

SENATE BILL REPORT

SSB 5396

As Amended by House, April 7, 2023

Title: An act relating to cost sharing for diagnostic and supplemental breast examinations.

Brief Description: Concerning cost sharing for diagnostic and supplemental breast examinations.

Sponsors: Senate Committee on Health & Long Term Care (originally sponsored by Senators Wilson, L., Boehnke, Frame, Hunt, Kauffman, Kuderer, Rivers, Rolfes, Shewmake, Valdez and Warnick).

Brief History:

Committee Activity: Health & Long Term Care: 1/20/23, 1/24/23 [DPS-WM, w/oRec].
Ways & Means: 1/31/23, 2/07/23 [DPS (HLTC)].

Floor Activity: Passed Senate: 2/28/23, 48-0.
Passed House: 4/7/23, 90-6.

Brief Summary of First Substitute Bill

- Requires health carriers that provide coverage for supplemental and diagnostic breast exams to provide coverage without cost sharing.

SENATE COMMITTEE ON HEALTH & LONG TERM CARE

Majority Report: That Substitute Senate Bill No. 5396 be substituted therefor, and the substitute bill do pass and be referred to Committee on Ways & Means.

Signed by Senators Cleveland, Chair; Robinson, Vice Chair; Rivers, Ranking Member; Muzzall, Assistant Ranking Member; Conway, Dhingra, Holy, Randall and Van De Wege.

Minority Report: That it be referred without recommendation.

Signed by Senator Padden.

Staff: Greg Attanasio (786-7410)

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

SENATE COMMITTEE ON WAYS & MEANS

Majority Report: That Substitute Senate Bill No. 5396 as recommended by Committee on Health & Long Term Care be substituted therefor, and the substitute bill do pass.

Signed by Senators Rolfes, Chair; Robinson, Vice Chair, Operating & Revenue; Mullet, Vice Chair, Capital; Wilson, L., Ranking Member, Operating; Gildon, Assistant Ranking Member, Operating; Schoesler, Ranking Member, Capital; Warnick, Assistant Ranking Member, Capital; Billig, Boehnke, Braun, Conway, Dhingra, Hasegawa, Hunt, Keiser, Muzzall, Nguyen, Pedersen, Saldaña, Torres, Van De Wege, Wagoner and Wellman.

Staff: Amanda Cecil (786-7460)

Background: Under the Affordable Care Act, health benefit plans must provide, at a minimum, coverage with no cost sharing, 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, with or without clinical breast examination, every one to two years for women age 40 years and older.

Summary of First Substitute Bill: Beginning January 1, 2024, for health plans that include coverage of supplemental breast examinations and diagnostic breast examinations, health carriers may not impose cost sharing for such examinations.

"Diagnostic breast examination" means a medically necessary and appropriate examination, including an examination using diagnostic mammography, digital breast tomosynthesis, breast magnetic resonance imaging, or ultrasound, that is used to evaluate an abnormality seen or suspected from a screening examination for breast cancer, or detected by another means of examination.

"Supplemental breast examination" means a medically necessary and appropriate examination, including an examination using digital breast tomosynthesis, breast magnetic resonance imaging or ultrasound, that is used to screen for breast cancer based an individual's personal or family medical history, or additional factors that may increase the individual's risk of breast cancer.

Appropriation: None.

Fiscal Note: Available.

Creates Committee/Commission/Task Force that includes Legislative members: No.

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

Staff Summary of Public Testimony on Original Bill (Health & Long Term Care): *The committee recommended a different version of the bill than what was heard.* PRO: Additional screening is often needed after a mammogram to determine if an abnormality is cancerous and to evaluate treatment options. Patient out-of-pocket costs can be high for supplemental screenings, and delaying care because of cost can result in worse health outcomes.

CON: The federal government is currently evaluating supplemental screening options. The state should wait for the federal review to be completed as well as further evaluate the fiscal impact to the state.

Persons Testifying (Health & Long Term Care): PRO: Senator Lynda Wilson, Prime Sponsor; Kirsten Smith, Susan G. Komen; Dr. Peter Eby, Washington State Radiological Society (WSRS); Janet Campbell; Bobbi-Jo Thomas; Kate White Tudor, Rayus Radiology.

CON: Jennifer Ziegler, Association of Washington Health Care Plans.

Persons Signed In To Testify But Not Testifying (Health & Long Term Care): No one.

Staff Summary of Public Testimony on First Substitute (Ways & Means): PRO: Screenings for cancer are so expensive that some women do not get screened. Lower to moderate income patients often skip diagnoses until major symptoms occur to avoid high out-of-pocket costs, which results in poorer health outcomes. Widespread screening mammography is available free of cost, but mammograms don't catch all instances of breast cancer.

CON: There are several pieces of proposed legislation in the process that will affect healthcare costs. These should not be considered in isolation, but in tandem.

Persons Testifying (Ways & Means): PRO: Senator Lynda Wilson, Prime Sponsor; Kirsten Smith, Susan G. Komen; Janet Campbell.

CON: Jennifer Ziegler, Association of Washington Health Care Plans.

Persons Signed In To Testify But Not Testifying (Ways & Means): No one.

EFFECT OF HOUSE AMENDMENT(S):

- Removes digital breast tomosynthesis from the definition of a supplemental breast examination.
- Modifies language in existing statutes to align with the cost-sharing prohibitions established in this act.