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

SPONSOR Beffort **ORIGINAL DATE** 1/29/15 **LAST UPDATED** **HB**

SHORT TITLE 3D Mammography Equipment **SB** 305

ANALYST Lucero

APPROPRIATION (dollars in thousands)

Appropriation		Recurring or Nonrecurring	Fund Affected
FY15	**FY16**		
	$1,000.0	Recurring	Tobacco Settlement Program Fund
	$1,800.0	Nonrecurring	General Fund

(Parenthesis ( ) Indicate Expenditure Decreases)

SOURCES OF INFORMATION
LFC Files

Responses Received From
Department of Health (DOH)

SUMMARY

Synopsis of Bill

Senate Bill 305 appropriatees one million dollars ($1,000,000) from the tobacco settlement program fund and one million eight hundred thousand dollars ($1,800,000) from the general fund to the Department of Health (DOH) for expenditure in fiscal year 2016 to purchase three-dimensional (3D) mammography equipment, to provide 3D mammography services to women eligible for Medicaid or the DOH Breast and Cervical Cancer Screening Program, and to provide outreach and education.

FISCAL IMPLICATIONS

The appropriation of $1,000,000 contained in this bill is a recurring expense to the tobacco settlement program fund. Any unexpended or unencumbered balance remaining at the end of fiscal year 2016 **shall not** revert to the tobacco settlement program fund.

The appropriation of $1,800,000 contained in this bill is a nonrecurring expense to the general fund. Any unexpended or unencumbered balance remaining at the end of fiscal year 2016 **shall not** revert to the general fund.

Neither the executive or the LFC recommendations included these specific appropriations, but both did recommend $1.3 million of tobacco funds for breast and cervical cancer treatment.

The interim Tobacco Revenue Oversight Committee recommended $1 million from the tobacco settlement program fund for breast and cervical cancer screening and 3D mammograms.

SIGNIFICANT ISSUES

DOH reports:

Standard digital mammography produces two-dimensional (2D) images of the breast. Overlapping tissue on a 2D image can mask suspicious lesions or make normal tissue appear suspicious. Digital Breast Tomosynthesis (DBT) was developed to improve the accuracy of mammography by capturing 3D images of the breast, further clarifying areas of overlapping tissue. In 2011, DBT was approved by the U.S. Food and Drug Administration (FDA) to be used in combination with standard digital mammography for breast cancer screening. Total radiation dose when DBT is added is approximately 2 times the current digital mammography dose but remains well below the limits defined by the FDA.

A multicenter analysis published in the Journal of the American Medical Association in June 2014 found the addition of DBT to digital mammography was associated with a decrease in the need for additional diagnostic procedures and an increase in cancer detection rate. Despite these positive findings, the study authors concluded that further studies are needed to assess the relationship to clinical outcomes. They also noted that their lack of randomized trial design meant that the results may not have been purely due to the addition of DBT (http://jama.jamanetwork.com/article.aspx?articleid=1883018).

Similarly, the National Comprehensive Cancer Network (NCCN) Guidelines Version 1.2014 on Breast Cancer Screening and Diagnosis conclude: "Early studies show promise for tomosynthesis mammography. Two large trials showing a combined use of digital mammography and tomosynthesis showed improved cancer detection and decreased call back rates; of note, this is double the dose of radiation and is a factor in recommending this modality. Definitive studies are still pending."
(http://www.nccn.org/professionals/physician_gls/f_guidelines.asp).

Furthermore, the National Cancer Institute's Factsheet on "Mammograms" from March 2014 states that "the accuracy of 3D mammography has not been compared with that of 2D mammography in randomized studies. Therefore, researchers do not know whether 3D mammography is better or worse than standard mammography at avoiding false-positive results and identifying early cancers."
(http://www.cancer.gov/cancertopics/factsheet/detection/mammograms)

It is unclear how SB305 would intend for the DOH to purchase and allocate 3D mammography equipment. It should be noted that the DOH does not directly provide mammography services, but rather reimburses for such services through provider agreements in a statewide network managed by the Breast and Cervical Cancer Early Detection (BCC) Program. Two of the largest mammography providers in this network already own this equipment and offer DBT in combination with standard digital mammography for breast cancer screening, although DBT is not currently reimbursable

through the BCC program using federal funds. It is also unclear to what extent some Medicaid plans in New Mexico may already be reimbursing for DBT in combination with standard digital mammography for breast cancer screening.

PERFORMANCE IMPLICATIONS

DOH identifies the bill relates to its FY16 strategic plan regarding improved health outcomes for New Mexicans; however, DOH does not have a performance measure for this service.

CONFLICT, DUPLICATION, COMPANIONSHIP, RELATIONSHIP

Relates to House Bill 2, House Bill 5, and Senate Bill 210.

WHAT WILL BE THE CONSEQUENCES OF NOT ENACTING THIS BILL

Additional funding for breast and cervical cancer screening and funding to purchase 3D equipment will not be available in FY16.

DL/aml