

1997-98 SESSION

COMMITTEE HEARING RECORDS

Assembly Committee on Mandates (AC-Ma)

Sample:

Record of Comm. Proceedings ... RCP

- 05hrAC-EdR_RCP_pt01a
- 05hrAC-EdR_RCP_pt01b
- 05hrAC-EdR_RCP_pt02

➤ Appointments ... Appt

➤ **

➤ Clearinghouse Rules ... CRule

➤ **

➤ Committee Hearings ... CH

➤ **

➤ Committee Reports ... CR

➤ **

➤ Executive Sessions ... ES

➤ **

➤ Hearing Records ... HR

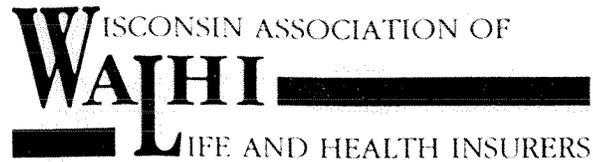
➤ **97hr_ab0098_pt03**

➤ Miscellaneous ... Misc

➤ **

➤ Record of Comm. Proceedings ... RCP

➤ **



The Wisconsin Association of Life and Health Insurers (WALHI) is a trade association representing 13 domestic insurance companies in Wisconsin. WALHI opposes all mandates. Mandates increase the cost of basic health insurance and limit the ability of consumers to choose their own benefit design.

The cumulative effect mandates have on premiums is the main reason many companies have decided to self-insure. By self-insuring companies are exempt from state mandates. Not all companies have the ability to self-insure. Nearly half of the market is self-insured; therefore, state mandates only affect one-half of the insured population. Clearly small businesses are disadvantaged.

WALHI believes that the market place should be allowed to determine health insurance benefit design without government intervention. Employers should be free to choose benefit packages best suited to the needs of their employees.

There is no question that WALHI supports healthy women and children. Our objection to AB 98 and AB 222 is the negative impact mandates have on overall access to affordable health care to Wisconsin's small, commercially insured employers and employees.

We stand with the small business community and ask that you reject AB 98 and AB 222.



Wisconsin Division, Inc.

TESTIMONY IN SUPPORT OF ASSEMBLY BILL 98

My name is Patrica Finder-Stone and I chair the Board of Directors for the Wisconsin Division of the American Cancer Society. I would like to express the American Cancer Society, Wisconsin Division's support for Assembly Bill 98.

I would like to thank Chairman Nass, committee members, Representative Robson and Assembly Bill 98 cosponsors for bringing this important issue to the table for discussion. I would like to first share our position statement regarding care for mastectomy patients:

The American Cancer Society believes that treatment decisions for women with breast cancer should be made by the woman and her physician. If a mastectomy is deemed the necessary course of treatment, the decision regarding length of hospital stay should be determined by the woman and her physician based on what is medically appropriate for her post surgical recovery and rehabilitation. The Society opposes any health insurance policy which mandates outpatient mastectomies.

We believe it is very important that the decision on length of stay is one which is made by the patient and the physician. This philosophy should hold true for not only mastectomy surgery but for all forms of cancer related health care.

Our position is reflective of the fact that each patient's case will be different and should be treated as such. Therefore, we support Assembly Bill 98 because it will work to strengthen the patient/physician relationship.

The American Cancer Society, Wisconsin Division, is hopeful that during your thoughtful deliberations on this issue you will assure that the needs of the cancer patient take priority. For those who experience this life changing occurrence the last thing they should have to be concerned with is if their insurance is going to pay for the care they need.

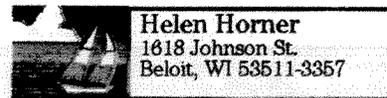
Thank you very much for your consideration and I am hopeful that you will act favorably to strengthen the patient/physician relationship.

I have been asked to tell you about my experience with breast cancer. I was admitted to the hospital at 7:00 a.m. on a Friday morning and was to have my surgery at 10:00 that same morning, but it was delayed until approximately 2:30 p.m. After surgery and recovery, I, finally, reached my room at 5:20. My sons and daughters-in-law met with the doctor to see how things went. After the doctor briefed them, they asked if I could stay one extra day because of my age and because I lived alone. The doctor replied that it would not be necessary and the only way this would be allowed would be if I was throwing up or sick in some way. Then they requested permission for a visiting nurse to check in on me at home, but this was, also, disallowed. The doctor adamantly denied both of these requests, eventhough, there was adequate insurance to cover them. Neither one of these options would be allowed without the doctor's consent.

The next day before coming home, I asked the doctor again, myself, if I could stay an extra day or have the services of a visiting nurse, and again the answer was no. So, less than 24 hours after surgery, on Saturday at 1:00 p.m. I was taken home with two drains that had to be emptied morning and night, kept sterile and recovered. All of this had to be done with the aid of a mirror.

In telling my story, I hope I have helped to further the effort to discontinue this kind of treatment, or worse, of women in my position.

Thank You,
Helen Horner



August 25, 1997

Patrice Zinda Mahon
606 E. Beaumont Avenue
Whitefish Bay, WI 53217

In reply to: Assembly Bill 98

State Representative Judith Robson
State Capitol
P.O. Box 8953
Madison, WI 53708

Sent via Facsimile (608) 266-7038

Dear State Representative Robson:

In response to your letter to Kathleen Harris, of the Wisconsin Breast Cancer Coalition, I am writing to support Assembly Bill 98.

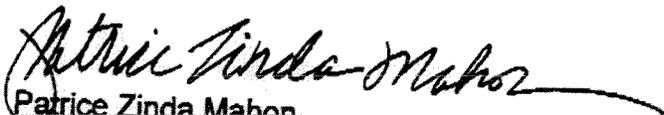
In 1994, at the age of 32, I had a mastectomy at Froedtert Hospital in Milwaukee. Fortunately, I had an above standard insurance policy through my employer at that time. The insurance covered a four-day stay after that surgery.

As this was my first, but not my last experience with a life threatening health issue, I felt that my length of stay at the hospital was extremely important. Though the emotional and physical pain upon losing a breast can vary among many, the health care professionals in the hospital eased my mind on numerous occasions.

It's bad enough that I've had to get numerous insurance reviews for procedures such as pathology analysis, and more, I can't imagine "driving through" a hospital for a mastectomy.

If you have any questions or concerns, I'd be happy to discuss this with you further. Thank you for your support of all women.

Respectfully,


Patrice Zinda Mahon



Office of the President

August 28, 1997

To Members of the Assembly Committee on Mandates:

I am writing on behalf of the Medical College of Wisconsin in support of Assembly Bill 98, which requires health care plans to provide coverage of inpatient hospital care for a minimum of 48 hours following a mastectomy.

In 1995, an estimated 182,000 American women were diagnosed with breast cancer. Approximately one-half received a mastectomy as part of their treatment. A disturbing trend of outpatient mastectomies is increasing across the country. This practice fails to recognize the physical and psychological trauma associated with a mastectomy, and the need for patients to have a medical caretaker for a short period following the surgery.

Assembly Bill 98 recognizes that patient care decisions should be made by doctors and their patients -- not by actuaries, accountants, and businessmen interested in profits. The Medical College of Wisconsin believes that treatment decisions for women with breast cancer should be made by the woman and her physician. If a mastectomy is deemed the necessary course of treatment, the decision regarding length of hospital stay should be determined by the woman and her physician based on what is medically appropriate for her post surgical recovery and rehabilitation.

Thank you for your consideration of our comments.

Thank you for your consideration.

Sincerely,

T. Michael Bolger
President and CEO
Medical College of Wisconsin



JUDITH B. ROBSON

STATE REPRESENTATIVE • WISCONSIN LEGISLATURE

Assembly Bill 98

**Testimony of Representative Judy Robson
to Assembly Committee on Mandates
September 2, 1997**

Good afternoon, chairman and members of the committee.
Thank you for the opportunity to testify on this bill.

Insurance companies see this bill as a mandate, but for people like you and I, and your sister, wife, mother and grandmother, this bill is about choice.

This bill gives doctors, -- doctors who know their patients and know what is in their patients' best interest -- the option of ordering a 48-hour hospital stay, knowing the health plan will cover the stay.

In medical care, one size does not fit all. People as individuals respond differently to the news that they, number one, have a life-threatening disease and, number two, they will have to lose a body part in order to save their lives.

This bill doesn't say mastectomy patients **MUST** stay in the hospital for 48 hours. Under this bill, patients who would rather recover at home, and who have an adequate support network, will be able to recover at home.

What this bill says is that insurance will cover a 48-hour stay for mastectomy patients who have complications from surgery, or patients who are too frail or too alone or too traumatized to care for themselves.

Many of us are concerned about a medical care system in which decisions are increasingly being dictated by the actuaries rather than the physicians.

This concern was brought home to me by one of my constituents. She could not be here today to testify, but she sent a letter to be entered into the record.

Helen Horner worked 25 years as a nurses aide, changing patients bandages, giving them their pain medication, and offering soothing words. When she was retired, at age 76, and had to go back to that hospital for removal of a cancerous breast, she was booted out of the hospital 22½ after her surgery began.

Mrs. Horner is not alone. More and more mastectomy patients are being booted out of the hospital less than 24 hours after surgery. In the last half of 1993, which is the first time the state collected these statistics, 40 mastectomies were done on an outpatient basis. By the last half of 1996, the number ballooned to 194.

On a percentage basis, in the last half of 1993, only 2.1 percent of mastectomies were done on an outpatient basis. In the last half of 1996, it was 16.2 percent.

In their quest to keep health care costs under control, which is a legitimate quest, insurance companies are making some

strange decisions on quality. Insurers cover 100 percent of the cost of an inpatient operation (when the patient is at the hospital more than 24 hours), but only 80 percent of the cost when the operation is done on an outpatient basis.

A widely-circulated quote from Cindy Pearson, executive director of the National Women's Health Network, is, "What part of a man's body would they amputate in same-day surgery?"

Well, I don't think we have to dwell on the question of amputating various parts of the male anatomy ... Because it is easy enough for any of us, male or female, to imagine ourselves in Helen Horner's shoes. If you had to have this radical surgery, would you be able to go home within 23 hours and take care of yourself? Would you be up to emptying your own drainage tubes and changing your own bandages? Would you be able to deal with the physical exhaustion, not to mention the emotional trauma of losing such a visible part of your body?

I urge you to support this bill and move it to the full Assembly.

W I S C O N S I N
Breast Cancer Coalition
A Grassroots Advocacy Member Of
The National Breast Cancer Coalition

September 2, 1997

TO: The Wisconsin Assembly Committee on Mandates

FROM: Ms. Merle Clark
1300 Sweeney Drive
Middleton, WI 53562

RE: Assembly Bill 98 (insurance coverage of hospital services after a mastectomy)

I am a breast cancer survivor and a member of the Wisconsin Breast Cancer Coalition.

My first mastectomy was in 1991, my second one in 1995. Both times the operation was scheduled early in the morning, I stayed at the hospital overnight, and was released the following afternoon.

The surgery took at least two hours, and my incision extended from the center of the chest to under my arm. Standard post-op care included watching for fever and infection, dispensing pain medication, checking drainage tubes, and monitoring the side effects of general anesthesia. I needed assistance getting in and out of bed and using the bathroom, and could not use my arm on the surgical side.

If, after just a few hours in the recovery room, I was sent home and my family had to assume these duties, it would have been frightening - we did not have the training or experience, and my risk of complications would have been higher.

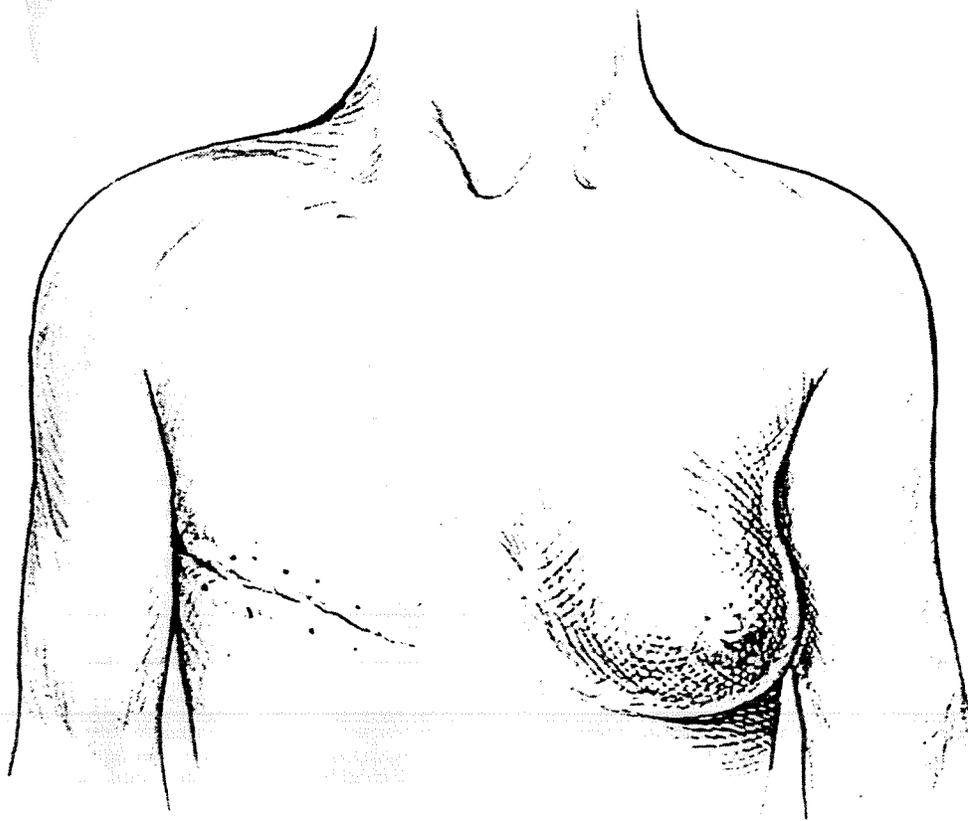
Having a breast cut off is *not* the same as losing an appendix, and the emotional effect is much different. The care, comfort and reassurance from the medical staff eased my psychological, as well as, my physical pain. The surgeon visited me three times before my release, and his smile was so important. The nurses were wonderful, and I am very grateful that my insurance company did not deny me this crucial part of recovery.

The decision regarding a hospital stay after breast cancer surgery should be made by the patient and her doctor, based on her individual needs and condition, not pre-determined by insurance coverage limitations.

Ask yourself what you would want for a woman you love.

Say NO to drive-through mastectomies and support Assembly Bill 98. Thank you.

Merle Clark



Modified radical mastectomy



State Medical Society of Wisconsin

Advancing the Science and Art of Medicine

**TO: Representative Steve Nass, Chair
Members, Mandates Committee**

**FROM: Kathy Andersen, Associate Director
Government Relations**

DATE: September 2, 1997

RE: Assembly Bill 98

The State Medical Society of Wisconsin supports returning medical decision making to physicians and for this reason we support AB 98. Despite our support, physicians remain very concerned about the Legislature's interference in the practice of medicine. Legislating by body part and dictating what a physician can say to a patient is a very dangerous and simplistic way of responding to managed care restrictions and political issues.

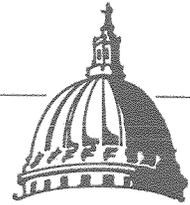
The Medical Society would like to see AB 98 modified to resemble the federal Newborns' and Mothers' Health Protection Act of 1996. Physicians, in consultation with the patient, should determine the exact length of hospital stay and insurance companies should be prohibited from restricting any length of stay to less than 48 hours. Insurance companies must not be allowed to make monetary payments or rebates to patients to encourage acceptance of anything less than the minimum standards. In addition, insurance companies should be prohibited from penalizing providers for authorizing medically appropriate care.

Bureaucratic hurdles and second guessing physician authorized medically appropriate care frustrates patients and providers. In order to assure fairness on the part of health plans doing business in Wisconsin, we recommend enacting legislation that will address: disclosure requirements, consumer protection, continuity of care assurances, availability of a point of service option, gag clauses and fairness for providers.

Thank you for your consideration of our request.

SANDRA L. OSBORN, MD, *President*
JOHN D. RIESCH, MD, *President-Elect*
JOHN E. PATCHETT, JD, *Executive Vice President*
JACK M. LOCKHART, MD, *Treasurer*

PEGGY ROSENZWEIG



State Senator, 5th Senate District

TO: Members of the Assembly Committee on Mandates
FROM: Senator Peggy Rosenzweig
DATE: September 2, 1997
RE: AB 98

I am writing today both to thank Representative Nass for holding a hearing on AB 98, and to urge committee members to support this important and worthwhile piece of legislation. Quite simply, AB 98 requires health care plans that provide coverage of any inpatient hospital services to provide coverage of at least 48 hours of inpatient hospital services after a woman undergoes a mastectomy.

This legislation is necessary because at the present time some women are required to have this major surgery performed on an outpatient basis by their insurance companies. A mastectomy is a difficult and traumatic operation for any woman, regardless of age. It involves amputation, and requires much physical, as well as emotional, healing on the part of the woman involved. Allowing a woman to stay in a hospital for at least 48 hours after this radical surgical procedure gives the woman the opportunity to begin healing the physical and emotional wounds before she must return home.

I realize that insurance companies take steps they believe are necessary and important to help hold down the costs of health care. However, I believe this is a circumstance in which a woman needs to have the assurance that she will be able to receive the care she needs in the hospital before she is sent home. Mastectomies involve large dressings and drainage tubes that must be managed by the patient. In addition, the patient must also deal with the amputation of a part of her body. The decision to return home, in this instance, should be between the patient and her physician who are best able to judge when the woman is ready to leave the hospital and care for herself.

I would hope that all committee members would support this legislation. I believe it helps to make a difficult and traumatic experience a little easier for those involved. I again want to thank Representative Nass for holding the hearing and I want to thank Representative Robson for introducing this important bill and allowing me to be the co-author of the bill.