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

SPONSOR Thomson **ORIGINAL DATE** 1/18/19 **LAST UPDATED** **HB** 66

SHORT TITLE Mammogram Info Disclosure **SB**

ANALYST Chilton

ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT (dollars in thousands)

	FY19	FY20	FY21	3 Year Total Cost	Recurring or Nonrecurring	Fund Affected
Total	NFI	NFI	NFI	NFI		

(Parenthesis ( ) Indicate Expenditure Decreases)

Relates to 2018 House Bill 202

SOURCES OF INFORMATION
LFC Files

SUMMARY

Synopsis of Bill

House Bill 66 would require that facilities performing mammography provide information to patients regarding the density classification of those patients' breast tissue. The bill prescribes language for information to be given to patients whose breast tissue is very dense or where there is considerable variation in density throughout her breast tissue. The information prescribed indicates that high or heterogeneous density makes it more difficult to evaluate mammogram results and may be associated with increased cancer risk.

FISCAL IMPLICATIONS

There is no appropriation in the bill, and there are no requirements of state agencies relative to its provisions, unless there were need for enforcement of the bill's provision, in which case manpower from an enforcing agency would be required.

SIGNIFICANT ISSUES

It is unclear how the mandates of the bill would be enforced.

The American College of Radiology's statement on the subject is reproduced below:

ACR Statement on Reporting Breast Density in Mammography Reports and Patient Summaries

The American College of Radiology (ACR) is a vigorous advocate of quality breast imaging. Before there was a federal mandate for breast imaging accreditation, the College established a voluntary mammography accreditation program promoting standards for quality assurance and quality control. Our mammography accreditation program was used as the model for the Mammography Quality Standards Act (MQSA). The ACR has supported the MQSA enactment and subsequent reauthorizations – including the requirement for patient notification through summary letters. The ACR has developed voluntary accreditation programs for other breast imaging modalities that are not covered by the MQSA. The ACR supports annual mammography screening starting at age 40, based on strong scientific evidence and in agreement with the guidelines of the National Comprehensive Cancer Network. We have invested considerable effort to encourage women and their health care providers to utilize screening to save lives.

The ACR recognizes that breast density has an impact on mammographic screening. The ACR's BI-RADS® lexicon describes four categories of breast parenchymal density and instructs radiologists to include this density information in the medical report. It is well known that greater breast density results in lower sensitivity for mammography. By including this information in the medical report, the referring health care provider is given a general idea of the likelihood that cancer will be detected or missed based on the parenchymal pattern. The ACR would support an FDA mandate that information on breast parenchymal density be included in the mammography report.

The ACR supports and promotes the practice of patient education. As such, we recognize that density information included in the lay summary women receive from their mammography examination may be helpful in encouraging an informed dialogue on this topic between the patient and her physician. The ACR believes it is important for women to understand the following about breast density:

- The assessment of breast density is subjective and, therefore, variable. When the same mammogram is interpreted by a different physician or by the same physician on different occasions, differing density can be reported. This does not indicate a problem with the mammogram or the interpreting physician; it is a common occurrence.
- Density itself is a risk factor. Women with dense breasts have approximately 1.5 times higher risk than the average woman. (This number is variable in the literature because of attempts to compare the far ends of the spectrum – the extremely dense population with those who have entirely fatty breasts – instead of a comparison with the average population, as with most other risk factors.)
- Supplemental screening should be a thoughtful choice after a complete risk assessment, not an automatic reaction to breast density itself. We encourage women to seek information from their doctors for a more complete discussion.
- Even women with fatty breasts may have breast cancer undetected by mammography. High-risk women should not be complacent and forego recommended Screening MRI because they have fatty breasts.

- Appropriate supplemental screening should be reimbursed by insurers, and we urge Congress and payers to ensure that this happens. Otherwise, there may be an unfortunate disparity between women who can afford to pay for the additional screening exam and those who cannot.

The ACR recommends that the interest of the patient be placed first. The ACR is happy to work with legislators, regulatory agencies and patient groups to arrive at evidenced based imaging policies which save and extend lives.

WHAT WILL BE THE CONSEQUENCES OF NOT ENACTING THIS BILL

There would continue to be variation in the amount and content of information given to patients with highly dense or heterogeneously dense breast tissue about the results of their mammograms and the meaning of those results.

LAC/sb