



Oklahoma
State
Senate

Legislative Brief

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Breast and Cervical Cancer Related Legislation

Statistics on breast and cervical cancer are alarming at both national and state levels:

- The National Cancer Society estimates that by the end of 2001, 192,000 women will be diagnosed with breast cancer and 40,600 will die of the disease.
- Oklahoma's cervical cancer death rate is the 10th highest in the nation.
- Oklahoma is also among the states with the highest numbers of newly diagnosed cases of cervical cancer annually.
- As Oklahoma's population ages in the next 5 years, it is estimated that 2,800 women will have breast cancer and another 2,000 women will have pre-cancerous conditions of the cervix or cervical cancer.
- Early detection can reduce breast cancer deaths by 30% and can reduce cervical cancer deaths by 95%.

Historical Overview

The Legislature first addressed breast cancer as an issue in SB 612 (1988), by providing that all individual and group health insurance policies providing coverage on an expense incurred basis, and all individual and group service or indemnity type contracts issued by a nonprofit corporation and all self-insurers which provide coverage for a female forty-five (45) years old or older shall include coverage for an annual screening by low-dose mammography for the presence of occult breast cancer.

The Legislature amended the section again in 1989 as follows:

- lowered the age from 45 to 35;
- clarified language related to an annual low-dose screening by mammography;
- established a reimbursement amount of no more than \$75.00;
- removed language specifying that the procedure be not less favorable than for other radiological examination and subject to the same dollar limits, deductibles and co-insurance factors;
- specified coverage as being for one low-dose mammography screening for women 35-39 years of age and an annual low-dose mammography screening for females 40 and older; and
- required that any entity advertising mammography services include the total cost of the procedure in its advertising.

The Legislature overrode then Governor Henry Bellmon's veto of the bill.

SB 772 (1994) deleted the requirement for "self-insurers." Companies who self insure are exempted from state mandates by the federal Employee Retirement Insurance Security Act (ERISA). The bill further prohibited subjecting the patient to any policy deductible, co-payment or co-insurance.

Current Initiatives

This past session, the Oklahoma Legislature enacted SB 711, SB 741 and HB 1570, related to breast and cervical cancer:

SB 711 (Dickerson/Askins)

Effective July 1, 2001, the Act:

- modifies mandated insurance coverage for mammography screenings for women of specified ages
- specifies that the State and Education Employees Group Insurance Board is included in the mandate.
- increases the reimbursement amount from \$75 to up to \$115 to bring this amount in line with present day costs for a mammography screening.
- Prohibits conditioning of payment for coverage on receiving the screening at a specified time.
- Provides for coverage for an annual low dose mammography screening at no charge for women 40 years of age and older.
- Provides for coverage for one low dose mammography screening within a 5-year period for women 35 – 39 years of age.

SB 741 (Dunlap/Askins)

The Act expands the state Medicaid program to include services for eligible individuals who are in need of breast or cervical cancer treatment. The Act further provides for presumptive eligibility for applicants and continuation of assistance throughout the period required for treatment of the individual's breast or cervical cancer. The Act requires implementation of the Centers for Disease Control-sponsored program by July 1, 2002, contingent upon funds availability.

Background: SB 741 is related to the federal PL 106-354 (2000) which provides treatment for women diagnosed with either breast or cervical cancer, or pre-cancerous conditions of either the breast or cervix, who are without insurance, who meet state income guidelines, and who have been screened by the state breast and cervical cancer early detection program. In Oklahoma, the program is administered by the Chronic Disease Service within the State Department of Health. The program targets women 50-64 years of age, who are uninsured or underinsured, who meet age and income eligibility requirements, and who have never or who have rarely been screened for either breast or cervical cancer.

HB 1570 relates to appropriations to various state agencies and modifications to budget limits. The bill contained a \$500,000.00 appropriation to the State Health Department for additional breast and cervical cancer detection screenings. OSDH will use the funding to maintain dysplasia clinics and to continue providing diagnostic services for women with abnormal pap smears, a federal requirement.

The additional funding to expand Medicaid pursuant to SB 741 was not provided, but is expected to be addressed during the next legislative session. Such additional funding will enable the state to receive an enhanced match equal to the Federal Medical Assistance Percentage used in the States' Children's Health Insurance Program, which is currently 80-20, and to hopefully expand services to include women 40-49 years of age. Presently, the state receives \$1.5 Million federal dollars for the \$510,000 in state dollars, a 3 to 1 match.

What It Means

Under SB 711, specified insurers must now cover low dose mammography screenings for women, aged 35 years and older, at no charge to the patient, as follows:

- For women aged 35-39 years - one time during a 5-year period
- For women aged 40 years and older - annually.

This means providers shall not charge co-pays, deductibles or co-insurance amounts in connection with the screenings. This provision also applies to the State and Education Employees Group Insurance Board (OSEEGIB). Companies that self-insure are exempt from the state mandate by the federal ERISA law.

As a condition of contracting under Medicare, providers shall not require a patient to pay any additional amounts over and above what Medicare contracts with the provider to pay.

Women should be aware that allowable rates for mammography screenings at hospitals are different from rates at free standing clinics.

Questions regarding billing for a mammography screening should be directed to an insurance plan's benefits coordinator.

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