# F I S C A L  I M P A C T  R E P O R T

**SPONSOR** HHHC **ORIGINAL DATE** 2/2/17 **LAST UPDATED** 3/9/17 **HB** 243/HHHCS

**SHORT TITLE** Info Available at Mammography Facilities **SB**

**ANALYST** Chenier

## ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT (dollars in thousands)

| | FY17 | FY18 | FY19 | 3 Year Total Cost | Recurring or Nonrecurring | Fund Affected |
|---|---|---|---|---|---|---|
| **Total** | | Minimal | Minimal | Minimal | Recurring | Tobacco |

(Parenthesis ( ) Indicate Expenditure Decreases)

## SOURCES OF INFORMATION
LFC Files

Responses Received From
Department of Health

## SUMMARY

Synopsis of HHHC Substitute

The House Health and Human Services Committee Substitute for House Bill 243 would require health facilities providing mammography examinations to provide information on individual breast density. If a patient has high breast density the provider would be required to provide notice to the patient as detailed on page 2 of the bill. The bill would also allow providers to direct patients to information about breast density. Lastly, the bill includes a provision clarifying that Subsection A (notice of breast density) creates a legal duty to provide notice.

## FISCAL IMPLICATIONS

DOH stated that the bill would have the potential to impact the DOH Breast and Cervical Cancer Early Detection (BCC) Program if providers respond to notification of a patient's breast density by electing to refer BCC Program clients for services that fall outside of the program's approved screening recommendations or diagnostic guidelines. The BCC Program follows national breast cancer screening recommendations and diagnostic guidelines that determine approved tests and the intervals for testing. The additional provisions in the bill would not necessarily require FTEs to address but may create an opportunity cost to existing BCC program functions.

## SIGNIFICANT ISSUES

DOH provided the following:

> According to the education coalition DenseBreast-info (http://densebreast-info.org/legislation.aspx), currently there are 27 states that require some form of notification regarding breast density after a mammogram. However, it is noted that even though some state laws are more similar than others, there is no standard from state-to-state on what patients are told, how patients are informed, or whether insurance must cover supplemental screening tests. According to U.S. Department of Health & Human Services report, in the states that have density notification laws, about 50% of women undergoing screening mammography are notified they have dense breasts. (https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4443857/pdf/nihms672383.pdf)
>
> As noted in HB243, high breast density may increase breast cancer risk and makes it harder to detect any tumors on the routine screening mammography. Consequently, it is recommended for patients with dense breasts to have supplemental screening to have a better chance at detecting tumors that might have been masked by the density, before the patient becomes symptomatic. (https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4443857/pdf/nihms672383.pdf) Although supplemental imaging is recommended for patients with dense breasts after a normal screening mammogram to increase cancer detection among women with dense breasts, it may also increase false-positive imaging tests, biopsies, and treatment of breast cancers that never would have progressed.
>
> Given the potential for both benefits and risks of supplemental screening in women with dense breasts, a 2015 editorial in the *New England Journal of Medicine* identified a need for consensus in the medical community and called for risk stratification as an essential tool in determining the best screening plan for each woman (http://www.nejm.org/doi/full/10.1056/NEJMp1413728). Generally, when you stratify risk you are essentially classifying a patient's individual risk for getting cancer. There are existing tools that can do this, and the results of a patient's individual risk ought to be included as part of the patient-provider consideration and discussion prior to getting additional imaging. A recent publication concluded that "breast density should not be the sole criterion for deciding whether supplemental imaging is justified because not all women with dense breasts have high interval cancer rates" (https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4443857/). By using a 5-year risk model developed by the Breast Cancer Surveillance Consortium (https://tools.bcsc-scc.org/BC5yearRisk/calculator.htm), combined with breast density on mammography, the authors could identify women at high risk of interval cancers. They recommended using this risk stratification method to inform patient-provider discussions about alternative screening strategies, which is not addressed in the bill.

## DISPARITIES ISSUES

According to the National Cancer Institute, "members of minority racial/ethnic groups in the United States are more likely to be poor and medically underserved than whites, and limited access to quality health care is a major contributor to disparities. The poor and medically underserved are less likely to have recommended cancer screening tests than those who are

medically well served. They are also more likely to be diagnosed with late-stage cancer that might have been treated more effectively if diagnosed earlier" (https://www.cancer.gov/about-cancer/understanding/disparities).

EC/al