

Senate Committee for E&PW Hearing on September 25, 2008

1. **Observed Health Impacts for Libby Residents Exposed to Libby Amphibole Asbestos (LAA)**
 - a. **ATSDR Screening Results (2000-2001):** 7,100 former and current Libby residents were screened. 22% had lung abnormalities via chest x-ray and CT studies
 - b. **ATSDR Mortality Study (Dec., 2000):** Asbestosis deaths 40 to 60 times higher than expected.
 - c. **Updated NCHS (CDC) Mortality Statistic:** For the time period of 1995-2004, Lincoln County Montana had the highest age-adjusted asbestosis death rate by county per million population of U.S. residents age 15 and over. (262.5 Age Adjusted Rate; 289.1 Crude Rate; Number of Deaths: 44; 18.2% female)
 - d. **Progression:** Whitehouse (2004) Occupational and Non-occupational/Environmental exposure to the Libby Amphibole Asbestos (LAA) results in an increased rate of progressive lung disease. Published in AJIM.
 - e. **Mesothelioma:** Whitehouse, et.al. (2008) published article in the American Journal of Industrial Medicine reporting 31 cases associated with LAA identified from Libby, MT. Eleven of these were from environmental exposure.
 - f. **Center for Asbestos-Related Disease (CARD):** follows 2400 patients currently gaining around 20 new patients/month. Asbestos caused health complications and disease progression continue to be unusually common in this population. The majority of patients with adverse health effects had only non-occupational exposure.

2. **Health Resources**
 - a. **Initials Efforts in Seeking Coverage for Health Effects of Asbestos Exposure (Assessment of Vulnerable Populations: Lincoln County and the Libby Area, Montana. Montana Primary Care Association. January 2001)**
 - i. HHS recognized the low income and uninsured status of Lincoln County community (53% making less than 200% of poverty; 22% make less than 100% of poverty; 21% of the asbestos screening sample were uninsured)
 - ii. HHS designated Lincoln county as a frontier county and as a medically underserved population
 - iii. In 2001, Claude Allen, Deputy Director of HHS made a personal visit to Libby and considered addressing the asbestos healthcare needs
 - iv. WR Grace, CEO Paul Norris, publicly offered a voluntary medical plan to those affected and the company indicated they would take full responsibility to insure coverage for all adverse health effects from the Libby Asbestos Exposure
 - b. **Health Resources Available**
 - i. WR Grace Sponsored Libby Medical Program (LMP) administered by Health Network America (HNA) called "The WR Grace Plan" which repeatedly denies coverage of needed asbestos related services
 - ii. Libby Asbestos Medical Plan (called "LAMP") that has extremely limited and finite funding
 1. Asbestos Health Screening Only Benefits
 2. Supplemental Benefits cover healthcare services related to asbestos related disease that are not covered by The WR Grace Plan

c. **Gaps in Coverage**i. **The WR Grace Plan** (Denial trends usually start subtly without notification to patient or providers and intensify over time.)1. **Denial of coverage by the WR Grace Plan**

- a. If denied WR Grace Plan there is no LAMP supplement = No ARD coverage
- b. 2006 = 29% denied access to the WR Grace plan -applicants with ARD diagnosed by CARD treating physicians (148 applicants)
- c. 2007 = 42% denied access to the WR Grace plan -applicants with ARD diagnosed by CARD treating physicians (123 applicants)

2. **Denial of services** (deemed not asbestos related by WR Grace's consulting doctors although treating physicians assess patient face-to-face, diagnose and can demonstrate asbestos related changes.)

- a. **Symptom/Disease management** (shortness of breath, wheezing, plaque scarring- related chest pain) **sick visits** (respiratory infections), **follow up of potentially cancerous nodules** (involves doctor visit and serial CT scans)
 - i. These services are often not covered by The WR Grace Plan
 - ii. Currently The WR Grace Plan pay for only 46% of CARD's asbestos healthcare services provided to Libby residents
 - iii. 99% of CARD's healthcare services are related to asbestos exposure, ARD, or conditions secondary to ARD.
- b. **Oxygen:** Lincare, a primary oxygen provider in Libby, reports the following statistics:
 - i. The WR Grace Plan began denying oxygen supplement therapy in February of 2005
 - ii. By end of 2006 = 41% of patients were denied oxygen coverage (23 out of 56)
 - iii. 2007 = 63% were denied oxygen coverage (5/8 new patients)
 - iv. 2008 = 75 % were denied oxygen coverage (6/8 new patients)
- c. **Medications:** Not covered by The WR Grace Plan
 - i. ARD related pain medications for chest wall pain/pleurisy
 - ii. Anxiety meds for dealing with the distress related to severe shortness of breath
 - iii. Acid reflux meds (results from excessive coughing/inflammation)
- d. **Diagnostic Radiology, Hospitalizations, Surgeries, etc related to ARD**
 - i. These services are often denied by The WR Grace Plan
 - ii. X-rays and CT scan (Plan coverage 1 chest xray/yr and 1 CT every 3 years)
 - iii. Cancer Treatments and Surgical Treatments of Pleural Effusions
 - iv. Emergency Room and In-patient hospitalizations
 - v. End-of-life nursing home care

ii. LAMP

1. LAMP funds are finite and current funds will be exhausted sometime in 2009 depending on rate of expenditure (which has been increasing exponentially historically)
2. In 2007 LAMP spent \$608,326.14 (Asbestos Health Screening and LAMP Supplemental Benefits)
3. In 2½ months of 2008 (4/15-6/30/08) LAMP has already spent \$282,252.76
 - a. \$57,214.62 -covered oxygen, radiography, out-patient, hospital bills
 - b. \$12, 088.31 –covered mostly pain meds, also some anxiety and reflux meds
 - c. \$34,377.69 –personal care (assistance for independent living)
 - d. \$1,440.00 –mental health counseling for dealing with ARD impacts
 - e. \$177,132.14 –Asbestos Health Screening
4. Funds have a lifetime cap of \$25,000/member because of limited funds and extensive needs

iii. EXAMPLE:

1. Patient (WW) had a asbestos related pleural effusion
 - a. 12 medical facilities involved in treatment
 - b. Asbestos disease documented with photographs during surgery and in a letter from the surgeon stating “this is just another point farther down the line in the progression of asbestos pleural disease.”
 - c. The WR Grace Plan denied coverage of ALL related healthcare
 - d. LAMP paid \$25,000 for inpatient hospitalization (which did not even cover the full bill)
 - e. Patient no longer has LAMP benefits because he reached his lifetime cap
 - i. Patient is left the responsibility to pay the rest of the bill to the hospital and ALL other 11 medical providers
 - ii. Patient no longer has coverage for his pain medication previously covered by LAMP

3. Anticipated Future Needs

- a. Long-term access to outpatient asbestos related healthcare services that have primarily been provided in Libby by the CARD in collaboration with the other health care providers.
 - i. Asbestos health screening, surveillance, and diagnosis
 - ii. Disease management (asbestos induced health complications, symptom management, sick visits and prevention of complications)
- b. Comprehensive coverage of all asbestos related healthcare services (medications including oxygen; acute care services like ER, hospitalizations, surgeries, etc; services to support independent living; and end of life care like hospice and nursing homes)