

SENATE STAFF ANALYSIS AND ECONOMIC IMPACT STATEMENT

(This document is based on the provisions contained in the legislation as of the latest date listed below.)

BILL: CS/SB 1092

SPONSOR: Health, Aging, and Long-Term Care Committee and Senator Saunders

SUBJECT: Mammograms/Health Insurance Coverage

DATE: February 17, 2004 REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	<u>Harkey</u>	<u>Wilson</u>	<u>HC</u>	<u>Favorable/CS</u>
2.	<u>Johnson</u>	<u>Deffenbaugh</u>	<u>BI</u>	<u>Favorable</u>
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____

I. Summary:

Committee Substitute for Senate Bill eliminates the requirement that the Agency for Health Care Administration develop practice parameters to assist physicians in clinical decision making. The committee substitute deletes a reference to practice parameters for mammography services developed by the Agency for Health Care Administration.

This committee substitute amends sections 627.6418 and 627.6613 of the Florida Statutes.

This committee substitute repeals section 408.02 of the Florida Statutes.

II. Present Situation:

Mammography

Mammography is an imaging technique that uses an x-ray to give a picture of the internal structure of the breast. Mammograms are used to screen for, and to diagnose, breast problems including cancer. In Florida, 66.3 percent of women 40 years of age and older have had a mammogram within the past year.¹

According to the American Cancer Society (ACS), mammography will detect approximately 90 percent of the breast cancers in women without symptoms. Breast cancer accounts for nearly one of every three cancers diagnosed in women in the United States. For 2004, the ACS estimated that 215,990 new cases of invasive breast cancer will be diagnosed among women, and approximately 1,450 cases of breast cancer will be diagnosed in men in the United States. About 40,110 women and 470 men are expected to die from breast cancer in 2004. Female breast

¹ Breast Cancer Facts and Figures 2003-2004, American Cancer Society, 2003.

cancer death rates decreased by 2.3 percent annually between 1990 and 2000. Survival of breast cancer is attributable to several factors including early detection and new methods of treatment.

Recommendations for the age and frequency at which women should receive mammograms have changed over time. The U.S. Preventive Services Task Force recommends mammography screening every one to two years after age 40. The American Cancer Society recommends that any woman who is age 40 or older receive an annual mammogram.

Recently, there has been debate over the efficacy of mammogram screening following the publication of an article in *The Lancet* in 2000, in which researchers Peter Gotzsche and Ole Olsen reported that their review of eight mammography trials found bias in six of the trials and determined that the two unbiased trials showed no effect of screening on breast cancer mortality.² The publication of the article prompted much comment from researchers and policy leaders—some supporting the implication that recommendations for mammography screening should be questioned, others emphatically stating that mammography saves lives. Both the U.S. Department of Health and Human Services and the American Cancer Society repeated their support of routine mammography screening for women over age 40.

Health Insurance Coverage for Mammograms

Forty-six states require health insurance coverage for mammograms. Utah has no requirement and Arkansas, Michigan, and Mississippi require insurers to offer breast cancer screening as an insurance benefit.

Under s. 627.6418, F.S., an accident or health insurance policy, and under s. 627.6613, F.S., a group, blanket, or franchise accident or health insurance policy that is issued, amended, delivered, or renewed in Florida must provide coverage for at least the following:

- A baseline mammogram for any woman who is 35 years of age or older, but younger than 40 years of age.
- A mammogram every 2 years for any woman who is 40 years of age or older, but younger than 50 years of age, or more frequently based on the patient's physician's recommendation.
- A mammogram every year for any woman who is 50 years of age or older.
- One or more mammograms a year, based upon a physician's recommendation, for any woman who is at risk for breast cancer because of a personal or family history of breast cancer, because of having a history of biopsy-proven benign breast disease, because of having a mother, sister, or daughter who has or has had breast cancer, or because a woman has not given birth before the age of 30.

Sections 627.6418 and 627.6613, F.S., express the intent of the Legislature that when practice parameters for the delivery of mammography services are developed, pursuant to s. 408.02(7), F.S., the Legislature will review the requirements of those sections and conform them to the practice parameters.

² Gotzsche, Peter, and Olsen, Ole. "Is screening for breast cancer with mammography justifiable?" *Lancet*, Vol. 355, Issue 9198. 2000.

Practice Parameters

Practice parameters are guidelines developed to assist health care practitioners with patient care decisions about appropriate diagnostic, therapeutic, or other clinical procedures for specific clinical circumstances. Typically, guidelines or parameters are developed by government agencies at any level, institutions, organizations such as professional societies or governing boards, or by the convening of expert panels. They can provide a foundation for assessing and evaluating the quality and effectiveness of health care in terms of measuring improved health, reduction of variation in services or procedures performed, and reduction of variation in outcomes of health care delivered. Development of guidelines requires extensive funds and frequent reviews. It requires retaining experts in the field of study adding to the cost.

Agency for Health Care Administration/Practice Parameters

Section 408.02, F.S., requires the Agency for Health Care Administration (AHCA) to coordinate the development, endorsement, implementation, and evaluation of scientifically sound, clinically relevant practice parameters in order to reduce unwarranted variation in the delivery of medical treatment, improve the quality of medical care, and promote the appropriate utilization of health care services. "Practice parameters" are defined in this section to mean strategies for patient management that are developed to assist physicians in clinical decision-making.

In conjunction with the appropriate health professional associations, AHCA must develop and may adopt by rule practice parameters for services provided by diagnostic-imaging centers, radiation therapy services, clinical laboratory services, physical therapy services, and comprehensive rehabilitative services, as well as practice parameters and guidelines for the delivery of mammography services. Parameters developed pursuant to this section must be made available to the public and to all hospitals and health professionals throughout the state. Procedures must be instituted which provide for the periodic review and revision of practice parameters based on the latest outcomes data, research findings, technological advancements, and clinical experiences, at least once every 3 years.

When this statute was adopted, there were relatively few practice parameters available; however, since 1993, many medical specialty organizations have developed their own practice guidelines. In the past, due to the lack of available guidelines, insurance companies, private individuals, and attorneys were supportive of development and implementation of medical practice guidelines. However, in recent years, with the ease of access to various national evidence-based guidelines that are regularly updated based on new information and knowledge, state government-developed practice parameters have become less relied upon. The Agency for Health Care Administration developed some practice parameters in the early 1990s but did not develop any for mammography.

Reporting Requirements

Under s. 408.02, F.S., every acute care hospital licensed under chapter 395, F.S., in conjunction with the hospital medical staff, must produce outcomes data by diagnosis for each patient treated in the hospital and must forward that data to AHCA in a uniform manner consistent with s. 408.061, F.S., on a quarterly basis beginning with the quarter ending June 30, 1994. The report

must also include a description of any practice guideline that has been adopted by the medical staff, as well as outcomes data for persons treated according to those practice guidelines. AHCA must summarize the effectiveness and cost of care outcomes for each diagnosis by hospital, by district, by region, and across the state, as well as by any other grouping that will facilitate the development of clinically relevant practice parameters. The Agency for Health Care Administration must make the report available to the public and all hospitals throughout the state on an annual basis beginning December 31, 1994, and must detail data available for analysis by others, subject to protection of confidentiality pursuant to s. 408.061, F.S.

In conjunction with the Florida Medical Association, the Florida Chiropractic Association, the Florida Osteopathic Medical Association, the Florida Podiatric Medical Association, and other health professional associations, and in conjunction with the respective boards within the Division of Medical Quality Assurance (Department of Health), AHCA must develop, and may adopt by rule, state practice parameters based on the data received from acute care hospitals as well as on nationally developed practice guidelines. However, practice parameters adopted by rule must not provide grounds for any administrative action. The Agency for Health Care Administration is required to prioritize the development of those practice parameters that involve the greatest utilization of resources either because they are the most costly or because they are the most frequently performed. Prior to the development of practice parameters under this subsection, the agency in conjunction with the various health professional associations may proceed with the development of state practice parameters based on nationally developed practice guidelines.

Under s. 408.061, F.S., AHCA is given the authority to require healthcare facilities, healthcare providers, and insurers to submit data necessary to carry out the agency's functions. The section lists the kinds of data that may be provided to AHCA and establishes procedures for collection of the data. At present, health statistics collected by AHCA are collected under s. 408.061, F.S., not under s. 408.02, F.S.

Agency for Healthcare Research and Quality

The Agency for Healthcare Research and Quality (AHRQ) is the lead federal agency “charged with supporting research designed to improve the quality of healthcare, reduce its cost, improve patient safety, decrease medical errors, and broaden access to essential services. AHRQ sponsors and conducts research that provides evidence-based information on healthcare outcomes; quality; and cost, use, and access. The information helps healthcare decision makers—patients and clinicians, health system leaders, and policymakers—make more informed decisions and improve the quality of healthcare services.”³

III. Effect of Proposed Changes:

The committee substitute amends s. 627.6418, F.S., which requires accident or health insurance policies to cover mammograms, and s. 627.6631, F.S., which establishes the minimum coverage for mammograms that must be provided by a group, blanket, or franchise accident or health insurance policy, to delete the statement of legislative intent that the Legislature should review

³ <http://www.ahrq.gov/about/ahrqfact.htm>

the requirements for insurance coverage for mammograms and conform them to the practice parameters for mammography services once those parameters are developed by the Agency for Health Care Administration (AHCA).

The committee substitute repeals s. 408.02, F.S., which requires AHCA to coordinate the development, endorsement, implementation, and evaluation of clinically relevant practice parameters. Repeal of the reporting requirements in s. 408.02, F.S., would not deprive the public of data because AHCA has the authority to require facilities to report such data under s. 408.061, F.S.

The bill takes effect upon becoming a law.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

V. Economic Impact and Fiscal Note:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

The bill likely would not have an effect on insurance coverage for mammograms and thus would not increase the cost of a mammogram to individuals.

C. Government Sector Impact:

Although the bill repeals s. 408.02, F.S., which requires the Agency for Health Care Administration to develop practice parameters, the Agency for Health Care Administration currently does not have any budget allocated to the development of practice parameters.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Amendments:

None.

This Senate staff analysis does not reflect the intent or official position of the bill's sponsor or the Florida Senate.
