

WISCONSIN STATE
LEGISLATURE
COMMITTEE HEARING
RECORDS

2005-06

(session year)

Assembly

(Assembly, Senate or Joint)

**Committee on
Insurance
(AC-In)**

File Naming Example:

Record of Comm. Proceedings ... RCP

- 05hr_AC-Ed_RCP_pt01a
- 05hr_AC-Ed_RCP_pt01b
- 05hr_AC-Ed_RCP_pt02

COMMITTEE NOTICES ...

- Committee Hearings ... CH (Public Hearing Announcements)
- **

- Committee Reports ... CR
- **

- Executive Sessions ... ES
- **

- Record of Comm. Proceedings ... RCP
- **

**INFORMATION COLLECTED BY COMMITTEE
CLERK FOR AND AGAINST PROPOSAL**

- Appointments ... Appt
- **

Name:

- Clearinghouse Rules ... CRule
- **

- Hearing Records ... HR (bills and resolutions)
- **05hr_ab0617_AC-In_pt01**

- Miscellaneous ... Misc
- **

REPRESENTATIVE

NISCHKE

Vote Record Committee on Insurance

Date: 11/29

Moved by: GIELOW

Seconded by: Montgomery

AB 617 SB _____ Clearinghouse Rule _____
 AJR _____ SJR _____ Appointment _____
 AR _____ SR _____ Other _____

A/S Amdt 1 (LRB 90287)
 A/S Amdt _____ to A/S Amdt _____
 A/S Sub Amdt _____
 A/S Amdt _____ to A/S Sub Amdt _____
 A/S Amdt _____ to A/S Amdt _____ to A/S Sub Amdt _____

- Be recommended for:
- Passage Adoption Confirmation Concurrence Indefinite Postponement
 - Introduction Rejection Tabling Nonconcurrency

Committee Member	Aye	No	Absent	Not Voting
Representative Ann Nischke, Chair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Representative Steve Wieckert	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Representative Gregg Underheim	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Representative Phil Montgomery	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Representative Terri McCormick	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Representative Curtis Gielow	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Representative Karl Van Roy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Representative Joan Ballweg	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Representative Terry Moulton	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Representative David Cullen	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Representative John Lehman	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Representative Tony Staskunas	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Representative Terese Berceau	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Representative Thomas Nelson	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Representative Michael Sheridan	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Totals: 15 _____ _____ _____

Motion Carried Motion Failed

Vote Record Committee on Insurance

Date: 11/29

Moved by: Gielow

Seconded by: Montgomery

AB GM ² SB 280

Clearinghouse Rule _____

AJR _____ SJR _____

Appointment _____

AR _____ SR _____

Other _____

A/S Amdt _____

A/S Amdt _____ to A/S Amdt _____

A/S Sub Amdt _____

A/S Amdt _____ to A/S Sub Amdt _____

A/S Amdt _____ to A/S Amdt _____ to A/S Sub Amdt _____

Be recommended for:

- | | | | | |
|---------------------------------------|--|---------------------------------------|---|--|
| <input type="checkbox"/> Passage | <input checked="" type="checkbox"/> Adoption | <input type="checkbox"/> Confirmation | <input type="checkbox"/> Concurrence | <input type="checkbox"/> Indefinite Postponement |
| <input type="checkbox"/> Introduction | <input type="checkbox"/> Rejection | <input type="checkbox"/> Tabling | <input type="checkbox"/> Nonconcurrency | |

<u>Committee Member</u>	<u>Aye</u>	<u>No</u>	<u>Absent</u>	<u>Not Voting</u>
Representative Ann Nischke, Chair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Representative Steve Wieckert	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Representative Gregg Underheim	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Representative Phil Montgomery	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Representative Terri McCormick	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Representative Curtis Gielow	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Representative Karl Van Roy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Representative Joan Ballweg	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Representative Terry Moulton	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Representative David Cullen	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Representative John Lehman	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Representative Tony Staskunas	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Representative Terese Berceau	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Representative Thomas Nelson	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Representative Michael Sheridan	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Totals: 15 _____

Motion Carried Motion Failed

Ferris McComick
AB 611

yes →
Chair vote with the

AB 844
Hersip

yes → vote with
the Chair or
on against amendments.

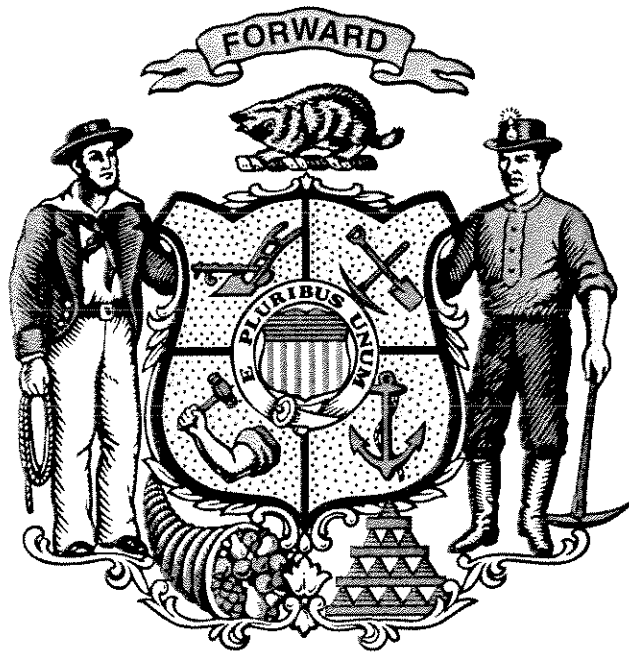
Stackunas

AB 553

Passage - NO
Subst. mod. NO

AB 617

yes on passage





August 29, 2005

To: The Senate Committee on Health, Children, Families, Aging and Long Term Care
Re: SB 288 – Cancer Patient Protection Bill

Dear Chairperson Roessler and Committee Members:

The Wisconsin Breast Cancer Coalition would like to express our support for Senate Bill 288, The Cancer Patient Protection Bill. The WBCC is a statewide, grassroots nonprofit organization. Clinical trials are of particular importance to us because we know that even with good research being conducted, we still need a mechanism for getting that research from the lab to the patients who need it. The intermediate step that is needed is the clinical trials process.

Unfortunately, barriers to participation in trials result in less than 5% of adult cancer patients joining clinical trials. One of those barriers is not having coverage for routine care costs covered by an insurer while participating in a trial.

There are thousands of cancer patients in Wisconsin whose best, and possibly last, hope for cutting edge treatment might be found in a clinical trial. There are even more of us who are waiting for solid, evidence-based research to provide hope for the future – because cancer in one form or another is something virtually all of us can count on being touched by. If we do not work to remove barriers to participation in trials, low accrual rates may impede the progress of good research.

The WBCC works to provide education about the process to cancer patients and their families. We try to remove any barriers related to misunderstandings or myths about what happens in a clinical trial. We cannot, however, do anything about insurance coverage.

The system must be set up in a way that all stake holders – patients, health care providers, health insurers, pharmaceutical companies, advocacy groups, and the government – are invested in the same outcome: finding the best diagnostic procedures and treatments for cancer. This should be the goal for all of us.

We encourage your support of SB 288. Thank you for your consideration.

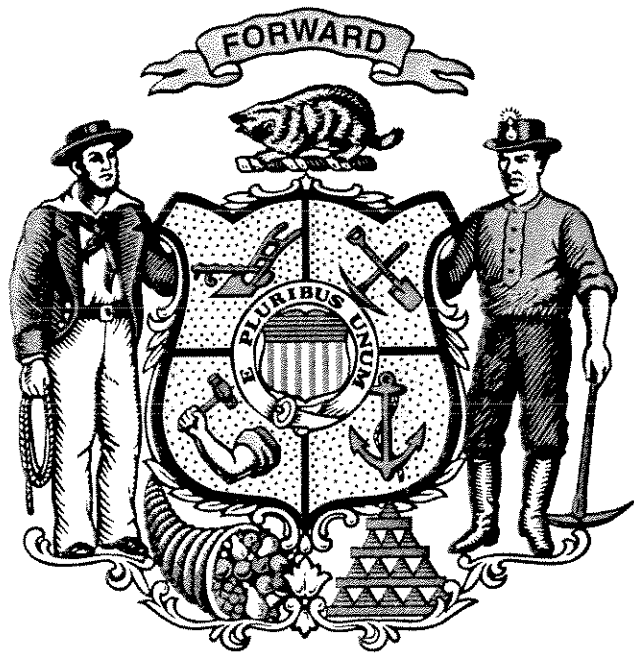
Sincerely,

Dawn Anderson
Chairperson, State Policy
WI Breast Cancer Coalition
(414) 332-6179

The Wisconsin Breast Cancer Coalition brings Wisconsin voices together to stand up and speak out about breast cancer with:

- Education * Spotlighting critical breast cancer issues
- Collaboration * Empowering through strategic alliances
- Legislation * Influencing policymaking

Wisconsin Breast Cancer Coalition • P.O. Box 170031 • Milwaukee, Wisconsin 53217
wbcc@milwpc.com • 414.963.2103



W.A.L.H.I.

Wisconsin Association of Life & Health Insurers

MEMORANDUM

American Family
Life Insurance
Company

DATE: August 31, 2005
TO: Chairperson Roessler, Members of the Committee on Health,
Children, Families, Aging and Long Term Care
FROM: Pat Osborne on behalf of the Wisconsin Association of Life and
Health Insurers (WALHI)
RE: Senate Bill 288 --- **Cancer Clinical Trial Coverage**

American
Medical Security

Assurant Health

Blue Cross
Blue Shield
Of Wisconsin

The Wisconsin Association of Life and Health Insurers (WALHI) appreciate the opportunity to comment on Senate Bill 288 relating to coverage of cancer clinical trials.

Catholic Knights

CUNA
Mutual Group

We are testifying in opposition to the bill, as introduced, and are primarily concerned that the bill would create a broad coverage mandate that would apply to a broad spectrum of cancer clinical trials and a broad spectrum of costs associated with those trials. As with other coverage mandates, we are also concerned that the bill would impact premiums at a time when small business, other health insurance consumers, and the health insurance industry are all struggling to find ways to keep health care coverage more affordable.

Equitable Reserve
Association

Humana
Insurance Company

Midwest Security
Life Insurance
Company

Outlined below are a number of suggestions we recommend the Committee consider as amendments to SB 288. In general, these amendments are intended to clarify and narrow the scope of the mandated coverage in keeping with legislation that has been adopted in other states. With these amendments in place, WALHI would not object to the bill. However, even as amended, a coverage mandate would still likely increase premium costs. It should also be noted that roughly half of the commercial market (self insured plans) would not be subject to the proposed state mandate pursuant to federal ERISA preemption. Accordingly, the costs associated with this mandated coverage, like other state coverage mandates, will be disproportionately borne by the purchasers of small group and individual policy plans.

Northwestern Mutual

Thrivent Financial
For Lutherans

WEA Trust

Wisconsin Auto &
Truck Dealers Insurance
Corporation

Suggested Amendments to SB 288

WPS
Health Insurance

1. Narrow the scope of mandated coverage by limiting coverage to Phase III trials.

A cancer clinical trial involves four phases of research study. Phase I involves initial research on a small group of volunteers (20-80 people) to evaluate safety, dosage and side effects associated with an experimental drug, treatment or procedure. Phase II

involves a larger group (100-300 individuals) to further evaluate the experimental drug, treatment or procedure. Phase III involves further research to confirm the effectiveness of the drug, treatment or procedure and is typically conducted on 1,000 to 3,000 individuals. Phase IV relates to further research conducted after the drug, treatment or procedure is marketed to evaluate effects associated with long-term use.

SB 288 broadly mandates coverage of cancer clinical trials and does not distinguish between initial start up studies (very experimental Phase I studies) and more promising Phase III trials.

Recommendation #1: Amend the bill to specify that mandatory coverage for a cancer clinical trial only applies if it involves a therapeutic intervention and is a phase III clinical trial.

2. Evidence and eligibility information should be made available to the insurer and the insured before the trial is conducted. Sponsored costs should not be subject to mandatory coverage by the insurer.

Certain information should be reviewable by the insurer before a person seeking coverage for a clinical trial incurs costs under this proposed mandated coverage. For example, the insurer should be allowed to review evidence that the insured meets the selection criteria for the trial and that the trial is likely to have a benefit for the insured commensurate with the trial risks. A summary of the routine patient care costs in excess of costs for standard treatment should also be made available up-front. In addition, information from the physician or institution seeking to enroll the insured in a trial on the costs that are eligible for reimbursement by any entity other than the insurer, including the entity sponsoring the clinical trial, should be made available to the insurer and the insured in advance of the trial. The bill should specifically exclude routine patient care costs that are eligible for reimbursement by an entity other than the insurer, including the trial sponsor from the scope of mandated coverage.

Recommendation #2: Amend the bill to authorize an insurer to require the information above and to specify that mandated coverage does not include costs eligible for reimbursement by any entity other than the insurer.

3. Definition of "Routine Patient Care Costs".

As drafted, the bill does not clarify what routine patient care costs means. The bill would be substantially clarified for all if a definition were included.

Recommendation #3: Amend the bill to include a definition of "routine patient care costs" consistent with Connecticut statutes Sec. 38a-504d. and Sec. 38a-542d. Such definition would specify that routine patient care costs shall be subject to the terms, conditions and limitations of the health plan. It also includes a listing of costs not

included in the definition, such as facility, professional services or drug costs that are paid for by grants or funding for the clinical trial.

4. Balance billing provisions should be incorporated.

The same services subject to mandated coverage in a cancer clinical trial should also be made subject to a prohibition against balance billing the patient for any amounts not covered by insurance.

Recommendation #4: Amend the bill to specify that providers, hospitals or institutions may not collect any amount more than the total amount paid by the insurer and the insured person in the form of a deductible or co-payment set forth in the insured's contract. Specify that such amount shall be accepted by the provider, hospital or institution as payment in full.

5. Provide a mechanism to exempt insurance plans already providing cancer clinical trial coverage substantially equivalent to the mandated coverage required under the bill.

Insurance plans that already provide coverage for cancer clinical trials should be allowed to keep their plans intact and not be subject to this new form of mandated coverage.

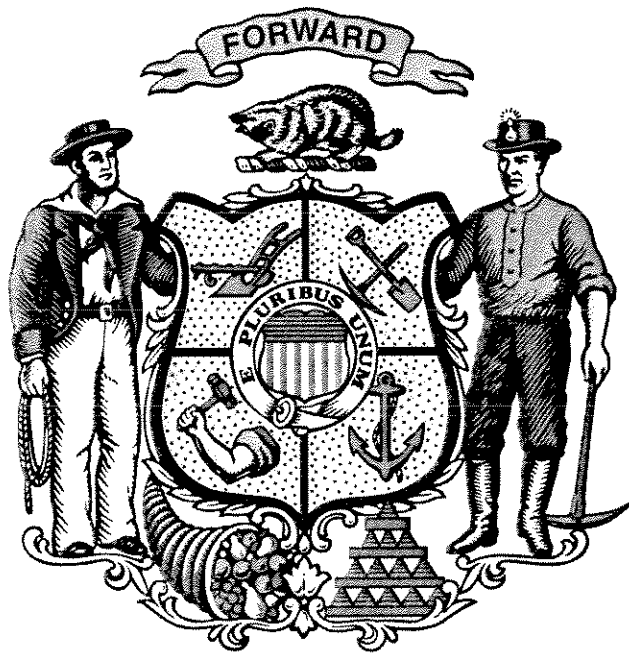
Recommendation #5: Amend the bill to establish a mechanism whereby an insurer could submit an existing plan to the Commissioner of Insurance for an exemption determination. If the Commissioner determines the plan provides substantially equivalent benefits as would be required under the coverage mandate, the plan would be exempt from the mandate provided the plan was not subsequently modified in this regard.

6. Clinical Trial Approval

As provided under Section 10 of SB 288, on page four starting on line 13, in order to be subject to mandated coverage a clinical trial would have to be approved by one of the five entities outlined in the bill. Our concern relates to approval by the fifth entity "an institutional review board..." Institutional Review Boards are contained within the institution itself thereby preventing true impartiality and neutrality when making approval decisions. The remaining four entities are better suited for making such impartial decisions and should provide ample opportunity for approval or disapproval as the case may be.

Recommendation #6: Delete lines 19-21 on page four of SB 288.

Thank you for your consideration of these amendments. We look forward to working with you and members of the committee on this matter.





WISCONSIN

**Statement Before the
Senate Committee on Health, Children, Families, Aging,
And Long Term Care**

By

**Bill G. Smith
State Director
National Federation of Independent Business
Wisconsin Chapter**

**Wednesday, August 31, 2005
Senate Bill 288**

Madam Chair, and members of the Committee, thank you for allowing me to share some comments about Senate Bill 288.

Members of this Committee are well aware of the very difficult challenges our small business employers have with the cost and coverage of their health insurance plans.

Members of this Committee also understand how tremendously difficult it is finding the right solutions that will actually stabilize the cost of health insurance and improve the coverages of their insurance plans for small business.

Our state's small business owners are especially challenged because of existing laws and regulations that often target small business for higher health insurance costs.

For example, small business pays higher premiums whenever insurers are assessed for programs like HIRSP; small business pays higher premiums because economies of scale result in higher administrative costs; small business pays higher premiums because of their collective diminished purchasing power in the marketplace; small business pays higher premiums because wellness incentives and other discount mechanisms are generally not available or are impractical to implement; small business pays higher premiums because federal law unfairly prohibits organizations, such as NFIB, from providing a health insurance program for our members and their employees on a national basis. Notwithstanding big business and organized labor are allowed to sponsor health insurance plans across the states.

Statement – SB 288
Wednesday, August 31, 2005

And finally, small business health plans are subject to all the government mandated benefits required by state and federal law, although big business has some coverage flexibility.

Madam Chair, it is sometimes difficult to come before this Committee and others to speak in opposition to all the mandated health insurance benefits. Today is no exception. The authors of this legislation have the best of intentions and the objective of this legislation is beyond dispute.

Everyone in this room has probably had some experience with cancer. It is a horrible disease and we all want to be a part of the fight for a cure for cancer as well as all the other dreaded diseases that afflict society.

Yet it is the position of small business that small employers should have the right to choose the coverage's provided by their health plans, just as big self-insured business are able to do.

This isn't too extreme a concept. They pay the premium, they should be able to select the coverage.

The debate over Senate Bill 288, of course, is whether this legislation will impact the cost of health insurance.

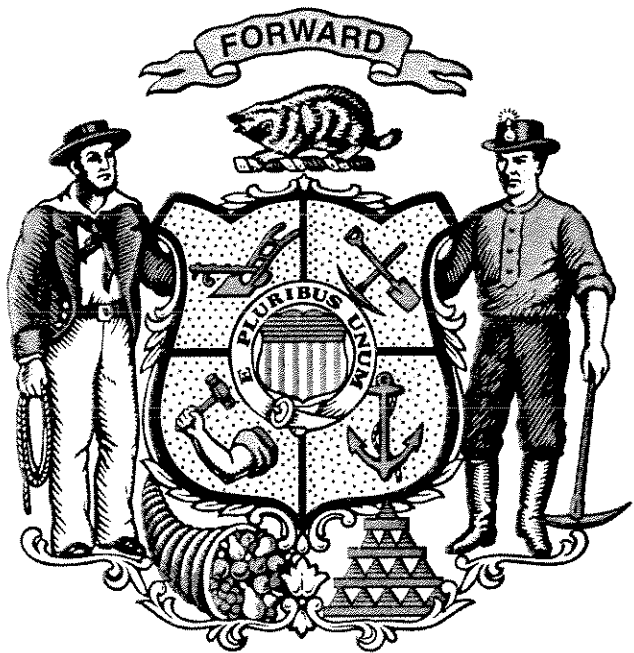
The insurance industry concludes it will indeed increase the cost of health insurance (primarily for small business) while the proponents say health plans already pay these treatments subject to the limitations of insurance plans.

Madam Chair, Wisconsin currently has about two dozen specific health-related mandate coverages. Each individual mandate has some cost implications, and collectively, these government mandates help drive up the cost of health insurance, especially for small business.

As small business battles the cost of health insurance, sometimes by even reducing their coverage, we cannot support Senate Bill 288 until we are comfortable with understanding the impact it may have on the cost of health insurance for our state's small business owners and their employees.

It is our hope the authors will work with all interested parties on revisions that will truly eliminate any additional cost this legislation may have on health insurance plans in Wisconsin.

Thank you.



GROUP HEALTH

COOPERATIVE OF EAU CLAIRE

Testimony Presented to the Senate Committee of Health, Children, Families, Aging and Long Term Care

Presented by Peter Farrow,
CEO and General Manager, and
Lon Blaser, D.O., Medical Director
of
Group Health Cooperative of Eau Claire
August 31, 2005

Thank you Senator Roessler and members of the Committee for the opportunity to appear before you and provide testimony on SB 288.

My name is Peter Farrow. I am the CEO and general manager of Group Health Cooperative of Eau Claire (Cooperative). I am also the president of the Wisconsin Association of Health Plans

Group Health is a non-profit organization that is organized as a cooperative to provide health insurance coverage to its members in Western Wisconsin. At present, we provide insurance services to over 50,000 members enrolled either as individuals, employer groups, or the Wisconsin Medicaid/BadgerCare program. For the last three years we have had the highest member satisfaction among health plans in Wisconsin and rank consistently in the top 5 percent of health plans nationally.

We cannot support SB 288, as it is written, for several reasons. The goals of this legislation are valid, however, we feel that current language does not accomplish the goal of improving cancer care and instead will:

- Increase the cost of health insurance;
- Create a slippery slope toward mandating coverage of secondary or related services for other experimental and investigational services;
- Blur the line between health treatment and health research;
- Create a disturbing precedent of funding medical research through health insurance.

Dr. Blaser and I will provide an explanation of our concerns about the legislation, but I want to emphasize that this debate is not about coverage of effective cancer

treatments. This debate is about the coverage of experimental, unproven cancer treatments and cancer research.

Health plans throughout Wisconsin provide extensive coverage of cancer treatment. It is one of the fastest growing areas of cost in health care today. For example, between 2000 and 2004 oncology costs for Group Health have more than doubled. Because it is an area of rapid improvement in treatments available, most plans have adjusted their coverage practices to allow for some treatment of later phase cancer trials. Later phase trials are not the target of this legislation. This legislation will have the most impact on coverage for early phase cancer research.

An Insurance Mandate That Will Increase Premiums:

By definition, SB 288 is an insurance mandate. It requires coverage for certain services, some of which are not broadly available in insurance coverage today. Since some of those services are not broadly available now, this bill will increase the cost of health insurance.

I do not need to bring into focus the strains that rising health care costs place on employer-sponsored health care coverage. It is well documented. At a time when employers and health plans are turning to wellness programs, consumer directed health plans and other programs to improve the health status of employees and reduce health care costs, we cannot afford a discussion that increases, or risks increasing, health insurance premiums.

Many will make the argument that the cost impact of this bill would be small, perhaps only one percent of a health insurance policy. As employers and individuals struggle with every bit of increase and modify benefits to control costs, even small amounts matter. This increase would likely force increases in copayments or other cost sharing. So the question is not, "Is cancer research coverage valuable?" The question really is more like, "Is cancer research coverage MORE valuable than a more affordable prescription drug benefit for someone who needs asthma medication?" Health care coverage is not a blank check. It is an annual question of trade-offs for employers and individuals.

Remember that state mandated benefits apply only to employer based coverage provided through licensed insurance plans. It does not apply to larger groups that self-fund their health care coverage. By the Insurance Commissioner's estimation, this bill would apply to less than half of people covered by employer-sponsored health care coverage and less than a third of Wisconsin residents. By doing so, the bill would increase costs for small and medium sized businesses, saddling them with a cost disadvantage compared to large businesses. This type of legislation weakens the business climate and in turn the economic competitiveness of Wisconsin.

First Cancer Research, But Why Not Other Experimental Research?:

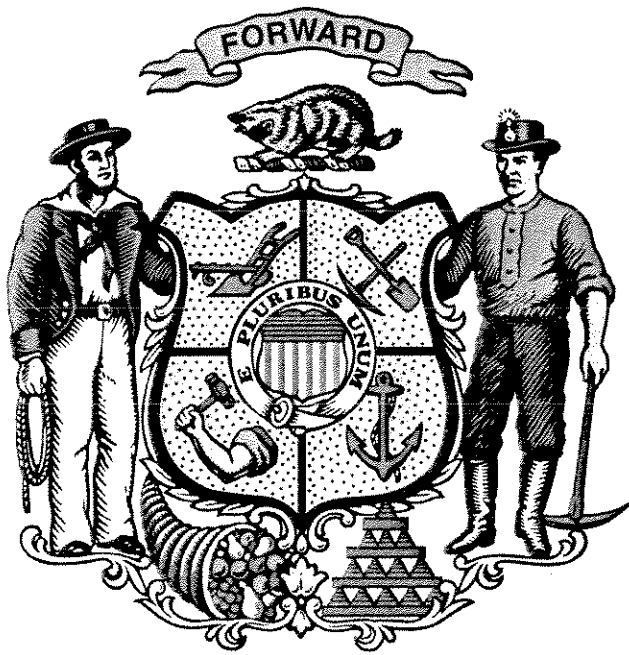
SB 288 sets forth a precedent by requiring the coverage of incidental costs of any experimental cancer research. What is the difference between treatment for cancer and treatment of other diseases or chronic conditions?

While it sounds harmless, adding the costs of incidental care for experimental research of treatment for MS or any other life threatening condition adds cost without adding significant promise of health improvement for the individual patient. That is why these procedures are still investigational. But, if SB 288 is passed, how do you answer the question, "Why cancer research coverage and not coverage for cystic fibrosis, or multiple sclerosis?" The answer, you truly can't differentiate between them and you will be forced down a road of mandating coverage for the incidental costs of all experimental research.

As a policy maker, you face the difficult task of differentiating what should be required in State law and what shouldn't. It is a careful balance that must be maintained. I remember 7 years ago when I served as the Assistant Deputy Insurance Commissioner for Wisconsin. At that point there was promising research in the use of high dose chemotherapy followed by autologous bone marrow transplants for the treatment of breast cancer. Most insurers did not cover the treatment because it was experimental. Several groups made a strong push for a mandate and for coverage for state employees. In response to that pressure health insurers began to cover the treatments despite the fact that it was still investigational. Since then, more complete research has concluded that the manner in which it was being provided was not helpful to most patients and was harmful to many. As a result, treatments have changed. It stands as a clear example of a rush to broadly implement a still-experimental treatment that showed promise, but needed more analysis. This legislation risks recreating this scenario over and over.

Group Health Cooperative is not an organization that is distantly removed from its members. We are community sponsored plan. Dr. Blaser and I are involved with these decisions on a daily basis and meet with the members and their families that face these issues. We personally share the pain and loss that our members go through and it is impossible for us, given our local connection, to separate the emotion from these cases. This discussion is not one that we take lightly in any way. But as a community sponsored plan we are focused on a daily basis on ways to improve the health and control the health care cost of our members. SB 288 as drafted will not accomplish that goal.

Thank you for your attention.



FORWARD



PLURIBUS UNUM



Wisconsin Association of Health Plans

SENATE COMMITTEE ON HEALTH,
CHILDREN, FAMILIES, AGING AND LONG-TERM CARE

Wednesday, August 31, 2005

Testimony of the Wisconsin Association of Health Plans

SENATE BILL 288 NEEDS MODIFICATIONS TO PROTECT CONSUMERS AND SMALL BUSINESS IN THE INSURED MARKET

I am Paul Merline, Legislative/Agency Liaison of the Wisconsin Association of Health Plans. With me is Dr. Mark Kaufman, Chief Medical Officer of Dean Health Plan and a member of our Association Medical Directors Committee. Thank you for providing the opportunity to present our view of Senate Bill 288.

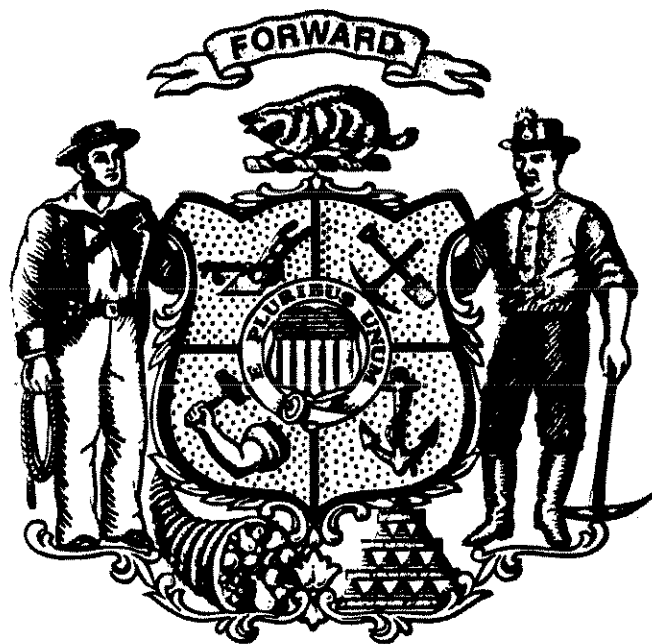
Senate Bill 288 Is Another Health Benefit Mandate

We believe the real issue of Senate Bill 288 is not about the need for effective cancer treatment or the importance of cancer clinical trials as a means toward effective cancer treatment. We agree with the bill's sponsors that cancer clinical trials are essential in finding a cure for cancer.

Rather, the real issue is that Senate Bill 288 forces the shrinking commercial insurance market to finance cancer research. Senate Bill 288, as it is written, will require insured businesses and their employees to pay for experimental and investigational treatment—even though many ~~businesses and employees are barely able to pay for basic health care services today.~~ For that reason, we cannot support Senate Bill 288, as it is written.

EXP

Shanklin



Memo

Date: August 31, 2005

To: Chairwoman Roessler, Senators Darling, Brown, Erpenbach, and Carpenter
Members of the Senate Committee on Health, Children, Families, Aging and Long-Term Care

From: Laurie Kuiper
Director of Government Relations
Aurora Health Care

Re: Senate Bill 288 – Cancer Patient Protection Bill

On behalf of Aurora Health Care, I would like to express our support of Senate Bill 288, the Cancer Patient Protection Bill. The ultimate goal of SB 288 is to provide cancer patients in Wisconsin with treatment that is not only cost-effective, but also holds the highest chance of success. With that in mind, I would like to highlight a few key points in regards to this legislation.

Aurora Health Care does not believe SB 288 will increase the cost of health care. Several studies since 2000 have found that patients' routine care costs for clinical trials are not appreciably higher than the costs for patients not enrolled in trials. In fact, many in the cancer care community actually believe that coverage of routine care costs of clinical trial participation may decrease the cost of health care by finding more effective treatments with better long-term outcomes.

The Cancer Patient Protection Bill will move us closer to more cost-effective care of cancer patients. At present, patients are undergoing treatments that are expensive and have numerous side effects often with minimal benefit. The majority of cancers that have metastasized are incurable; the continued standard cancer treatment of these tumors in this manner is an exercise in frustration. Everyday in hospitals across Wisconsin, cancer patients are going through the same costly standard treatments while not experiencing any new results.

Clinical trials provide the means to develop successful treatments and offer more choices to patients. Laboratory research from the past 20 years has developed new strategies for combating cancer; these breakthroughs and potentially useful treatments are currently only available through clinical trials.

The lack of insurance coverage for routine care costs in cancer clinical trials is nearly an insurmountable obstacle to many patients who otherwise may enroll in trials. SB 288 does not mandate that insurers cover the cost of a clinical trial. The Cancer Patient Protection Bill simply ensures that insurance companies cannot deny a cancer patient routine care costs that are already covered merely because the patient elects to enroll in a clinical trial in lieu of standard treatment.

For these reasons Aurora Health Care respectfully asks for your support of SB 288. Thank you for your time and consideration.