

PO Box 9310  
Minneapolis, MN 55440-9310  
952-992-2900



February 2, 2021

Senator Longbine  
Kansas State Capitol  
300 SW 10<sup>th</sup> St, RM 235-E  
Topeka, KS 66612

**Re: SB 48 Diagnostic Examination Cost-Sharing Mandate - Opposed**

Dear Chairman Longbine and Committee Members:

I am writing today to convey Medica's opposition to Senate Bill 48 mandating zero cost-sharing for diagnostic examination services.

Medica is an independent and nonprofit health care organization with approximately 1 million members in nine states, and has offered individual health insurance coverage in all 105 Kansas counties since 2017. Medica's mission is to be the trusted health plan of choice for our customers, members, partners, and our employees.

In order to understand Medica's opposition to SB 48, I'd like to first share how Medica covers breast cancer screenings and how our coverage has changed over time. Breast cancer screenings are covered by Medica at 100% (no member cost-sharing) with the goal of eliminating barriers for members to receive timely screenings and improve outcomes for patients. In 2016, Medica began to cover 3-D mammograms at 100% (no member cost-sharing) in order to allow our members to access more advanced technology that limits the need for follow-up visits or imaging services. These 3-D mammograms allow health care providers to quickly shift their focus to the diagnosis and treatment of a patient without undue delay.

My organization is opposed to SB 48 because the bill requires 100% coverage of **diagnostic** evaluations, services, imaging, and labs. SB 48 erases lines drawn between coverage of screening, diagnosis, and treatment. Again, screenings are covered at little or no cost-sharing for our members (patients) because it incentivizes members to receive regular screenings for preventive and treatable diseases. If a screening uncovers an underlying medical condition, the patient's health insurance coverage is there to help them pay for the diagnosis and treatment of the illness or disease. This is the reason why people buy or have health insurance coverage; to help them pay for the health care services and products they need.

Requiring health insurers to cover diagnostic services at 100% (no member cost-sharing) creates a precedent for the Kansas Legislature to mandate equal coverage of diagnostic and preventive services for any medical condition. I strongly urge committee members to not create this precedent, which would only result in these costs being added to monthly premiums paid by Kansans in the individual health insurance market. My organization understands and

PO Box 9310  
Minneapolis, MN 55440-9310  
952-992-2900

MEDICA®

sympathizes with Kansans who receive a free screening and then struggle to pay for the diagnosis and treatment of a medical condition. This is a reflection of the high cost of health care services in Kansas and across the country that this bill does not solve. Requiring insurers to embed more of these costs into our health insurance premiums is not the solution.

Thank you for your consideration and do not hesitate to contact me if you have any questions.

Sincerely,

A handwritten signature in black ink that reads "Jay McLaren". The signature is written in a cursive, flowing style.

Jay McLaren  
Vice President of Public Policy and Government Relations  
[Jay.mclaren@medica.com](mailto:Jay.mclaren@medica.com) | 952.992.3059