

STATEMENT OF SUNEE MICKLE
VICE PRESIDENT, GOVERNMENT AND COMMUNITY RELATIONS
BLUE CROSS BLUE SHIELD OF KANSAS
SENATE INSURANCE COMMITTEE
Regarding Opposition to 2021 Senate Bill 48
February 3, 2021

Dear Chairman Longbine and members of the Senate Insurance Committee,

Thank you for the opportunity to share our concerns regarding Senate Bill 48.

Blue Cross Blue Shield of Kansas (BCBSKS) is a locally operated mutual insurance company with more than 1,600 Kansas-based employees. We serve approximately 930,000 Kansans in 103 Kansas counties. BCBSKS maintains offices in 11 communities around the state, with corporate headquarters in Topeka.

BCBSKS appreciates the sentiment behind Senate Bill 48. As the largest health insurer in Kansas, it is our mission to provide peace of mind to all our members – especially in the face of a devastating and life-changing health diagnosis like cancer. BCBSKS does not require prior authorizations for breast cancer preventive screenings, nor do we impose age restrictions or eligibility limitations. It doesn't matter if a woman is 25 or 45 – if the preventive screening is medically necessary, BCBSKS covers it. Also, we do not require providers (or patients) to submit a prior authorization request before the member can receive the service.

Unfortunately, this bill mandates first dollar reimbursement beyond the initial screening to cover further diagnosis and treatment for breast cancer, while still requiring cost sharing by the policy for other illnesses. As a consequence, Senate Bill 48 will increase premiums for many families and employers, both public and private.

- 1. It is critically important that insurers structure benefit plans fairly and consistently.** Medically, diagnostic tests for breast cancer are considered no different or unique from other cancers. Colon cancer offers an excellent example. As with screening mammograms, BCBSKS covers the cost of preventive, screenings (Cologuard or colonoscopy) at 100 percent -- with no member cost share. However, if an abnormality appears and requires additional diagnostic testing, those services become subject to cost sharing according to the individual's plan deductible, copays and coinsurance. According to the American Cancer Society, breast cancer is neither the most common nor the deadliest form of cancer anticipated to affect Kansans in 2021. It is difficult to justify an exception for diagnostic breast cancer tests but not the equivalent for other organs, such as the colon, lung, brain or kidney, to name a few.
- 2. Senate Bill 48 does not apply fairly across the health insurance market. It will disproportionately increase monthly premiums for only some health insurance plans and, therefore, create a two-tier coverage system for breast cancer patients.** Senate Bill 48 applies only to fully insured individual and group health plans. Self-funded health benefit plans,

short-term limited duration policies and other non-regulated entities that provide unregulated health benefits are exempt. In other words, a self-funded plan currently requiring member cost sharing for screening mammograms, would be allowed to require member cost sharing for diagnostic mammograms. Meanwhile, a fully insured ACA compliant plan that currently provides free screening mammograms would be prohibited from requiring member cost sharing for the same diagnostic mammogram.

3. Senate Bill 48 does not provide a statutorily required health benefits impact report pursuant to K.S.A. 40-2248. Neither does it provide for a state employee health plan group pilot for new mandated benefits under K.S.A. 40-2249a. Senate Bill 48 establishes a new health insurance mandate and therefore should follow the statutorily required process for all proposed health insurance mandates. A health benefits impact report or state employee health plan group pilot is required for new coverage mandates to ensure a careful and deliberate analysis before lawmakers are asked to impose a new, possibly expensive, mandate on private and public sector employers and families.

Again, BCBSKS appreciates the sentiment behind Senate Bill 48. Thousands of Kansas families confront the financial and physical burden of breast cancer each year. BCBSKS doesn't want cost to become a barrier to care. But until mandates like the one outlined in Senate Bill 48 are applied fairly across the health insurance market and the cost shifting from deductibles to premiums are fully measured and considered, we don't think Senate Bill 48 is in the best interests of Kansas policyholders and your constituents.

Thank you again for the opportunity to provide testimony. I would be pleased to answer questions at the appropriate time.