

SENATE BILL REPORT

SB 5112

As Reported By Senate Committee On:
Health & Long-Term Care, February 1, 1999

Title: An act relating to health insurance benefits for mastectomies.

Brief Description: Regulating health insurance benefits for mastectomies.

Sponsors: Senators Franklin, Winsley, Thibaudeau, Wojahn, McAuliffe, Deccio, Prentice, Costa, Rasmussen, Fraser, Brown, McCaslin, Patterson, Spanel, Eide, Kline, Bauer, Loveland, Jacobsen, Goings, Hale, Swecker, Haugen, Fairley, Gardner, B. Sheldon, Rossi, Johnson and Kohl-Welles.

Brief History:

Committee Activity: Health & Long-Term Care: 1/27/99, 2/1/99 [DPS].

SENATE COMMITTEE ON HEALTH & LONG-TERM CARE

Majority Report: That Substitute Senate Bill No. 5112 be substituted therefor, and the substitute bill do pass.

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

Staff: Christopher Blake (786-7446)

Background: In Washington State the average length of stay for mastectomies has decreased from 2.7 days in 1990 to 2.0 days in 1996. One reason for the decreased length of stay is the availability of new surgical procedures. Some are concerned, however, that these new treatment options may entice carriers to pressure providers to limit hospital stays for mastectomies in order to reduce costs. Other states have addressed this issue by setting minimum lengths of stay after mastectomy services, prohibiting policies from restricting benefits for services exceeding a specified time, or declaring that length of stay decisions are to be made through consultation between the physician and patient. This month the Breast Cancer Patient Protection Act— was introduced before Congress to guarantee a minimum stay of 48 hours for mastectomy services, but less time should the physician and the patient agree to a shorter stay.

Summary of Substitute Bill: Disability insurers, health care services contractors, health maintenance organizations, plans operating under the Health Care Authority, and state health insurance pools that provide mastectomy services must allow the attending provider and patient to determine whether the treatment will be inpatient or outpatient and to make decisions regarding the length of inpatient stay for mastectomy services. No carrier may take adverse actions against a provider for complying with these provisions. A physician is not required to authorize medically unnecessary care, nor is a medical standard of care established. These requirements apply to all health care policies that are issued or renewed after the effective date of this bill.

Substitute Bill Compared to Original Bill: The substitute bill adds a definition of mastectomy and adds outpatient decisions to its provisions.

Appropriation: None.

Fiscal Note: Requested on January 21, 1999.

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

Testimony For: The women who receive mastectomy services do not always have the support system at home to warrant a quick release from the hospital. Immediately after a mastectomy, a patient is in no emotional state to be released home and be responsible for monitoring immediate surgical effects on their own.

Testimony Against: Instances of inappropriate care have been reduced and health plans have mechanisms for addressing such problems. The interaction between the treating physician and the health care plan director is a key component in achieving better quality and lower cost care.

Testified: Senator Franklin, primary sponsor (pro); Steve Boruchowitz, Department of Health; David Allen, American Cancer Society (pro); Barbara Diver, American Cancer Society (pro); Richard Whitten, State Agency Medical Directors (con); Ken Bertrand, Group Health (con).