

SB

253

SFIN

FILE

SENATE FINANCE COMMITTEE REPORT

DATE: 3/14/96

DATE TURNED INTO OFFICE: 4/2/96 -

The Finance Committee considered SENATE BILL NO. 253

Relating to insurance coverage for costs of prostate cancer detection.

and recommends:

- be replaced with _____ CS OB 253 (FIN)
- adopt previous _____ CS _____
- attached amendment(s)
- adopt Letter of Intent by _____ Committee
- further referral to the _____ Committee

- Senate Bill:**
- same title
 - new title
- House Bill:**
- same title
 - technical change
 - new: SCR# _____

SIGNING <u>DO</u> PASS	DP	OTHER RECOMMENDATIONS	NR	DNP	AM
<i>Steve Pappas</i>	✓				
<i>Paul E. Pappas</i>	✓				
<i>Donald J. Pappas</i>	✓				
<i>Paul F. Pappas</i>	✓				
<i>Bob Pappas</i>	✓				
Co-Chair: <i>Bob Pappas</i>	✓	Co-Chair:			
Co-Chair: <i>Rich Halford</i>	✓	Co-Chair:			

NEW FISCAL NOTE(S):

Department Date Zero Fiscal

DOA/AII	4/2/96	0	

PREVIOUS FISCAL NOTE(S):*

Department Date Zero Fiscal

#1 DCEED	7/13/96	0	

APPROPRIATION -- no fiscal note

*include fiscal notes accompanying Governor's bill

1

FISCAL NOTE

STATE OF ALASKA
1996 LEGISLATIVE SESSION

BILL NO. SB 253

Revision Date: _____
Title: Insurance for Prostate Cancer Testing

Department: Commerce and Economic Development
BRU: Insurance
Component: Operations

Sponsor: Senator Duncan
Requestor: Labor & Commerce Committee

COMPONENT SERIAL NO. _____ #354

Expenditures/Revenues

(Thousands of Dollars)

OPERATING EXPENDITURES	FY 97	FY 98	FY 99	FY 00	FY 01	FY 02
PERSONAL SERVICES						
TRAVEL						
CONTRACTUAL						
SUPPLIES						
EQUIPMENT						
LAND & STRUCTURES						
GRANTS, CLAIMS						
MISCELLANEOUS						
TOTAL OPERATING	0.0	0.0	0.0	0.0	0.0	0.0

CAPITAL EXPENDITURES						
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CHANGE IN REVENUES						
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FUND SOURCE

(Thousands of Dollars)

1002 Federal Receipts						
1003 GF Match						
1004 General Fund						
1005 GF/Program Receipts						
1006 GF/MHTIA						
Other						
TOTAL	0.0	0.0	0.0	0.0	0.0	0.0

Estimate of any current year (FY 96) cost: \$ 0.0

POSITIONS

FULL-TIME	0	0	0	0	0	0
PART-TIME						
TEMPORARY						

ANALYSIS: (Attach a separate page if necessary)

No fiscal impact.

Prepared by: Joan Brown, Administrative Officer
Division: Insurance
Approved by Commissioner: William L. Hensley
Agency: Commerce and Economic Development

Phone: 465-2597
Date: 2/9/96
Date: 2-3-96

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No. /

Bill Version: SB 253
(S) Publish Date: 3-14-96

FISCAL NOTE

STATE OF ALASKA
1996 LEGISLATIVE SESSION

Revision Date: _____
Title: Insurance for Prostate Cancer Testing
Sponsor: Senator Duncan
Requestor: Labor & Commerce Committee

Department: Commerce and Economic Development
BRU: Insurance
Component: Operations
COMPONENT SERIAL NO. _____ #354

Expenditures/Revenues		(Thousands of Dollars)					
OPERATING EXPENDITURES	FY 97	FY 98	FY 99	FY 00	FY 01	FY 02	
PERSONAL SERVICES							
TRAVEL							
CONTRACTUAL							
SUPPLIES							
EQUIPMENT							
LAND & STRUCTURES							
GRANTS, CLAIMS							
MISCELLANEOUS							
TOTAL OPERATING	0.0	0.0	0.0	0.0	0.0	0.0	

CAPITAL EXPENDITURES						
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CHANGE IN REVENUES						
--------------------	--	--	--	--	--	--

FUND SOURCE		(Thousands of Dollars)					
1002 Federal Receipts							
1003 GF Match							
1004 General Fund							
1005 GF/Program Receipts							
1006 GF/MHTIA							
Other							
TOTAL	0.0	0.0	0.0	0.0	0.0	0.0	

Estimate of any current year (FY 96) cost: \$ 0.0

POSITIONS		FY 97	FY 98	FY 99	FY 00	FY 01	FY 02
FULL-TIME		0	0	0	0	0	0
PART-TIME							
TEMPORARY							

ANALYSIS: (Attach a separate page if necessary)
No fiscal impact.

Prepared by: Joan Brown, Administrative Officer *[Signature]* Phone: 465-2597
Division: Insurance Date: 2/9/96
Approved by Commissioner: William L. Hensley *[Signature]* Date: 2-13-96
Agency: Commerce and Economic Development

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FISCAL NOTE

STATE OF ALASKA
1996 LEGISLATIVE SESSION

2
BILL NO. SB 253

Revision Date: _____
 Title: An Act relating to insurance coverage for costs of prostate cancer detection.
 Sponsor: Duncan
 Requestor: _____

Department Affected: All Agencies
 BRU: All Agencies
 Component: All Agencies
 COMPONENT SERIAL NO. 64

Expenditures/Revenues:

(Thousands of Dollars)

OPERATING EXPENDITURES	FY 97	FY 98	FY 99	FY 00	FY 01	FY 02
PERSONAL SERVICES	0.0	0.0	0.0	0.0	0.0	0.0
TRAVEL						
CONTRACTUAL						
SUPPLIES						
EQUIPMENT						
LAND & STRUCTURES						
GRANTS, CLAIMS						
MISCELLANEOUS						
TOTAL OPERATING	0.0	0.0	0.0	0.0	0.0	0.0

CAPITAL EXPENDITURES	0.0	0.0	0.0	0.0	0.0	0.0
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CHANGE IN REVENUES ()	0.0	0.0	0.0	0.0	0.0	0.0
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FUND SOURCE:

(Thousands of Dollars)

1002 Federal Receipts	0.0	0.0	0.0	0.0	0.0	0.0
1003 GF Match						
1004 GF						
1005 GF/Program Receipts						
1037 GF/Mental Health						
OTHER						
TOTAL	0.0	0.0	0.0	0.0	0.0	0.0

Estimate of any current year (FY 96) cost: \$ zero

POSITIONS:

FULL-TIME	0	0	0	0	0	0
PART-TIME						
TEMPORARY						

ANALYSIS: (Attach a separate page if necessary.)

Currently the State's plan pays for the Prostate Specific Antigen (PSA) test only when there are clinical signs or symptoms of prostate disease. This bill would expand health coverage to include routine prostate cancer screening. The State's health insurance premiums are based on the experience of the plan. We anticipate an increase in health costs of approximately \$60,000 per year.

Prepared by: Robert F. Stalnaker
 Division: Retirement & Benefits

Phone: 465-4470
 Date: _____

Approved by Commissioner: Mark Boyer
 Agency: Department of Administration

Date: 3/2/96

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FISCAL NOTE

No. 2

Bill Version: SB 253

(S) Publish Date: 3-14-96

STATE OF ALASKA
1996 LEGISLATIVE SESSION

Revision Date: _____
Title: An Act relating to insurance coverage for costs of prostate cancer detection.
Sponsor: Duncan
Requestor: _____

Department Affected: All Agencies
BRU: All Agencies
Component: All Agencies
COMPONENT SERIAL NO. 64

Expenditures/Revenues:

(Thousands of Dollars)

OPERATING EXPENDITURES	FY 97	FY 98	FY 99	FY 00	FY 01	FY 02
PERSONAL SERVICES	0.0	0.0	0.0	0.0	0.0	0.0
TRAVEL						
CONTRACTUAL						
SUPPLIES						
EQUIPMENT						
LAND & STRUCTURES						
GRANTS, CLAIMS						
MISCELLANEOUS						
TOTAL OPERATING	0.0	0.0	0.0	0.0	0.0	0.0

CAPITAL EXPENDITURES	0.0	0.0	0.0	0.0	0.0	0.0
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CHANGE IN REVENUES ()	0.0	0.0	0.0	0.0	0.0	0.0
-------------------------------	------------	------------	------------	------------	------------	------------

FUND SOURCE:

(Thousands of Dollars)

1002 Federal Receipts	0.0	0.0	0.	0.0	0.0	0.0
1003 GF Match						
1004 GF						
1005 GF/Program Receipts						
1037 GF/Mental Health						
OTHER						
TOTAL	0.0	0.0	0.0	0.0	0.0	0.0

Estimate of any current year (FY 96) cost: \$ zero

POSITIONS:

FULL-TIME	0	0	0	0	0	0
PART-TIME						
TEMPORARY						

ANALYSIS: (Attach a separate page if necessary.)

Currently the State's plan pays for the Prostate Specific Antigen (PSA) test only when there are clinical signs or symptoms of prostate disease. This bill would expand health coverage to include routine prostate cancer screening. The State's health insurance premiums are based on the experience of the plan. We anticipate an increase in health costs of approximately \$60,000 per year.

Prepared by: Robert F. Stalnaker
Division: Retirement & Benefits

Phone: 465-4470
Date: _____

Approved by Commissioner: Mark Boyer
Agency: Department of Administration

Date: 3/2/96

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FISCAL NOTE

STATE OF ALASKA
1996 LEGISLATIVE SESSION

BILL NO. CS SB 253(FIN)

Revision Date: _____
 Title: An Act relating to insurance coverage for costs of prostate cancer detection.
 Sponsor: Duncan
 Requestor: (S) FEN

Department Affected: All Agencies
 BRU: All Agencies
 Component: All Agencies
 COMPONENT SERIAL NO. 64

Expenditures/Revenues: (Thousands of Dollars)

OPERATING EXPENDITURES	FY 97	FY 98	FY 99	FY 00	FY 01	FY 02
PERSONAL SERVICES	0.0	0.0	0.0	0.0	0.0	0.0
TRAVEL						
CONTRACTUAL						
SUPPLIES						
EQUIPMENT						
LAND & STRUCTURES						
GRANTS, CLAIMS						
MISCELLANEOUS						
TOTAL OPERATING	0.0	0.0	0.0	0.0	0.0	0.0

CAPITAL EXPENDITURES	0.0	0.0	0.0	0.0	0.0	0.0
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CHANGE IN REVENUES ()	0.0	0.0	0.0	0.0	0.0	0.0
------------------------	-----	-----	-----	-----	-----	-----

FUND SOURCE: (Thousands of Dollars)

1002 Federal Receipts	0.0	0.0	0.0	0.0	0.0	0.0
1003 GF Match						
1004 GF						
1005 GF/Program Receipts						
1037 GF/Mental Health						
OTHER						
TOTAL	0.0	0.0	0.0	0.0	0.0	0.0

Estimate of any current year (FY 96) cost: \$ zero

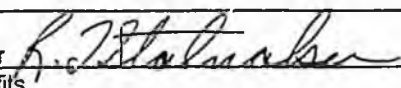
POSITIONS:

FULL-TIME	0	0	0	0	0	0
PART-TIME						
TEMPORARY						

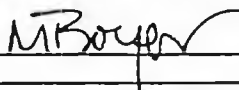
ANALYSIS: (Attach a separate page if necessary.)

Currently the State's plan pays for the Prostate Specific Antigen (PSA) test only when there are clinical signs or symptoms of prostate disease. This bill would expand health coverage to include routine prostate cancer screening. The State's health insurance premiums are based on the experience of the plan. We anticipate an increase in health costs of approximately \$60,000 per year.

This bill also mandates the coverage of PAP tests. These tests are already covered under the State's plan; therefore, there will be no increased cost for that coverage.

Prepared by: Robert F. Stalnaker 
 Division: Retirement & Benefits

Phone: 465-4470
 Date: _____

Approved by Commissioner: Mark Boyer 
 Agency: Department of Administration

Date: 4/2/96

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SENATE FINANCE
COMMITTEE

Amendment Number: 1
Bill Number: SB 253
Sponsor: _____ Date: 3/28/96
Logged in By: J.S.

9-LS1623\C.1
Ford
3/7/96

*moved,
adopted
3/28/96*

A M E N D M E N T

OFFERED IN THE SENATE

BY SENATOR DUNCAN

TO: SB 253

1 Page 1, lines 11 - 12:

2 Delete "to the same extent that the policy or contract provides coverage for screening
3 or detection of other diseases or illnesses"

4 Insert "as required under the schedule described under (b) of this section"

5 Page 1, line 14, after "provisions.":

6 Insert "If a physician recommends that an insured, subscriber, or enrollee undergo
7 prostate cancer screening by taking a prostate antigen blood test, coverage may not be denied
8 because the insured, subscriber, or enrollee has already had a digital rectal exam and the
9 exam results were negative.

10 (b) The minimum coverage required under (a) of this section includes an
11 annual prostate cancer screening test for a person who is

12 (1) at least 40 years of age but less than 50 years of age and the
13 person is in a high risk group; in this paragraph, "high risk" means a person who is
14 an African-American or who has a family history of prostate cancer; or

15 (2) 50 or more years of age."

16 Reletter the following subsections accordingly.

SENATE FINANCE
COMMITTEE

Amendment Number: 2

Bill Number: SB 253

Sponsor: _____ Date: 4-1-96

Logged In By: JW

4-2-96

SR

moved

Adopted

9-LS1623\C.3

Ford

3/29/96

A M E N D M E N T

OFFERED IN THE SENATE

BY SENATOR RIEGER

TO: SB 253

- 1 Page 1, line 1, after "cancer":
- 2 Insert "or cervical cancer"

- 3 Page 1, line 4, after "PROSTATE":
- 4 Insert "AND CERVICAL"

- 5 Page 1, line 12, after "illnesses":
- 6 Insert "and shall provide coverage for the costs of cervical cancer screening tests as
- 7 required under (b) of this section"

- 8 Page 1, line 14, after "provisions.":
- 9 Insert a new subsection to read:
- 10 "(b) The minimum coverage required under (a) of this section for cervical
- 11 cancer screening is an annual pap smear cancer screening test for a person who is 18
- 12 or more years of age."

- 13 Reletter the following subsections accordingly.

CS SENATE BILL NO. 253 (Fin)
 IN THE LEGISLATURE OF THE STATE OF ALASKA
 NINETEENTH LEGISLATURE - SECOND SESSION

BY SENATOR DUNCAN

Introduced: 2/2/96
 Referred: I.&C, FIN

A BILL

FOR AN ACT ENTITLED

1 "An Act relating to insurance coverage for costs of prostate cancer detection."

2 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:

3 * Section 1. AS 21.42 is amended by adding a new section to read:

4 Sec. 21.42.395. COVERAGE FOR PROSTATE CANCER DETECTION. (a)

5 An insurer authorized under AS 21.09 to offer, issue for delivery, deliver, or renew an
 6 individual or group disability insurance policy for medical coverage on an expense
 7 incurred basis in the state, a hospital or medical service corporation authorized under
 8 AS 21.87 to offer or renew a subscriber's contract for medical coverage in the state,
 9 or a health maintenance organization authorized under AS 21.86 to offer an enrollee
 10 contract to provide health care services on a prepaid basis shall provide coverage for
 11 the costs of prostate cancer screening tests to the same extent that the policy or
 12 contract provides coverage for screening or detection of other diseases or illnesses.
 13 The coverage required by this section is subject to standard policy provisions
 14 applicable to other benefits including deductible or copayment provisions.

15 (b) This section does not apply to a supplemental insurance contract covering

1 a specified disease or offering limited benefits.

2 (c) In this section, "prostate cancer screening tests" includes a prostate antigen
3 blood test or another test that is equivalent or better in cancer detection.

4 * Sec. 2. This Act applies to a policy of insurance entered into or renewed on or after the
5 effective date of this Act.

I am here to speak in support of SB 253, relating to insurance coverage for costs of prostate cancer detection. Presently, women live longer than men. This bill would increase men's odds of survival!

If you exclude skin cancer, prostate cancer is the leading cause of cancer in men. In the U.S., there were 200,000 new cases in 1994. It is the second leading cause of death from cancer in men, causing 38,000 deaths in the U.S. in 1994.

Certain factors place some men at greater risk for developing prostate cancer. These include: African-American background, increasing age, and perhaps a diet high in fat intake. The course of prostate cancer is extremely variable. Some tumor subsets are aggressive, grow rapidly, metastasize quickly and lead to a rapid death. Generally, they are slow growing, do not present symptoms, and are only found incidentally at autopsy.

PSA is an enzyme test that measures prostate specific antigen in the blood. This protein is specific to the prostate, but not to prostate cancer. So blood levels of the protein correlate to the amount of prostate tissue. This means that all kinds of prostate tissue, whether it is normal or malignant, may increase the PSA. Eighty percent of men with prostate cancer, will have an increase in PSA. A smaller increase is occasionally seen in older men with an enlarged prostate, which is a common condition in elderly males. If PSA results are low (< 4 ng./ml.), one feels reassured. If results are high (>10 ng./ml.) the client is referred to a urologist. Results between 4-10 are in "the gray zone". This is considered a minimal elevation. Twenty five % of these men (with results between 4-10) will have prostatic cancer, regardless of the finding on a digital rectal examination.

Most authorities who recommend the PSA test, advocate combining it with other modalities such as digital rectal examination or trans-urethral ultrasound. Although PSA misses about 20-30% and digital rectal exams miss about 50% (range, 14-64%) of prostate cancer, the two together detect an additional 15-20% or more over results from either one alone.

The treatment for prostate cancer is surgery and/or radiation. Urinary incontinence is a complication in 30% of cases.

Routine screening of men without symptoms of prostate cancer is controversial. Presently, no data links PSA screening with a decrease in deaths from prostate cancer. The FDA has not approved PSA as a screening test for early detection, although it is approved for monitoring patients who already have prostate cancer.

The American Cancer Society (ACS) and American Urological Assn. (AUA) recommend annual PSA testing for all men aged 50 and older. Both of these professional organizations recommend annual screening for men younger than age 50 who are in high-risk groups. This includes men 40 and over with a family history of prostate CA & men who have had their vasectomy at 40 or older.

The AUA recommends stopping annual testing at 70.

The ACS recommends screening be stopped when the patient's life expectancy is <10 years.

The American Academy of Family Physicians, Canadian Task Force on Periodic Health Examinations, National Cancer Institute, and US Preventive Services Task Force do not recommend routine screening in asymptomatic men

The negative side of this testing is that up to 70% of men with PSA levels b/w 4-10 will not have prostate cancer and may undergo the expense, discomfort and emotional stress of additional diagnostic studies for no benefit.

The possible benefits of PSA screening are:

- men are more willing to have a blood test than a physical exam.
 - if it is combined with a digital rectal examination, there is a 2-3 time increase in prostatic cancer detection rate
 - a decrease in death from prostate cancer that is discovered early.
- However, there is no current data available to demonstrate this. (This test has only been available since 1979, hence the reason for the lack of long-term data)
- PSA may improve the specificity of prostate cancer screening and reduce unnecessary biopsies.
 - it is the most cost effective way of screening for prostatic CA. (The cost of a PSA at Corning Lab is \$43.30. A trans-urethral ultrasound in a urology office is \$325.00)

More specific screening tests are needed. As we speak, these are being developed. They include:

- adjusting for increasing age
- measure serial PSA's and calculate the rate of change
- calculate the ratio of PSA level to the volume of the prostate (PSA Density)

Although this is not a perfect test, it is the best that we have for now. The Alaska Nurse Practitioner Association recommends that this bill be passed with the goal of detecting prostatic cancer at a curable stage, thereby improving men's health.

Mary Anne Wilson

Testimony presented by
Mary Anne Wilson, MS, RN, CS, ANP
Alaska Nurse Practitioner Association
Secretary and Legislative Representative



Mark R. McCaughan, M.D.

Diplomate,
American Board
Of
Urology

3227 Glacier Highway
Juneau, Alaska 99801

(907) 586-5656
Fax (907) 586-8081

March 26, 1996

Senator James Duncan
FAX 465-4748

Dear Senator Duncan:

Thank you for your request for testimony in regard to your wish to have Aetna cover the cost of prostate-specific antigen testing on a routine screening basis.

As you have undoubtedly learned, this is not currently covered as a screening test. To be fair, its reputation as a screening test is controversial. However, we all know of personal anecdotal incidences, and as a urologist I know of many situations whereby curable prostate cancer was diagnosed solely on the basis of the patient having had a PSA determination. Admittedly, it is falsely positive on numerous occasions. However, it is impossible to place a value on a life saved by early detection of prostate cancer.

As you likely know, the incidence of the diagnosis of prostate cancer, particularly in a curable stage, has dramatically increased over the past few years. While our ultimate ability to make the diagnosis depends on prostate ultrasound and ultrasonically-guided needle biopsy as well, the initial suspicion of the possibility of prostate cancer is almost always the result of an elevated PSA. The time-honored method of diagnosing prostate cancer has heretofore been the annual rectal examination. There are increasingly dismal statistics to back up the fact that while this exam certainly does pick up curable prostate cancer, it also simply points out the probability of prostate cancer, which in many cases is no longer curable.

To summarize, PSA determination is indeed an important, and perhaps the most important, first line test for the early diagnosis of curable prostate cancer. Like many medical tests, it certainly has a significant incidence of false positivity, however, the fact remains that it is essential as a part of our diagnostic armamentarium in regard to uncovering curable prostate cancer. The current recommendations, depending on various sources, would generally suggest that annual PSAs be done on the 50 to 60-year-old age group, and semiannual PSAs beginning at age 60. This should be done ten years earlier if there is a first degree relative with the diagnosis of prostate cancer or if one is an African American.

I regret that I could not attend your committee meeting to testify in person. My failure to do so does not indicate a lack of interest, but rather a schedule which could not be changed without inconveniencing multiple patients to do so.

If I may be of further help in achieving your goal of including PSA determination under Aetna coverage, please do not hesitate to call or write.

Sincerely,

Mark R. McCaughan, M.D.

MRM/blh



FAX COVER SHEET

Fax To: Christine Date: 3-6-96 Time: _____

Company: Senator Duceau # Pgs. Including Cover: 1

Fax #: (907) 465-4748 From: Diana Kubo
(907) 277-8696 • (907) 263-2073 fax

Comments:

American Cancer Society position:

Dr. Ho asked the Committee to approve the following **REVISED RESOLUTION ON REIMBURSEMENT FOR DRE/PSA**: The Committee approved the following revised statement: "The ACS supports reimbursement for digital rectal examination and PSA performed in combination, for the early detection of prostate cancer, as recommended by the ACS guidelines, namely annual digital rectal examination and prostate-specific-antigen (PSA) performed on men 50 years and older. In addition, these examinations should be reimbursed when performed on men in high risk groups (African-American, positive family history) 40 years and older, when recommended by a physician."

The revision was unanimously approved.

Christine — I will be in
Juneau Mar. 12 & 13 & would
like app't. to meet with you
& Senator Duceau

If there are any problems with this fax transmission, please call (907) 277-8696

Diana

TO: JIM DUNCAN
466-4748

FAXED 10:05 a.m.
3-7-96

FROM: JIM STOUGHTON

March 5, 1996

Senator Jim Duncan
Alaska State Capitol
Room 119
Juneau, AK 99801-1182

Dear Senator Duncan:

It's my understanding that you are introducing a bill for all insurance companies to pay for a prostate specific antigen or PSA testing for Prostate Cancer. I think this is wonderful and way past due for prevention and early detection of Prostate Cancer.

In addition, I recommend that you include coverage for a PAP test which is required if someone has an elevated PSA result. Also, please consider coverage for a penile implant. Many men lose the ability to obtain an erection after surgery due to nerve damage, including myself who underwent Prostate surgery at the age of 55.

I did not have any symptoms of Prostate Cancer, but it was discovered with the PSA screening done at an routine physical. Having had the surgery after a second opinion by a Urologist in Seattle, I have and will take for my lifetime a chemotherapy oral medication and a monthly injection. These two medications cost \$298.35 and \$523.25 per month.

The American Cancer Society promotes prevention and early detection. Having the insurance companies pay for the PSA screening which is approximately \$200.00 as likewise a PAP screening if required will save money and lives.

My coverage under the State of Alaska's Aetna plan will not cover a penile implant. Yet, the same plan will cover a breast reconstruction for a women that has had to undergo a mastectomy. The breast is a non operating organ. I do not resent this because there is also an psychological impact with either of these procedures for a cancer patient.

Please consider amending your bill to cover all of these procedures.

I would like to testify at the hearing, but unfortunately, I work for the Alaska Marine Highways and will be out on the ship. Please accept this letter as my testimony.

According to the American Cancer Society, Prostate Cancer incidence rates increased 50% between 1980 and 1990, largely due to improved detection. There was approximately 40,000

deaths in 1995, the second leading cause of cancer death in men, with lung cancer being number one. The 5 year survival rate for patients with prostate cancer diagnosed while it is still localized is 94%.

Sincerely,

Jim Stoughton

Jim Stoughton
4410 Riverside Dr.
Juneau, Ak 99801

SENATE COMMITTEE REPORT

First Committee of Referral

DATE: 2/2/96

FURTHER: Finance

Date of 5-Day Notice: 3/7/96
(in accordance with Uniform Rule 23)

DATE TURNED INTO OFFICE: 3/14/96

The Labor & Commerce Committee considered SB 253

Relating to insurance coverage for costs of prostate cancer detection.

and recommends:

- Φ
- be replaced with _____ CS _____ (_____)
 - adopt previous _____ CS _____ (_____)
 - attached amendment(s)
 - adopt Letter of Intent by _____ Committee
 - further referral to the _____ Committee

- Senate Bill:**
- same title
 - new title
- House Bill:**
- same title
 - technical title
 - new: SCR# _____

SIGNING DO PASS	DP	OTHER RECOMMENDATIONS	NR	DNP	AM
<i>John Ferguson</i>	✓				
<i>Duncan</i>	✓				
<i>Judy Sals</i>	✓				
CHAIR: <i>Tim Kelly</i>		—————→	✓		

NEW FISCAL NOTE(S):

Department Date Zero Fiscal

DCED	3/9/96	X	
DOA	3/7/96	X	

PREVIOUS FISCAL NOTE(S):*

Department Date Zero Fiscal

APPROPRIATION -- no fiscal note

*include fiscal notes accompanying Governor's bill