

# SENATE BILL REPORT

## SB 5912

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As of January 22, 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 & Long Term Care: 1/22/18.

**Brief Summary of Bill**

- Directs the Office of the Insurance Commission (OIC) and the Health Care Authority (HCA) to clarify that existing mandates for mammography include three-dimensional mammography.

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### SENATE COMMITTEE ON HEALTH & LONG TERM CARE

**Staff:** Greg Attanasio (786-7410)

**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.

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

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Under the Affordable Care Act (ACA), 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 for women, with or without clinical breast examination, every one to two years for women age 40 years and older. The OIC requires that all disability and health maintenance organization plans provide coverage for screening or diagnostic mammography services upon the recommendation of the patient's physician or advanced registered nurse practitioner. The HCA requires identical coverage for all public employee health plans.

**Summary of Bill:** The OIC and the HCA must clarify that the existing mandate to provide mammography services at no cost to the patient includes coverage for tomosynthesis under the same terms and conditions currently allowed for mammography for all disability, health maintenance organization, and public employee health plans.

**Appropriation:** None.

**Fiscal Note:** Requested on January 18, 2018.

**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:** PRO: Digital breast tomosynthesis can detect breast cancer earlier, which can lead to cost savings associated with treatment. Women should be given the option of digital breast tomosynthesis and traditional mammography and make a choice for themselves without incurring additional costs.

OTHER: The USPSTF does not currently recommend digital breast tomosynthesis for standard mammography screenings. The Legislature should not change current standards for mammography with no cost sharing until there is better evidence to support digital breast tomosynthesis.

**Persons Testifying:** PRO: Senator Patty Kuderer, Prime Sponsor.

OTHER: Meg Jones, Association of Washington Healthcare Plans.

**Persons Signed In To Testify But Not Testifying:** No one.