**ALASKA STATE LEGISLATURE**
**SENATE HEALTH AND SOCIAL SERVICES STANDING COMMITTEE**
February 18, 2009
1:35p.m.

**MEMBERS PRESENT**

Senator Bettye Davis, Chair
Senator Joe Paskvan, Vice Chair
Senator Joe Thomas
Senator Fred Dyson

**MEMBERS ABSENT**

Senator Johnny Ellis

**COMMITTEE CALENDAR**

SENATE BILL NO. 10
"An Act requiring health care insurers to provide insurance coverage for medical care received by a patient during certain approved clinical trials designed to test and improve prevention, diagnosis, treatment, or palliation of cancer; directing the Department of Health and Social Services to provide Medicaid services to persons who participate in those clinical trials; relating to experimental procedures under a state plan offered by the Comprehensive Health Insurance Association; and providing for an effective date."
HEARD AND HELD

**PREVIOUS COMMITTEE ACTION**

BILL: SB 10
SHORT TITLE: MEDICAID/INS FOR CANCER CLINICAL TRIALS
SPONSOR(s): SENATOR(s) DAVIS

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|---|---|---|
| 01/21/09 | (S) | PREFILE RELEASED 1/9/09 |
| 01/21/09 | (S) | READ THE FIRST TIME - REFERRALS |
| 01/21/09 | (S) | HSS, L&C, FIN |
| 02/18/09 | (S) | HSS AT 1:30 PM BUTROVICH 205 |

**WITNESS REGISTER**

TOM OBERMEYER, aid
to Senator Bettye Davis
Alaska State Legislature
Juneau, AK

**POSITION STATEMENT:** Read the position statement.

MARIE DARLIN, AARP Capital City Task Force
Juneau, AK
**POSITION STATEMENT:** Supported SB 10.

DR. MARY STEWART, Medical Oncologist
President, Denali Oncology Group
Anchorage, AK
**POSITION STATEMENT:** Supported SB 10.

SHEILA TALLMAN
Premera Blue Cross/Blue Shield of Alaska
Anchorage, AK
**POSITION STATEMENT:** Did not oppose the bill but wanted to work with the committee on some amendments.

DR. JEANNE ANDERSON, representing herself
Katmai Oncology Group
Anchorage, AK
**POSITION STATEMENT:** Supported SB 10.

KRISTA RANGITSCH, representing herself
Cancer Research Nurse
Providence Alaska Medical Center
Anchorage, AK
**POSITION STATEMENT:** Supported SB 10.

DOUGLAS BLAYNEY, Medical Oncologist
President Elect, American Society of Clinical Oncology (ASCO)
Professor of Medicine, University of Michigan
Ann Arbor, MI
**POSITION STATEMENT:** Supported SB 10.

HANNAH BRYCE SMITH, representing a patient
Cancer Research Nurse
Fairbanks Memorial Hospital
Fairbanks, AK
**POSITION STATEMENT:** Supported SB 10.

ANGELA VER PLOEG, representing herself
Anchorage, AK
**POSITION STATEMENT:** Supported SB 10.

DR. MICHAEL J. O'CONNELL, Associate Chairman
National Surgical Adjuvant Breast and Bowel Project
Pittsburg, PA

Professor of Oncology Emeritus, Mayo Clinic College of Medicine
Rochester, MN
**POSITION STATEMENT:** Supported SB 10.

PAULA CALL, representing herself
Anchorage, AK
**POSITION STATEMENT:** Supported SB 10.

EMILY NENON, Alaska Government Relations Director
American Cancer Society
Cancer Action Network
Anchorage, AK
**POSITION STATEMENT:** Supported SB 10.

CLAIRE WADDOUP, representing herself
Anchorage, AK
**POSITION STATEMENT:** Supported SB 10.

**ACTION NARRATIVE**

1:35:45 PM
**CHAIR BETTYE DAVIS** called the Senate Health and Social Services Standing Committee meeting to order at 1:35 p.m. Present at the call to order were Senators Paskvan, Thomas, Dyson and Davis.

## SB 10-MEDICAID/INS FOR CANCER CLINICAL TRIALS

CHAIR DAVIS announced consideration of SB 10.

1:36:44 PM
SENATOR PASKVAN moved to adopt the proposed committee substitute to SB 10, labeled 26-LS0073\E, as the working document. There being no objection, version E was before the committee.

TOM OBERMEYER, aid to Senator Davis said the committee substitute provides substantive definitional changes in the body of the bill to clarify sections of the original bill; so the title of the bill was changed slightly to read:

> **An Act requiring health care insurers to provide insurance coverage for medical care received by a patient during certain approved clinical trials designed to test and improve prevention, diagnosis, treatment, or palliation of cancer;..."**
> ... directing the Department of Health and Social Services to provide Medicaid services to persons who participate in clinical trials; relating to experimental procedures under

a state plan offered by the Comprehensive Health Insurance Association; and providing for an effective date.

1:38:41 PM
He mentioned that Dennis Bailey, the drafter, should be online to answer any legal questions about the bill and then continued with the sponsor statement.

**Clinical trials are research studies that test how well new medical approaches work in patients.** Each study answers scientific questions and tries to find better ways to prevent, screen for, diagnose, or treat disease. Patients who take part in cancer clinical trials have an opportunity to contribute to the knowledge of, and progress against cancer. They also receive state-of-the art treatment from experts in the field. The National Cancer Institute, as part of the U.S. National Institutes of Health, reports 6,000 cancer trials in the United States at any one time. They include trials in prevention, screening, diagnosis, treatment, quality-of-life, and genetic studies.

**CSSB 10 removes important barriers to the participation of patients in cancer clinical trials in Alaska**. It requires that applicable health care plans, including Medicaid, cover routine patient care costs for patients enrolled in all phases of clinical trials, including prevention, detection, treatment, and palliation (supportive care) of cancer. Currently Alaska health care plans may exclude coverage for routine patient-care costs while a patient with cancer is enrolled in a clinical trial. Providers of health care plans often conclude that money is saved by excluding care while patients participate in trials. But these patients, if not enrolled in clinical trials, will continue to receive conventional therapy at roughly the same or slightly increased costs in the short-run.

MR. OBERMEYER mentioned that the member packets include zero fiscal notes for both the Division Of Insurance and Medicaid Services.

**Studies have shown that only 2 to 3 percent enroll in clinical trials with a 6.5 percent increase in costs for clinical trial participants compared to non-participants.**

He said the sponsor statement in the member packets was just updated with new National Conference Of State Legislatures Information on 2009, which also indicates that a growing number of states have instituted special agreements requiring health plans to pay the cost of routine medical care a patient

receives. [See National Conference of State Legislatures, "Clinical Trials: What are States Doing? February, 2009 Update."

> **Of the approximately 20 percent of cancer patients who are eligible to participate in clinical trials only 3 percent participate and less than 0.5 percent are Medicare patients**; so even if the enrollment increased considerably, it is unlikely that the numbers will significantly impact overall costs to health plans. In FY 2007 an estimated 4,600 patients received cancer treatments through Alaska's Medicaid program at a cost of $21.5 million. The average payment per beneficiary was about $4,675. The federal government reimburses the state at about 50 percent of the total costs. Dr, Anderson noted last year that in the 1970s only 50 percent of cancer patients lived five years after diagnosis. That figure is now over 2/3 in 2008.

1:42:10 PM

> **Twenty-three or more states have passed legislation or instituted special agreements requiring health plans to pay the cost of routine medical care patients receive while participating in clinical trials.** Passage of CSSB 10 will result in more successful outcomes in cancer treatments in Alaska, increase retention of patients in Alaska for their cancer care, and also, after full implementation, result in cost savings in the long run.

MR. OBERMEYER noted that there are a number of attachments that might be of help to members if they have questions, including documentation from the American Society of Clinical Oncology. A letter from Dr. Mary Stewart of the Denali Oncology Group in Anchorage indicates that for many people with cancer, participation in a clinical trial is their best treatment option, yet many third-party payers take the position that routine patient care costs should be denied to anyone who enrolls in such trials. The sponsors believe such a policy deprives beneficiaries of the value of their health insurance, wrongly restricts their treatment options and inhibits medical progress against serious and life-threatening diseases.

CHAIR DAVIS said that Jonathan Sherwood with the Department of Health and Social Services (DHSS) is online to answer any questions that may come up. She then opened the meeting for public testimony.

1:44:20 PM
SENATOR ELLIS joined the meeting.

MARIE DARLIN, AARP Capital City Task Force, Juneau, AK, said AARP is very much in favor of this bill. Most of the significant advances in cancer treatment that have become standard procedures began as clinical trials; so it would seem that if persons covered by insurance, even Medicaid, have the opportunity to participate in clinical trials, they should not be denied the opportunity.

SENATOR ELLIS mentioned that when his dad was battling lung cancer, he learned about clinical trials through the AARP newsletter; even though he was not a good candidate at that time, he appreciated AARP for providing the information.

1:46:23 PM
DR. MARY STEWART, Medical Oncologist, President, Denali Oncology Group, Anchorage, AK, has been practicing in Alaska since 1985 and has seen a lot of improvement in cancer care as the result of dedicated laboratory researchers and patients, who are very motivated to help them find better treatments. One way to do that is enrolling in a clinical trial to test one strategy of care against another. It is important, she said, to recognize that these are real individuals whose lives have been touched by cancer. A nurse educator she saw last week has had her treatment altered because of an Austrian clinical trial that found a way to reduce the risk of breast cancer recurrence; a local baseball coach has just come back from Seattle after his second stem cell transplant for myeloma; a young man she met today who was newly diagnosed with a curable cancer has benefited from all the people who enrolled in trials over the last 25 years.

DR. STEWART stressed that each trial asks a specific question; the study tests the new treatment to find out if it is better than the standard treatment, as well as whether it is safe and effective. Research and animal models can never duplicate what happens in the complex human body. When insurance rules prevent individuals from enrolling in these trials, it means it will take longer to find the answers the medical community needs today. She said she is quite sure that everyone in this room has been touched by cancer in some way and knows what the urgency is. She asked the committee to please pass SB 10 today.

1:48:57 PM
SENATOR DYSON said he has an acquaintance who is indigent and who felt coerced to participate, believing that participation in one of these experimental regimens was the only way he could get care. He asked if she could comment on that.

DR. STEWART said it is possible to get medicines for free if the medicines are being tested before being FDA approved; so one could get free care, depending on the situation. But for individuals who are medically indigent in general, the medical community always finds a way to provide treatment for their cancers.

SENATOR PASKVAN said he understands that the medical drug costs are paid for by the pharmaceutical company; he asked for examples of the routine patient care costs that are being denied to patients who participate in a clinical program.

DR. STEWART answered that patients with cancer have routine blood tests to check liver and kidney functions to ascertain whether they have become anemic. In order to monitor the state of the cancer and whether it is responding to treatment, physicians routinely do x-rays, CT scans, bone scans and other things. This is normal care; these are things that have to be done whether or not patients are enrolled in a clinical trial.

1:51:38 PM
SHEILA TALLMAN, Premera Blue Cross/Blue Shield of Alaska, Anchorage, AK, said they do not oppose the bill but would like to work with the committee on some amendments. Premera recognizes the importance of cancer clinical trials in identifying effective and safe treatments that are based on evidence and research and does currently cover routine medical care for members who are participating in phase 2 and 3 cancer clinical trials. There are concerns however, about expanding coverage to phase 1 and 4 trials because of patient safety and treatment effectiveness issues. For example, in a phase 1 trial, the drug or treatment is still being evaluated and there is no reasonable expectation of a theraputive or curative benefit to the member at that time. The basic dose mechanisms, drug toxicities and safety aspects have not yet been validated; so including phase 1 trials may raise significant patient safety concerns if Premera is required to cover them in an insurance plan. In a phase 4 clinical trial, the treatment will be covered if it is medically necessary; but there may be other known, more effective medical treatments available and Premera would like the flexibility to look at and pay for those other types of medical treatments, which may be more beneficial to their members.

In conclusion, Ms. Tallman said, they believe clinical trial participation is important in identifying and testing evidence-based care and they encourage this participation while at the

same time balancing safety, treatment-effectiveness and the rising cost of health insurance. Premera will be able to support this bill if their amendments are included.

1:53:35 PM
CHAIR DAVIS asked Dr. Stewart to speak to Ms. Tallman's concerns about phase 1 and phase 4 clinical trials.

DR. STEWART suggested that Dr. Anderson may be better able to speak to this.

DR. JEANNE ANDERSON, representing herself, Katmai Oncology Group, Anchorage, AK, explained that phase 4 clinical trials are generally conducted to get more experience with a drug, to learn about very rare side effects that can only be picked up after many thousands of patients have been treated. Cancer physicians would only recommend that a patient enroll in a phase 4 study if it is a drug that has been SEA approved, if they believe it is the most effective treatment and if it is in the best interests of the patient. She disagreed with Premera's position that the insurer should have the ability to choose which drug is the most effective; the oncologist is the person most informed and the one who should make that decision. She stressed that if a patient goes into a phase 4 study, there is no increased cost [to the patient or the insurance company]; additional tracking and monitoring costs are born by the pharmaceutical company.

DR. ANDERSON admitted that phase 1 studies are somewhat contentious. Medicare, which has provided coverage since 2000 for all Medicare beneficiaries who are on qualified clinical trials, requires that studies have "therapeutic intent" and there are differences of opinion across the country regarding whether or not phase 1 studies have therapeutic intent. Phase 1 studies are testing what is the best dose to give to a patient who has cancer, but they are using background information that was obtained from pre-clinical data, studies done in animals and/or laboratory testing; these may be drugs that were used on patients with other types of cancers. A phase 1 study is only conducted if there is an expectation that the drugs will have some therapeutic benefit. Doctors do not want to give a drug in phase 1 that they believe has no potential to help the patient.

She agreed that a critical part of phase 1 trials is looking at safety, but physicians only recommend these trials if they have a plausible reason to believe there will be a therapeutic benefit to the patient. Patients are monitored very closely and

safety is always of the utmost concern; so she does not think the insurance companies need to worry about patients' safety.

1:57:00 PM
DR. ANDERSON thanked the committee for hearing this bill. She said that approximately 2600 Alaskans were diagnosed with cancer last year. Decades ago only about 50 percent of patients lived five years from diagnosis, but as of last year, 2/3 of patients were predicted to survive five years. She hopes that continuing to advance physicians' knowledge in cancer care through clinical trials will increase that 66 percent to even higher cure rates. Even so, she knows that many Alaskans die every day from cancer and that there need to be improvements. Physicians in Alaska are committed to providing the best care possible for their patients to relieve suffering and reduce death from cancer. In caring for their patients, they often turn to a clinical trial as, in their opinion, providing the best treatment for an individual patient. Dr. Anderson stressed that clinical trials are a formal and scientific way to test whether a new treatment is safe and effective and *better* than existing treatments.

DR. ANDERSON said the physicians and hospitals in Alaska do support clinical trials; they have over 50 trials open in the state for patients but, as has been mentioned, only about 40 patients per year enroll. There are many reasons why enrollment is low; some include lack of knowledge or interest on the part of either the patient or the physician, or lack of availability of an appropriate trial for the patient. However, a critical barrier also is lack of insurance coverage or fear by patients that they will lose coverage if they enroll in a study. Passage of this bill will clearly remove an important barrier to access to clinical trials; it will result in physicians providing improved care to their patients, reduce the burden of cancer in the population and help patients to stay in Alaska for state-of-the-art care.

She referred members to a position paper published by the Denali Oncology Group for additional information.

1:59:25 PM
KRISTA RANGITSCH, representing herself, is a cancer research nurse at Providence Alaska Medical Center, Anchorage, AK, and supports SB 10. Patients are referred to her office when a clinical trial is recommended by a physician as the best treatment option; part of her discussion with the patient about the study includes informing them that their insurance company may not cover some or all of the routine costs associated with

treating their cancer while on the study. Her office strongly encourages all patients to find out what their [insurance] policy says about clinical trial coverage, but this is the stage at which she finds they encounter the majority of barriers to enrollment. She added that people go through a lot emotionally and financially when they are diagnosed with cancer; the last thing they should have to worry about is whether their insurance will cover a clinical trial that the physician feels is in their best interests. One of the ever-increasing reasons that patients are not enrolling in clinical trials is the lack of coverage or the fear that they will not be covered. In many instances, due to the severity of the cancer and the need to begin treatment immediately, there just isn't enough time to investigate whether an insurance company will cover the costs or to get through the carrier's determination process.

In closing, she said, if insurance companies were mandated to cover routine care costs associated with a clinical trial, she is pretty confident that many more people would be able to participate in the clinical trials, which would increase the likelihood of improved cancer treatments, maybe someday leading to a cure.

2:01:45 PM
DOUGLAS BLAYNEY, Medical Oncologist, President Elect, American Society of Clinical Oncology (ASCO), Professor of Medicine, University of Michigan, Ann Arbor, MI, thanked the committee for allowing him to testify. He said he knows both Dr. Stewart and Dr. Anderson and believes Alaska is fortunate to have such articulate and caring physicians. He wanted to address two questions that came up today, the first by Senator Dyson about denied routine care costs. At ASCO they see a variety of questions that come in from members throughout the states. Sometimes when a patient is known to be on a clinical trial, the insurance company or third-party carrier will deny coverage for things such as pain medicines, radiation therapy, which might be used to reduce pain or fluid collection that may be necessary for lung cancer patients. These routine things physicians do for cancer patients whether they are involved in a clinical trial or not, are sometimes denied. He thinks it is important to include the provision in the bill that requires carriers to continue to pay for the routine patient care costs for patients on clinical trials.

He also mentioned that phase 4 clinical studies are often used for drugs that are approved and widely used like Tamoxifen, which has been approved for use in breast cancer for over 20

years. ASCO was recently involved in a clinical study that found certain antidepressants negate the effects of Tamoxifen. Tamoxifen needs to be converted in the body to an active substance and some antidepressants, but not others, prohibit or impede this conversion, which renders Tamoxifen ineffective. Without the use of a phase 4 study, they would not have discovered that; so he strongly encouraged the committee to consider coverage of phase 4 studies.

Finally, regarding phase 1 clinical trials, he reminded the members that they are talking about patients with cancer; phase 1 drugs being tested in cancer patients are, almost by definition, being given with therapeutic intent. He encouraged them to retain the provision for coverage of phase 1 trials in SB 10.

2:06:02 PM
HANNAH BRYCE SMITH, a Cancer Research Nurse working at Fairbanks Memorial Hospital, Fairbanks, AK, was authorized to speak on behalf of one of her patients about a situation they bumped into with her insurance company. The patient was diagnosed with and treated for breast cancer and was looking for alternatives to prevent the recurrence of her breast cancer. Researching online, she found quite a few clinical trials that were open; she spoke with her physician about it and her physician recommended that she enroll for one in particular. The physician's office called her insurance company and was told that any tests and any care given to her while on the clinical trial would not be covered. The physician's office sent the insurance company the protocol and called again to explain that they were not asking the insurer to pay for any drugs or anything experimental, but were again told that her insurance would not pay for anything if she elected to participate in a clinical trial. After a third unsuccessful attempt, the physician called Ms. Smith's office and told her that the patient would not be able to participate because she needed her insurance coverage to pay for the routine tests.

When Ms. Smith called and tried to explain the situation more thoroughly, they refused yet again, saying that their policies do not pay for any experimental procedures. She repeated that they were not being asked to pay for anything experimental, that this was a phase 3 trial testing the efficacy of three different types of drugs; she was referred to their case management service, which also refused to authorize payment. At that point, she asked the company to submit that denial to her in a written statement that she could use as part of the evidence she was

putting together for the legislature about barriers to patients' participation in clinical trials. Two days later they contacted her to ask for more information about the clinical trial and then came back with an authorization to pay for all of the patient's routine standard-of-care tests. The patient then enrolled in the clinical trial and moved forward; but when she considers the amount of time that went into getting approval for her to do this, it is clear that insurance issues present a huge barrier.

MS. SMITH said she was born in Fairbanks and is trying to convince patients that they can stay in Fairbanks and still get state-of-the-art cancer care, but lack of access to clinical trials is a huge barrier to keeping people in the interior.

2:10:17 PM
PAULA CALL, representing herself, is a breast cancer patient involved in a phase 3 trial. Her insurance company has covered most of her routine treatment; she could not have considered participating without their agreement to do so. She is comforted to know she has been receiving the best drug treatment possible to prevent a recurrence of her cancer and feels strongly that this bill must be passed. Her situation would have taken a different course if her insurance company had not agreed to cover this.

ANGELA VER PLOEG, representing herself, is a cancer patient involved in a clinical trial. She was first diagnosed with breast cancer 25 yrs ago; since that time, her brothers' daughters have had breast cancer. Ms. Ver Ploeg's cancer has returned and she is afraid that her nieces will have to go through it too, that their cancers will return. She hopes that by that time, through clinical trials and research, medicine will have better answers for them than it has for her. She very much wants to encourage the continuation of clinical trials to promote research so they can find a cure for cancer.

2:14:39 PM
DR. MICHAEL J. O'CONNELL, Associate Chairman, National Surgical Adjuvant Breast and Bowel Project, Pittsburg, PA, Professor of Oncology Emeritus at the Mayo Clinic College of Medicine, Rochester, MN , has practiced medical oncology for 33 years. He said the previous testimony by all of the medical personnel was extremely articulate and very accurate and he agreed with all of the points that had been made; he wanted to briefly expand on three of those points for the committee's consideration.

First, a statement was made that clinical trials provide the best treatment for cancer patients and that is something he definitely believes. The clinical trials involve a protocol that outlines the specific eligibility criteria, in other words, what types of patients would be best suited for treatment with that particular regimen; in addition, they outline the dosing of chemo-therapy or radiation therapy and dose modifications based upon the side-effects that might occur. So it is not a single physician who is making these judgments; because of the peer review process that goes on in the development of clinical trials, there is actually an improvement in the selection of patients, the methods of treatment and the evaluation of the outcomes. Scientific peer review is an important component of why clinical trials do provide the best treatment. In addition, patient safety is paramount and is also subjected to review by institutional review boards consisting not only of physicians, but of lay personnel and others to ensure that the risk/benefit ratio of any particular clinical trial is in the patients' favor. As has been commented previously, clinical trials may represent the only treatment option available once standard therapy has failed to be effective for a given patient with cancer.

DR. O'CONNELL continued; the second point regards the statement that the standard care for most cancers has actually been established by the results of clinical trials and this is definitely true. They provide scientific evidence with regard to the side-effects associated with those treatments. Another important point is that clinical trials have indicated that some treatments are very toxic or ineffective and some of these treatments are very expensive and have contributed to the rise in health care costs. He said one example he would point to is the use of high-dose chemo-therapy and bone marrow transplant in the treatment of patients with metastatic breast cancer, which was practiced in the United States for a number of years. Through randomized clinical trials comparing this toxic and expensive treatment to more standard therapies, it was clearly shown that there was no benefit with the bone marrow transplant and high-dose chemo-therapy; as a result the treatment is no longer used, thus saving patients the toxicity and expense.

Finally, he believes that from the insurance companies' standpoint, it is very important that they only be required to pay expenses that would normally be incurred in routine clinical practice. Tests and procedures that are considered experimental and non standard-of-care must be funded by research dollars and the studies' sponsors and not passed along to the insurance

companies. This is accomplished by incorporating designation of any experimental aspects of the protocol in the peer review process and he fully supports not passing along research expenses to the insurance industry.

In conclusion, he said, he also agrees that lack of insurance coverage for routine costs of cancer clinical trials is a major barrier that prevents patients from receiving the best care and contributing to knowledge that will improve future outcomes and he strongly supports the legislation before the committee to require insurance coverage under the conditions he has just discussed.

2:20:15 PM
EMILY NENON, Alaska Government Relations Director, American Cancer Society, Cancer Action Network, Anchorage, AK, spoke in support of SB 10. As an organization, their mission is to eliminate cancer as a major health problem and clinical trials are a key part of realizing that mission. She thanked the committee for taking the time to get so much information about this issue on the public record; the bill that is before them is a comprehensive education effort to increase participation in clinical trials in Alaska and removing this one barrier is an important step. This bill will apply to a significant percentage of the insured population in the state; Medicare and some self-insured plans already provide this coverage. In closing, she mentioned that the cost of routine care provided in clinical trials is comparable to the cost in traditional therapy and said she would be happy to share a fact sheet put together by the American Cancer Society, which looks at a number of cross-studies that have been done on this issue.

2:22:54 PM
CLAIRE WADDOUP, representing herself, is a cancer patient in the care of Dr. Jeanne Anderson. She feels that she has benefited from the results of previous clinical trials and wants to pay it back by participating in clinical trials. She strongly encouraged the legislature to pass SB 10 including coverage for all phases of clinical trials.

2:24:03 PM
CHAIR DAVIS closed public testimony. She said she does not intend to pass the bill out at this time but is ready to entertain discussion.

CHAIR DAVIS thanked all of the people who testified on the bill and expressed her hope that the legislature will be successful in passing it this year.

2:25:05 PM
SENATOR DYSON said this issue seems like a “no brainer” and wants to understand why the insurance companies have taken the position that they seem to have taken. He said he is glad to support this bill, but feels as if he is missing something and would like to hear from representatives of the insurance industry.

CHAIR DAVIS said the bill has referrals to the Labor and Commerce and the Finance committees; so maybe the insurance industry will choose to testify for one of those committees. She noted that there is no fiscal note with the bill.

SENATOR THOMAS responded to Senator Dyson’s query about the insurance companies. He said when he was sitting as a trustee on the board of a health plan, the only reason he ever heard for the insurance industry’s reluctance to pay for this type of thing was their belief that the medical community wanted as much covered by insurance as possible because insurance pays more, which brings in money to build more hospitals and centers.

2:27:49 PM
SENATOR DYSON suspects there are a lot of financial incentives for things; but he is interested that the insurance companies would deny payment for routine things they have to pay for even if a person is not on a clinical trial. He suspects that they don't want to take fiscal responsibility for any potential adverse effects; which would indicate that the industry must think there is a record of people participating in clinical trials who have had some bad results that had a negative financial impact on the carrier. He said he would like to know if there is some track record.

2:29:32 PM
CHAIR DAVIS closed testimony on the bill and said she will bring SB 10 back on Friday with bills previously heard.

2:29:54 PM
There being no further business to come before the committee, Chair Davis adjourned the meeting at 2:29 pm.