostate screening is typically covered if determined appropriate in individual cases by a treating provider. Employers are concerned about the potential for increased costs that the bill would generate with questionable benefits. This bill is also inconsistent with the notion of evidence-based medicine.

Testimony Other: While it is not anticipated that the cost of the bill will be large, it is not included in the Governor's budget. We appreciate the discussion around whether the mandate improves quality and adds value to health care coverage.

Who Testified: PRO: Senator Johnson, Prime Sponsor; Dr. Christopher Porter, Debi Johnson, Washington State Urology Society; Frank Agnello, Safe at Home; Prostate Awareness Network; Richard Swanson, Seattle Us-Too Prostate Cancer Support Group.

CON: Ken Bertrand, Dr. David Grossman, Group Health Cooperative; Nancee Wildermuth, Regence Blue Shield, Aetna, PacifiCare; Mellani McAleenan, Association of Washington

Business; Mel Sorenson, America's Health Insurance Plans, Washington Association of Health Underwriters.

OTHER: Richard Onizuka, Health Care Authority.