

HOUSE BILL REPORT

SB 5912

As Passed House:
February 27, 2018

Title: An act relating to insurance coverage of tomosynthesis or three-dimensional mammography.

Brief Description: Concerning insurance coverage of tomosynthesis or three-dimensional mammography.

Sponsors: Senators Kuderer, Rivers, Cleveland, Walsh, Conway, Mullet, Keiser and Hasegawa.

Brief History:

Committee Activity:

Health Care & Wellness: 2/15/18, 2/16/18 [DP].

Floor Activity:

Passed House: 2/27/18, 95-2.

Brief Summary of Bill

- Directs the Office of the Insurance Commissioner and the Health Care Authority to clarify that existing mandates for mammography include digital breast tomosynthesis, also known as three-dimensional mammography.

HOUSE COMMITTEE ON HEALTH CARE & WELLNESS

Majority Report: Do pass. Signed by 14 members: Representatives Cody, Chair; Macri, Vice Chair; Graves, Assistant Ranking Member; Caldier, Clibborn, DeBolt, Harris, Jinkins, Maycumber, Riccelli, Robinson, Slatter, Stonier and Tharinger.

Minority Report: Do not pass. Signed by 1 member: Representative Schmick, Ranking Member.

Staff: Kim Weidenaar (786-7120).

Background:

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.

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, since it is more difficult to interpret or detect abnormalities.

Digital breast tomosynthesis, also called three-dimensional mammography, is an emerging imaging technique that attempts to improve the visibility of cancers and facilitate the differentiation between malignant and nonmalignant features. Small cancers, which may be obscured by normal fibroglandular tissue in standard two-dimensional projection imaging, may be more readily detected using digital breast tomosynthesis, particularly in women with radiologically dense breasts.

Under the Affordable Care Act, health benefit plans must provide coverage for preventive or wellness services that have a rating of A or B in the current recommendations of the United States Preventive Services Task Force (USPSTF). The USPSTF recommends, at a B grade, screening mammography for women 50 – 74 years every two years for women aged. The USPSTF's January 2016 recommendations for breast cancer screening for digital breast tomosynthesis concluded that the current evidence is insufficient to balance the benefits and harms of the service.

The Office of the Insurance Commissioner requires that health carriers provide coverage for screening or diagnostic mammography services upon the recommendation of the patient's physician or advanced registered nurse practitioner. The Health Care Authority requires identical coverage for all public employee health plans.

Summary of Bill:

The Office of the Insurance Commissioner is directed to clarify that existing mandates for mammography includes coverage for digital breast tomosynthesis for all disability, group disability, health maintenance organizations, and health service contractor plans. The Health Care Authority is directed to clarify that the current mandate for mammography includes coverage digital breast tomosynthesis for public employee plans.

Appropriation: None.

Fiscal Note: Available.

Effective Date: The bill takes effect 90 days after adjournment of the session in which the bill is passed.

Staff Summary of Public Testimony:

(In support) This bill will require coverage of three-dimensional mammography at the same level as two-dimensional mammography. An assessment by the Health Care Authority on the efficacy and cost effectiveness of tomosynthesis found that there was sufficient evidence to

cover the imaging service. The cost differential between the two services is \$50 to \$100, which it is not a cost breaker for health carriers. One in eight women will get breast cancer during their life and so the use of three-dimensional mammography could provide cost savings as cancers may be caught early.

(Opposed) This bill mandates the coverage of digital breast tomosynthesis with no cost sharing even though it is not approved by the United States Preventative Services Task Force (USPSTF). This service is not right for all patients and all plans in the state already cover digital breast tomosynthesis, but cover it with cost sharing. The Legislature should not supplant its own judgment with that of the USPSTF.

Persons Testifying: (In support) Senator Kuderer, prime sponsor; and Jim Hedrick, Washington State Radiological Society.

(Opposed) Meg Jones, Association of Washington Healthcare Plans.

Persons Signed In To Testify But Not Testifying: None.