

HOUSE BILL REPORT

ESSB 5084

As Passed House - Amended:

February 27, 2018

Title: An act relating to providing women with timely information regarding their breast health.

Brief Description: Providing women with timely information regarding their breast health.

Sponsors: Senate Committee on Health Care (originally sponsored by Senators Rolfes, Angel, Hasegawa, Nelson, Honeyford, Darneille, Billig, Keiser, Wilson, Saldaña, Warnick and Kuderer).

Brief History:

Committee Activity:

Health Care & Wellness: 2/15/18, 2/21/18 [DPA].

Floor Activity:

Passed House - Amended: 2/27/18, 98-0.

Brief Summary of Engrossed Substitute Bill (As Amended by House)

- Requires health care facilities to provide mammography patients with notice about breast density.

HOUSE COMMITTEE ON HEALTH CARE & WELLNESS

Majority Report: Do pass as amended. Signed by 17 members: Representatives Cody, Chair; Macri, Vice Chair; Schmick, Ranking Minority Member; Graves, Assistant Ranking Minority Member; Caldier, Clibborn, DeBolt, Harris, Jinkins, MacEwen, Maycumber, Riccelli, Robinson, Rodne, Slatter, Stonier and Tharinger.

Staff: Jim Morishima (786-7191).

Background:

A mammogram is a breast cancer screening test that uses low-dose x-rays to observe changes in breast tissue. The federal Mammography Quality Standards Act (MQSA) subjects facilities performing mammograms to certain minimum standards. For example, such a

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facility must assure the preparation of a written report of the results of a mammogram. The report must be sent to the patient's physician or directly to the patient if there is no physician available. In addition, a summary of the report must be sent to the patient in terms easily understood by a layperson.

Physicians use the American College of Radiology's Breast Imaging Reporting and Data System (BI-RADS) to categorize mammogram results into seven categories. The BI-RADS also classifies breast density into four categories. Information on the BI-RADS category and breast density is generally included in the mammogram results.

Summary of Amended Bill:

A health care facility must include information identifying the patient's BI-RADS breast density classification in a mammography report. If a physician at, employed by, or under contract with the facility determines that the patient has heterogeneously or extremely dense breasts, the summary must include the following notice:

"Your mammogram indicates that you may have dense breast tissue. Roughly half of all women have dense breast tissue which is normal. Dense breast tissue may make it more difficult to evaluate your mammogram. We are sharing this information with you and your health care provider to help raise your awareness of breast density. We encourage you to talk with your health care provider about this and other breast cancer risk factors. Together, you can decide which screening options are right for you."

A patient receiving a mammogram may be directed to informative material about breast density, which may include the American College of Radiology's latest brochure on the subject.

The notice requirements do not create a duty of care or other legal obligation beyond the duty to provide the notice and do not require a notice that is inconsistent with the MQSA.

Appropriation: None.

Fiscal Note: Not requested.

Effective Date of Amended Bill: The bill takes effect on January 1, 2019.

Staff Summary of Public Testimony:

(In support) The time for this bill has come. Breast density can make a mammogram ineffective—cancerous cells and dense breast tissue both show up as white on a mammogram. Mammograms can miss up to 50 percent of cancers in dense breasts. This can cause women to miss opportunities for more aggressive testing, which can delay early detection of breast cancer. Late detection of breast cancer can foreclose certain treatment outcomes and can cause adverse health consequences, life and family disruptions, and even death. Many women do not even know that they have dense breasts. Radiologists send information about breast density to a woman's physician, but that information does not show up in the findings that are sent to the woman. This bill will ensure that a woman receives the

same information on breast density as her physician. The bill will encourage shared decision making and will lead to discussions about risk factors and screening options. Some say that this information will frighten women and cause undue trauma, but cancer diagnoses cause even more trauma. There is no evidence that similar laws in other states have caused trauma. Over half of states have this law already—Washington is becoming an outlier.

(Opposed) None.

(Other) Patients should have knowledge and be empowered to make the best care decisions. They should be provided with appropriate information based on scientific consensus. Dense breast tissue can make cancer harder to detect, but is not a risk factor for breast cancer. There are no clinical tests recommended solely on the basis of dense breast tissue. Breast density can vary by age, weight, and hormones. Science changes and evolves. This bill should sunset if Congress amends federal law to address breast density.

Persons Testifying: (In support) Senator Rolfes, prime sponsor; Kathy Viehaber; and Kristin Lamson.

(Other) Pamela Crone, American College of Obstetricians and Gynecologists.

Persons Signed In To Testify But Not Testifying: None.