

FINAL BILL REPORT

SB 5912

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Synopsis as Enacted

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

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

Senate Committee on Health Care
Senate Committee on Health & Long Term Care
Senate Committee on Ways & Means
House Committee on Health Care & Wellness

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.

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 for women, with or without clinical breast examination, every one to two years for women age 40 years and older. The Office of the Insurance Commission (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 Health Care Authority (HCA) requires identical coverage for all public employee health plans.

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.

Summary: 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.

Votes on Final Passage:

Senate	44	4
House	95	2

Effective: June 7, 2018