

SENATE BILL REPORT

SB 6050

As Reported by Senate Committee On:
Health Care, February 6, 2014

Title: An act relating to communication of mammographic breast density information to patients.

Brief Description: Concerning communication of mammographic breast density information to patients.

Sponsors: Senators O'Ban, Becker, Pedersen, Keiser, Dammeier, Darneille, Baumgartner, Rolfes, Kohl-Welles, Parlette, Hill and Brown.

Brief History:

Committee Activity: Health Care: 1/28/14, 2/06/14 [DPS, DNP].

SENATE COMMITTEE ON HEALTH CARE

Majority Report: That Substitute Senate Bill No. 6050 be substituted therefor, and the substitute bill do pass.

Signed by Senators Becker, Chair; Dammeier, Vice Chair; Angel, Bailey, Keiser and Parlette.

Minority Report: Do not pass.

Signed by Senators Pedersen, Ranking Member; Cleveland.

Staff: Bonnie Kim (786-7316)

Background: Mammograms are screening tests used for early breast cancer detection and for breast evaluation. Breast density is a measure used to describe the proportion of the area of breast and connective, or fibroglandular, tissue to the area of fat. Breast and connective tissue is denser, meaning it blocks the passage of x-rays to a greater extent, than fatty tissue. Dense tissue appears white or light gray on a mammogram. Lumps, both benign and cancerous, also appear white. Thus, mammograms may be less accurate in patients with dense breasts because it is more difficult to interpret or detect abnormalities.

A qualified health care provider reviews mammographic results to screen for visible abnormalities and may assign a mammogram to one of four categories of breast density as published in the the Breast Imaging Reporting and Data System Atlas by the American

This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not a part of the legislation nor does it constitute a statement of legislative intent.

College of Radiology. Patients classified in the highest two density levels have heterogeneously or extremely dense breast tissue.

Federal law requires any facility that performs a mammogram to send each patient a summary of the mammography report written in lay terms within 30 days of the examination. Facilities must also send a full written report, including a final assessment of breast density findings, to the patient's physician, or directly to the patient if there is no identified physician, within 30 days of the examination. Federal law does not require breast density information in the summary sent to the patient.

Summary of Bill (Recommended Substitute): If, after a mammogram, a physician determines a patient has heterogeneously dense or extremely dense breast tissue, the facility where the mammogram was performed must include the following notice in the summary letter sent to the patient:

"Your mammogram shows that your breast tissue is dense. Dense breast tissue is common but can make it harder to evaluate the results of your mammogram. Adult women of all ages are encouraged to perform a monthly breast self-exam. This information about your mammogram results is given to you to raise your awareness and to inform your conversations with your primary care provider. A report of your results was sent to your primary care provider."

This bill does not create a duty of care or impose any liability on a physician or health care facility beyond the duty to provide notice as required in the bill.

EFFECT OF CHANGES MADE BY HEALTH CARE COMMITTEE (Recommended Substitute): Clarifies the breast density notice must be included in the lay letter sent to the patient as required by federal law. Removes reference to increased risks of breast cancer and screening options from the notice. Adds to the notice an encouragement to women to perform breast self-exams and replaces "doctor" and "physician" with "primary care provider." Expressly states that the bill does not create a duty of care or impose any liability on a physician or health care facility beyond the duty to provide notice as required in the bill.

Appropriation: None.

Fiscal Note: Not requested.

Committee/Commission/Task Force Created: No.

Effective Date: Ninety days after adjournment of session in which bill is passed.

Staff Summary of Public Testimony on Original Bill: PRO: Although some women may know about dense breast tissue, not all do. This bill is about ensuring a conversation about density happens between women and their doctors. Eleven other states have enacted similar legislation. Cancerous lumps may not be detected in a mammogram because of dense breast tissue. Only mammograms can show whether a woman has dense breasts. Dense breast tissue is a predictor of breast cancer. Advanced Registered Nurse Practitioners should be added to the bill to ensure the most women possible receive this information.

CON: The Washington State Medical Association (WSMA) has always opposed putting medical practice in statute. There is no scientific evidence that dense breast tissue is a risk factor for higher risk of breast cancer. This bill will cause providers to order ultrasounds for all their patients with dense breast tissue, even if unnecessary.

OTHER: The notification language will create patient confusion, anxiety, and fear because the information is conveyed out of context as an isolated factor. Providers should discuss density and other factors with patients.

Persons Testifying: PRO: Senator O'Ban, prime sponsor; Melissa Johnson, WA State Nurses Assn.; Kathy Vielhaber, citizen.

CON: Susie Tracy, WSMA.

OTHER: Dr. Gail Morgan, WA State Radiological Society; Brad Boswell, citizen.