

# Statement of Senator Daniel K. Akaka introducing the Investment in Women's Health Care Act of 1998

Senator Daniel K. Akaka Papers

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Statement of Senator Daniel K. Akaka  
Introducing the Investment in Women's Health Care Act of 1998  
July 30, 1998

Mr. President, I rise today to introduce the Investment in Women's Health Act of 1998, a bill to increase Medicare reimbursement for Pap smear laboratory tests. This is the Senate companion measure to the bill introduced in the House by my colleague and friend, Representative Neil Abercrombie (D-HI).

Last year, I was contacted by pathologists who alerted me to the cost-payment differential for Pap smear testing in Hawaii. According to the American Pathology Foundation, Hawaii is one of 23 states where the cost of performing the test significantly exceeds the Medicare payment. In Hawaii, the cost of performing the test ranges between \$13.04 and \$15.80. The Medicare reimbursement rate is only \$7.15.

This large disparity between the reimbursement rate and the actual cost may force labs in Hawaii and other states to discontinue Pap smear testing. Additionally, the below-cost-reimbursement may compel some labs to process tests faster and in higher volume to improve cost efficiency. This situation increases the risk of inaccurate results and can severely handicap patient outcomes.

If the Pap smear is to continue as an effective cancer screening tool, it must remain widely available and reasonably priced for all women. Adequate payment is a necessary component of ensuring women's continued access to quality Pap smears.

My bill will increase the Medicare reimbursement rate for Pap smear lab work from its current \$7.15 to \$14.60--the national average cost of the test. This rate is important because it establishes a benchmark for many private insurers.

I would like to insert in the Record the attached list which documents the average Pap smear production costs for 23 states. No other cancer screening procedure is as effective for early detection of cancer as the Pap smear. Over the last 50 years, the incidence of cervical cancer deaths has declined by 70 percent due in large part to the use of this cancer detection measure. Experts agree that the detection and treatment of precancerous lesions can actually prevent cervical cancer. Evidence also shows that the likelihood of survival when cervical cancer is detected in its earliest stage is almost 100 percent with timely and appropriate treatment and follow-up.

Mr. President, an estimated 13,700 new cases of invasive cervical cancer will be diagnosed in 1998 and 4,900 women will die of the disease. I urge my colleagues to support this important legislation.

## PAP SMEAR PRODUCTION COSTS

California	\$18.84	Nebraska	16.12
	17.11	New Mexico	20.65
	17.00	Ohio	18.46
	13.05		14.15
Colorado	16.94		14.50
Connecticut	16.87	South Carolina	16.89
Delaware	22.00		13.00
Florida	14.00	South Dakota	10.25
Georgia	10.73	Tennessee	12.36
Hawaii	13.04	Texas	13.50
	14.04	Vermont	18.92
	15.40	Washington	11.64
	15.80		12.00
Illinois	13.12		12.52
Iowa	13.78		12.90
Kansas	14.62		12.91
Kentucky	16.00		13.22
	13.01		13.42
Maryland	14.05	Wisconsin	13.00
Michigan	13.16		

note: this data was obtained from the American Pathology Foundation