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FILED FEB 12 '01

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1 SENATE CONCURRENT RESOLUTION NO. 9
2 BY JOHNSON, JENSEN, GASKILL, TINSMAN, LUNDBY,
3 REDWINE, BOETTGER, IVERSON, GRONSTAL, BOLKCOM,
4 CONNOLLY, HAMMOND, DVORSKY, and HARPER
5 A Senate Concurrent Resolution urging third-party
6 coverage for cancer screening.
7 WHEREAS, an estimated 1,268,000 new cancer cases
8 will be diagnosed in the United States in 2001,
9 including 14,800 in Iowa; and
10 WHEREAS, there will be an estimated 553,400 cancer
11 deaths in the United States in 2001, including 6,500
12 in Iowa; and
13 WHEREAS, screening examinations, conducted
14 regularly by a health care professional, can result in
15 the detection of cancers of the breast, colon, rectum,
16 cervix, prostate, testis, oral cavity, and skin, at
17 earlier stages when treatment is more likely to be
18 successful; and certain cancer screening tools, such
19 as those for cervical and colorectal cancers, can
20 successfully detect precancerous conditions before
21 they develop into cancer; and
22 WHEREAS, if all Americans participated in regular
23 cancer screenings, the five-year survival rate for
24 persons suffering from these screening-accessible
25 cancers would increase to more than 95 percent; and
26 WHEREAS, each year an estimated 100,000 American
27 cancer sufferers would survive if the cancer had been
28 detected in a localized stage and treated properly;
29 and
30 WHEREAS, limitations on covered health care

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1 insurance benefits often prevent individuals from
2 obtaining the cancer screenings and examinations that
3 result in early detection of cancer; and

4 WHEREAS, studies have shown there is a direct
5 correlation between the utilization of preventive
6 services and the level of service provided by health
7 insurance coverage; and

8 WHEREAS, colorectal cancer is the second leading
9 cause of cancer death in the United States and the
10 American Cancer Society's screening guidelines for
11 colorectal cancer provide that beginning at age 50,
12 people with an average risk should have one of the
13 following:

- 14 1. A fecal occult blood test (FOBT) and flexible
15 sigmoidoscopy (if normal, repeat FOBT annually, and
16 flexible sigmoidoscopy every five years).
- 17 2. FOBT annually (acceptable but not preferred).
- 18 3. Flexible sigmoidoscopy every five years.
- 19 4. Colonoscopy (if normal, repeat every 10 years).
- 20 5. Double-contrast barium enema (if normal, repeat
21 every 5 to 10 years); and

22 WHEREAS, prostate cancer is the most common of all
23 cancer in men with the exception of skin cancer,
24 ranking second after lung cancer in cancer deaths
25 among American men, and the American Cancer Society's
26 screening guidelines for prostate cancer provide that
27 men age 50 and older who have at least a 10-year life
28 expectancy should have a digital rectal exam (DRE) of
29 the prostate gland and a prostate-specific antigen
30 (PSA) blood test every year, and that men who are at a

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1 high risk for prostate cancer, such as African
2 American men and men who have a history of prostate
3 cancer in close family members, should begin these
4 tests at an earlier age; and

5 WHEREAS, the rates of invasive cervical cancer have
6 fallen steadily over the last several decades, mainly
7 due to the increased use of the Pap test, which is a
8 screening procedure that permits a diagnosis of
9 preinvasive and early invasive cancer; however,
10 despite the recognized benefits of a Pap test
11 screening, not all American women are insured for or
12 able to take advantage of it; and

13 WHEREAS, the American Cancer Society's screening
14 guidelines for cervical cancer provide for a Pap test
15 and pelvic examination every year for women who are or
16 have been sexually active or have reached age 18;
17 after three or more consecutive satisfactory normal
18 annual exams, the Pap test may be performed less
19 frequently at the discretion of the physician; and

20 WHEREAS, all individuals should have equal access
21 to and coverage for all effective early detection
22 screening tools for cancer; and

23 WHEREAS, by assuring that all health plans provide
24 coverage for cervical, colorectal, and prostate cancer
25 screening tools, one key barrier to early detection
26 and prevention of cancer is eliminated; and

27 WHEREAS, cancer screening tests save money for
28 individuals, insurance companies, and the government
29 by avoiding the late-stage treatment costs of diseases
30 that could be caught early and by eliminating the cost

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1 of cancer care for those who would have developed
2 cancer; and

3 WHEREAS, by not screening early, insurance
4 companies are essentially passing late-stage treatment
5 costs on to taxpayers via Medicare; NOW THEREFORE,

6 BE IT RESOLVED BY THE SENATE, THE HOUSE OF
7 REPRESENTATIVES CONCURRING, That the Iowa General
8 Assembly endorses the full utilization of cancer
9 screening tools as recommended by the American Cancer
10 Society; and

11 BE IT FURTHER RESOLVED, That the Director of Public
12 Health transmit cancer screening guidelines published
13 by the American Cancer Society to health care
14 professionals in the state and urge adoption and use
15 of these cancer screening tools in their practices;
16 and

17 BE IT FURTHER RESOLVED, That third-party payors of
18 health care costs be encouraged to administer and
19 provide coverage of and reimbursement for all
20 recommended cancer screening tools contained in the
21 guidelines published by the American Cancer Society,
22 as ordered or provided by a health care professional
23 to all Iowans in order to aid in diagnosis and
24 treatment of cancer and precancerous conditions as
25 early as possible.

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