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HOUSE DEMOCRATIC POLICY COMMITTEE

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House of Representatives
COMMONWEALTH OF PENNSYLVANIA
HARRISBURG

HOUSE DEMOCRATIC POLICY COMMITTEE HEARING

Topic: House Bill 579

Einstein Medical Center Philadelphia – Philadelphia, PA

May 30, 2018

AGENDA

2:00 p.m. Welcome and Opening Remarks

2:10 p.m. Panelists:

- Pat Halpin-Murphy
President and Founder
Pennsylvania Breast Cancer Coalition
- Jessica Graae
Patient
Delaware County
- Novella Lyons
President and Founder
Women of Faith and Hope, Inc.
- Gail Mitchell
Board Member
Women of Faith and Hope, Inc.

3:20 p.m. Closing Remarks

[Home](#) / House Co-Sponsorship Memoranda

House Co-Sponsorship Memoranda

House of Representatives Session of 2017 - 2018 Regular Session

MEMORANDUM

Posted: January 20, 2017 05:06 PM
From: [Representative Isabella V. Fitzgerald](#)
To: All House members
Subject: Breast Density Screening Insurance Coverage

In the near future, I will introduce legislation in the House of Representatives that would provide for insurance coverage for breast density screening.

This legislation amends the Insurance Company Law of 1921 by extending mandated insurance coverage to ultrasound screening and magnetic resonance imaging (MRI) if a mammogram demonstrates heterogeneous or dense breast tissue based on the Breast Imaging Reporting and Data System (as established by the American College of Radiology) or if a woman is believed to be at increased risk of breast cancer due to family history, prior personal history of breast cancer, positive genetic testing, or other indicators as deemed necessary by a physician.

According to Susan G. Komen, women with high breast density are four to five times more likely to get breast cancer than women with low breast density. Additionally, high breast density is common, with 40 to 50 percent of women ages 40-74 having dense breasts. Extending insurance coverage to ultrasound screenings, MRI or other supplemental screenings if dense breast tissue is detected or there is a genetic risk will increase awareness and the possibility of early detection of breast cancer.

Therefore, please join me in co-sponsoring this legislation that will make Pennsylvania among the first states in the nation to require full insurance coverage without co-pays for all breast screenings and supplemental imaging, including MRI and breast ultrasound, for women with dense breasts.

Thank you.



Introduced as [HB579](#)

THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE BILL

No. 579 Session of 2017

INTRODUCED BY FITZGERALD, MURT, KINSEY, SCHWEYER, MILLARD,
V. BROWN, READSHAW, DAVIS, COMITTA, DONATUCCI, NEILSON,
ROZZI, SOLOMON, YOUNGBLOOD, FRANKEL, HELM, HENNESSEY,
BULLOCK, PASHINSKI, O'BRIEN, J. HARRIS, McCARTER, D. COSTA,
FREEMAN, MADDEN, WARREN AND CEPHAS, FEBRUARY 23, 2017

REFERRED TO COMMITTEE ON INSURANCE, FEBRUARY 23, 2017

AN ACT

1 Amending the act of May 17, 1921 (P.L.682, No.284), entitled "An
2 act relating to insurance; amending, revising, and
3 consolidating the law providing for the incorporation of
4 insurance companies, and the regulation, supervision, and
5 protection of home and foreign insurance companies, Lloyds
6 associations, reciprocal and inter-insurance exchanges, and
7 fire insurance rating bureaus, and the regulation and
8 supervision of insurance carried by such companies,
9 associations, and exchanges, including insurance carried by
10 the State Workmen's Insurance Fund; providing penalties; and
11 repealing existing laws," in casualty insurance, further
12 providing for coverage for mammographic examinations.

13 The General Assembly of the Commonwealth of Pennsylvania
14 hereby enacts as follows:

15 Section 1. Section 632 of the act of May 17, 1921 (P.L.682,
16 No.284), known as The Insurance Company Law of 1921, is amended
17 to read:

18 Section 632. Coverage for Mammographic Examinations.--(a)
19 All group or individual health or sickness or accident insurance
20 policies providing hospital or medical/surgical coverage and all
21 group or individual subscriber contracts or certificates issued

1 by any entity subject to 40 Pa.C.S. Ch. 61 (relating to hospital
2 plan corporations) or 63 (relating to professional health
3 services plan corporations), this act, the act of December 29,
4 1972 (P.L.1701, No.364), known as the "Health Maintenance
5 Organization Act," the act of July 29, 1977 (P.L.105, No.38),
6 known as the "Fraternal Benefit Society Code," or an employee
7 welfare benefit plan as defined in section 3 of the Employee
8 Retirement Income Security Act of 1974 (Public Law 93-406, 29
9 U.S.C. § 1001 et seq.) providing hospital or medical/surgical
10 coverage shall also provide coverage for mammographic
11 examinations. The minimum coverage required shall include all
12 costs associated with a mammogram every year for women 40 years
13 of age or older and with any mammogram based on a physician's
14 recommendation for women under 40 years of age[.], including
15 ultrasound screening, magnetic resonance imaging or other
16 supplemental screening if a mammogram demonstrates heterogeneous
17 or dense breast tissue based on the Breast Imaging Reporting and
18 Data System established by the American College of Radiology or
19 if a woman is believed to be at increased risk for breast cancer
20 due to family history or prior personal history of breast
21 cancer, positive genetic testing or other indications as deemed
22 medically necessary by a physician. Prior to payment for a
23 screening mammogram, insurers shall verify that the screening
24 mammography service provider is properly licensed by the
25 department in accordance with the act of July 9, 1992 (P.L.449,
26 No.93), known as the "Mammography Quality Assurance Act."
27 Nothing in this section shall be construed to require an insurer
28 to cover the surgical procedure known as mastectomy or to
29 prevent application of deductible or copayment provisions
30 contained in the policy or plan.

1 (b) This section shall not apply to the following types of
2 policies:

3 (1) Accident only.

4 (2) Limited benefit.

5 (3) Credit.

6 (4) Dental.

7 (5) Vision.

8 (6) Specified disease.

9 (7) Medicare supplement.

10 (8) Civilian Health and Medical Program of the Uniformed
11 Services (CHAMPUS) supplement.

12 (9) Long-term care or disability income.

13 (10) Workers' compensation.

14 (11) Automobile medical payment.

15 Section 2. This act shall take effect in 60 days.

PA House Democratic Policy Committee Hearing

Testimony on

House Bill 579

Presented by
Pat Halpin-Murphy
President and Founder
PA Breast Cancer Coalition



Pat Halpin-Murphy
Testimony on HB579
PA House Democratic Policy
Committee Hearing
May 30, 2018
Einstein Medical Center



Thank you, Chairman Sturla, committee members and Representative Fitzgerald for giving us the opportunity to testify on the importance of House Bill 579 which requires insurers in Pennsylvania to cover all costs associated with breast cancer screenings including ultrasounds and MRIs.

Most of us know this breast cancer statistic. One in eight women in the U.S. will be diagnosed with breast cancer in her lifetime. But we may not know how this statistic affects us right here in Pennsylvania.

- Breast cancer is the leading cause of cancer deaths in this state for women between the ages of 25 and 54.
- 37 women in Pennsylvania will be diagnosed with breast cancer **today**.
- Over 13,000 PA women are diagnosed with breast cancer each year
- Over 140,000 women in Pennsylvania are living with breast cancer right now... 2,000 of these women will die this year.

The fact is – nearly ALL breast cancers can be treated successfully if found EARLY. When breast cancer is found at its earliest stage, the 5-year survival rate is 98.6%.

In the early 1990s, many insurers did not cover the cost of screening mammograms. The General Assembly recognized the importance of having access to screening mammograms at no cost to women and passed Act (P.L. 1129, No.148) which required insurers regulated under Pennsylvania law to “cover all costs associated with a mammogram every year for women 40 years of age or older and with any mammogram based on a physician’s recommendation for women under 40 years of age.” That means no co-pay or deductible.

Now, we recognize that mammograms alone are not sufficient for detecting breast cancer in women at increased risk. Just recently, the American College of Radiology released new recommendations for breast cancer screening calling for MRIs in addition to mammography for **all** women at higher risk for breast cancer even earlier than age 40. That includes women who...

- Have dense breast tissue
- Have a family history of breast cancer
- Have been diagnosed with breast cancer before age 50

This includes a large group of women who will need additional screenings.

In many cases, MRI and ultrasound are medically necessary, but women don’t know if their insurer will pay any or all of the cost, forcing them to make decisions that compromise their health. That is why we are so grateful to Representative Fitzgerald for introducing House Bill 579 which recognizes that, in order for high-risk women to be able to detect breast cancer at an early stage when they are more treatable and with treatments that are less toxic, these women need to have access to additional

screening at no additional cost. Senator Bob Mensch has introduced a similar bill in the Senate.

House Bill 579 is a critical component for the early diagnosis of breast cancer in high-risk women. Women with dense breasts or women who have an increased risk for breast cancer, such as a family history or personal history of breast cancer, may need **more** than a mammogram to detect cancer. A standard mammogram can hide tumors in women with dense breasts – and many women have dense breasts. Without these additional screenings for women at increased risk, it is incredibly difficult to find tumors at an early, more-treatable stage.

The challenge lies in the cost. Most insured women are not able to afford the cost of these tests that they need. You will be hearing from one of these women, Jessica Graae, today.

Because of the work of the PA Breast Cancer Coalition and breast cancer advocates across the Commonwealth, we have made great strides in Pennsylvania. We worked with Senator Bob Mensch on legislation requiring mammography centers in PA to notify all women of their breast density.

Thanks to Governor Wolf, Pennsylvania became the first state in the nation to provide free 3D mammograms and that means at no cost to women. But there is more work to be done. For some women, ultrasounds and MRIs are necessary as well. Currently, those tests can cost **hundreds or even *thousands*** of dollars for the patient. House Bill 579 will complete our fight to make early detection a right in Pennsylvania by requiring insurers to cover ultrasounds and MRIs at no cost for all insured women.

If House Bill 579 becomes law, **more women** will be able to have their breast cancer detected early. **More women** will have a chance to live a full life after breast cancer. Pennsylvania women deserve this law. They need it, and lives will be saved because of it.

Thank you for your time and consideration of House Bill 579.

A handwritten signature in cursive script that reads "Pat Halpin-Murphy". The signature is written in dark ink and is positioned above the printed name.

Pat Halpin-Murphy
President and Founder
PA Breast Cancer Coalition

PA House Democratic Policy Committee Hearing

Testimony on

House Bill 579

Presented by
Jessica Graae
Patient Advocate



Jessica Graae
Public Testimony on HB579
PA House Democratic Policy
Committee Hearing
May 30, 2018
Einstein Medical Center



Thank you for this opportunity to tell you why Representative Fitzgerald's legislation (HB579) is so important.

My name is Jessica Graae. I'm 51 years old, I live in Delaware County, and I have extremely dense breasts.

After my annual mammogram at Media Medical Imaging, I received a letter from my physician, Dr. Susan Weil telling me that I had extremely dense breasts. She highly recommended an MRI since the mammogram would not be as effective in detecting breast cancer for me. She explained that she is legally required to inform me about my dense breast tissue. "Extremely dense breast tissue" is the highest category of breast density, according to the American College of Radiology. I later learned that this notification was thanks to the PA Breast Cancer Coalition's advocacy in passing the Dense Breast Notification Act. Since February 2014 that law has required all mammography centers in Pennsylvania to inform women if they have dense breasts, and what level of dense breasts they have. I contacted my insurance company, a large local insurer, for pre-approval and they stated that my deductible would be \$250 and that although an MRI would be MEDICALLY necessary, it

would not be considered “preventative” and wouldn’t be covered. Mammograms are not preventative and insurers DO cover them.

The insurer suggested I should have the MRI, pay for it myself and then appeal the decision. Taking \$250 out of my pocket is not as easy as they make it sound, and that’s only for the deductible; that amount doesn’t take into consideration the possible full cost of an MRI that I would be asked to pay out-of-pocket. The average out-of-pocket cost of a breast MRI in Pennsylvania is \$1,700 for uninsured women. I am self-employed as a musician and music instructor and this would make a really big dent in my budget. I am self-insured and the high-deductible coverage I have is the only one I could get. I have some health conditions that have made getting coverage challenging, expensive, and ... before the Affordable Care Act ... impossible.

I pay for insurance and keep up with my premiums so that I can be responsible, take care of my health, and follow my doctor’s advice as much as possible. The insurance company agreed that the MRI is MEDICALLY necessary but still I was asked to spend the money for the full cost of an MRI myself without any guarantee that I would be reimbursed. And with no way of knowing how long an appeal might take to be settled, or even if it would be successful, made that out of the question for me. Now I’m worried that with my extremely dense breasts, I’ll be

facing this obstacle for follow-up testing every year after my screening mammogram.

I'm here today sharing my story in the hopes that it will ultimately help other women. I know I'm not alone. So many women have dense breasts and are receiving these same letters from their doctors recommending further testing. What about the women who think they have to take "no" for an answer because the MRI isn't covered? They'll never know the peace of mind that could come from an MRI confirming that they are OK. Worse than that, what about the women who have to put their heads on their pillows at night with an undetected, treatable breast cancer continuing to grow in their bodies?

I'm here for them, to speak for them and give them a voice. Please do whatever it takes to see that this bill passes for me, and for all the women in Pennsylvania like me who have dense breasts. Our lives depend on it.

*Based on price calculator provided by UPMC Pinnacle. The facility where Jessica received her initial screening declined to provide an exact out-of-pocket figure for breast MRI. The national average cost for MRI is \$2,611.

PA House Democratic Policy Committee Hearing

Testimony on

House Bill 579

Presented by
Wendie Berg, Ph.D., M.D., FACR
Magee-Womens Hospital of the
University of Pittsburgh Medical Center

UPMC **LIFE
CHANGING
MEDICINE**



Magee-Womens Imaging

Thank you for allowing me to provide comments relevant to HB579.

Pennsylvania was the first state, as of 10/1/15, to expand the screening mammography coverage law to include **3D mammography** (aka tomosynthesis) with no copay/deductible. Six states (NY, KY, TX, IL, WA as of 6/7/18, NJ as of 8/1/18) have followed. Similar laws await the governor's signature in another four states.

Six states currently require insurance coverage for supplemental screening **ultrasound** after mammography (www.DenseBreast-info.org/legislation/asp, accessed 5/22/18) either for all women (NY), only those with dense breasts (IL, CT, IN, AR), or, only for women with extremely dense breasts (NJ).

In New Jersey, insurance is also required to cover screening **MRI** for all women with extremely dense breasts, even if the woman has *no other known risk factors*, despite national recommendations that MRI be provided only for designated "high-risk" groups. New York law, in effect since 1/1/17, requires coverage for MRI in keeping with national guidelines, independent of breast density, and states "screening and diagnostic imaging for the detection of breast cancer, including diagnostic mammograms, breast ultrasounds, or magnetic resonance imaging, covered under the policy shall not be subject to annual deductibles or coinsurance."

Current national recommendations for MRI include the following high-risk groups (2):

- 1) Women at high risk because of known or suspected disease-causing mutation (to start by age 30);
- 2) Women with prior chest radiation therapy before age 30 and at least 8 years earlier;
- 3) Women with at least 20-25% lifetime risk of developing breast cancer as determined by a risk model that calculates risk of pathogenic mutation (e.g. Claus, BRCAPRO, BOADICEA, Tyrer-Cuzick). This now includes all women diagnosed with breast cancer by age 50 (provided they did not have bilateral mastectomy), women with a personal history of breast cancer diagnosed after age 50 who have dense breasts (3). Women



with prior atypical biopsy or lobular carcinoma in situ should consider supplemental screening with MRI per NCCN guidelines.

Breast density, in and of itself, increases the risk of developing breast cancer, but does not create "high risk" in the absence of family history or prior biopsies or other risk factors. The most accurate model of risk is the Tyrer-Cuzick model (also known as IBIS, <http://ibis.ikonopedia.com/>), and this model does include breast density as a risk factor.

In women who meet guidelines for MRI but who cannot tolerate it because of pregnancy, claustrophobia, or metallic implant, screening ultrasound should be considered for those who have dense breasts.

Breast cancer is easily and inexpensively treated if found early. While screening mammography is known to help identify breast cancer early and to reduce deaths due to breast cancer, this benefit is not shared equally by all women. About half of cancers present are missed on mammography in women with dense breasts. Women with dense breasts are also more likely to develop breast cancer. Tomosynthesis (3D mammography) improves detection of early breast cancer in most women, but not in those with extremely dense breasts (1). About 43% of women undergoing screening mammography have dense breasts, including 7% of women who have extremely dense breasts. Ultrasound improves cancer detection even after tomosynthesis. MRI improves cancer detection much more than ultrasound.

Our practice at UPMC is to identify women at high risk, regardless of breast density, who should have MRI screening. For others who have extremely dense breasts, we routinely recommend screening ultrasound in addition to mammography/tomosynthesis. For women



with heterogeneously dense breasts who do not meet high-risk criteria, we will perform screening ultrasound if requested by the patient's healthcare provider.

Deductibles and copays are an increasing barrier to early detection of breast cancer. Compliance with national screening guidelines for MRI remains low, in part due to the out-of-pocket cost. Mammography, even using tomosynthesis, is inadequate for women with extremely dense breasts (particularly since such women are also at increased risk of developing breast cancer), and screening ultrasound should be an option for those who cannot have, access, or tolerate MRI. It is equally important to reduce the barriers for women to return for additional testing, possibly to include biopsy. I support language that would require full insurance coverage for screening and diagnostic breast imaging to include image-guided biopsy, ultrasound, and MRI, as per national guidelines and, where indicated, to do so without a copay or deductible.

Sincerely yours,

Wendie Berg, MD, PhD

Wendie A. Berg, MD, PhD
Professor of Radiology
University of Pittsburgh School of Medicine
Magee-Womens Hospital of UPMC

References cited:

1. Rafferty EA, Durand MA, Conant EF, et al. Breast Cancer Screening Using Tomosynthesis and Digital Mammography in Dense and Nondense Breasts. JAMA. 2016;315(16):1784-6.
2. Saslow D, Boetes C, Burke W, et al. American Cancer Society guidelines for breast screening with MRI as an adjunct to mammography. CA Cancer J Clin. 2007;57(2):75-89.

BREAST CANCER SCREENINGS

What you need to know

PA Breast Cancer Coalition



140,000

PA women are living with breast cancer.
2,000 of those women will die this year.

The 5-year
breast cancer
survival rate is

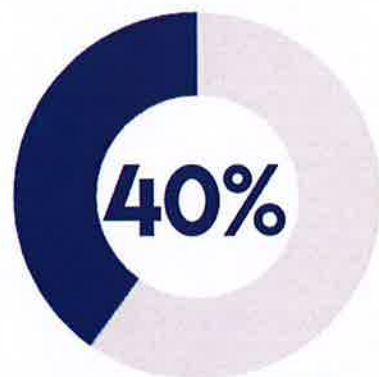
98.6%

When detected at
its **earliest stage**

Mammograms alone
will **miss** more than

50%

of breast cancers
in women with
dense breast tissue



of women age 40 and
over **have dense breasts**

NEW

ACR recommendations
for breast cancer screening

The American College of Radiology (ACR) now recommends MRI in addition to an annual screening mammogram for women at higher risk for breast cancer.

Women are considered **higher-than-average risk** if they:


- ▶ Have dense breast tissue
- ▶ Have a family history of breast cancer
- ▶ Have been diagnosed with breast cancer by age 50

The ACR continues its previous recommendations, supporting MRI beginning at age 25 for women with a BRCA1 mutation.



The American College of Radiology also recommends that all women, especially black women and those of Ashkenazi Jewish descent, be **evaluated for breast cancer risk** no later than age 30 so that a "higher risk can be identified and [the woman] can benefit from supplemental screening."

ACR Statement Summary February 2018





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February 15, 2018

Breast Cancer Screening in Women at Higher-Than-Average Risk: Recommendations From the ACR

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Early detection decreases breast cancer mortality. The ACR recommends annual mammographic screening beginning at age 40 for women of average risk. Higher-risk women should start mammographic screening earlier and may benefit from supplemental screening modalities. For women with genetics-based increased risk (and their untested first-degree relatives), with a calculated lifetime risk of 20% or more or a history of chest or mantle radiation therapy at a young age, supplemental screening with contrast-enhanced breast MRI is recommended. Breast MRI is also recommended for women with personal histories of breast cancer and dense tissue, or those diagnosed by age 50. Others with histories of breast cancer and those with atypia at biopsy should consider additional surveillance with MRI, especially if other risk factors are present. Ultrasound can be considered for those who qualify for but cannot undergo MRI. All women, especially black women and those of Ashkenazi Jewish descent, should be evaluated for breast cancer risk no later than age 30, so that those at higher risk can be identified and can benefit from supplemental screening.



Pat Halpin-Murphy
President and Founder

**MEDIA ADVISORY
FOR IMMEDIATE RELEASE
May 30, 2018**

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PA HOUSE DEMOCRATIC POLICY COMMITTEE TO HEAR TESTIMONY ON INSURANCE COVERAGE FOR BREAST CANCER SCREENING

PA Breast Cancer Coalition to speak on behalf of Pennsylvania women for ultrasound, MRI coverage

PHILADELPHIA, PA – The PA Breast Cancer Coalition (PBCC) will testify in support of insurance coverage for supplemental breast cancer screenings at a PA House Democratic Policy Committee hearing **Wednesday, May 30 at 2:00 p.m.** in the **Sheerr Building Auditorium of Einstein Medical Center**. The PA House Democratic Policy Committee will hold the hearing to receive testimony on House Bill 579 sponsored by PA Rep. Isabella Fitzgerald (D) *Philadelphia*, which would require full insurance coverage of supplemental breast cancer screenings like ultrasounds and MRIs for women with dense breast tissue and others at an increased risk for breast cancer. In addition to the PBCC, the committee will receive testimony in support of the bill from expert radiologist **Dr. Wendie Berg** of Magee-Womens Hospital of the University of Pittsburgh Medical Center (UPMC) and **Jessica Graae** of Delaware County whose high MRI deductible forced her to go without medically-necessary screening.

Thousands of Pennsylvania women have dense breast tissue, which makes it much more difficult to detect breast cancer on a mammogram. Radiologists may recommend additional testing like ultrasound and MRI to see things more clearly. According to the *American College of Radiology*, MRI reveals at least 10 additional cancers per thousand women screened after mammography. Ultrasound reveals 3 to 4 more cancers when used as a screening following mammography. For many insured women, however, those options are not affordable. House Bill 579 will change that.

“Every Pennsylvania woman deserves the best possible breast cancer screening available and a mammogram, even a 3D mammogram, is not always the only screening needed. Screening methods are no longer one-size-fits-all and we must adjust our insurance coverage accordingly,” said **PBCC President and Founder Pat Halpin-Murphy**. “We have received calls, emails and letters from women who desperately need additional screenings like ultrasounds and MRIs to ensure early detection of breast cancer, but they simply cannot afford the bills. This cannot go on any longer. If we pass House Bill 579, it won’t. We commend Rep. Fitzgerald for championing this legislation that will absolutely save lives.”

Previously, the PA Breast Cancer Coalition worked with PA Sen. Bob Mensch on the Breast Density Notification Act (Act 86) which requires mammography centers to notify women of their breast density level. House Bill 579 is the next step to ensuring Pennsylvania women are able to be proactive about their breast health.

“Deductibles and copays are an increasing barrier to early detection of breast cancer,” said University of Pittsburgh Medical Center radiologist and researcher **Dr. Wendie Berg**. “I support language that would require full insurance coverage for screening and diagnostic breast imaging to include image-guided biopsy, ultrasound, and MRI, as per national guidelines and, where indicated, to do so without a copay or deductible.”

About the PA Breast Cancer Coalition

The PA Breast Cancer Coalition is a 501(c)3 organization that represents, supports and serves breast cancer survivors and their families in Pennsylvania through educational programming, legislative advocacy and breast cancer research grants. The PBCC is a statewide nonprofit organization dedicated to *finding a cure now...so our daughters won't have to*. For more information, please call 800-377-8828 or visit www.PABreastCancer.org.

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Samuel R. Marshall
President & CEO

May 30, 2018

To: The Honorable Members of the House Democratic Policy Committee

From: Samuel R. Marshall

Re: House Bill 579 – breast density screening insurance coverage

First, I apologize for not being here today. These are hectic days at the Insurance Federation, and I screwed up my schedule. My absence isn't a reluctance to engage; to the contrary, we've been engaged for many years on this – not as opponents, but as people committed to giving our policyholders the coverage they need for breast density screening and, more broadly, for breast cancer education, detection, prevention and treatment.

That's the troubling dichotomy here: On the one hand, we oppose this bill as drafted, as we have in past sessions with identical drafts.

On the other, we have a long and strong record of providing comprehensive breast cancer coverage, and we and the Blues have worked well with other groups to improve our coverage and make sure our policyholders use it.

We'll reiterate what we've said in past hearings and position papers, and in meetings with any and all interested parties: We think the best approach starts with a dialogue among experts and patients to get the right coverage for breast density screening, and to update mammogram coverage generally. That means hearing from the doctors who treat this, the medical directors of insurers, and organizations like the National Comprehensive Cancer Network, the American Cancer Society, the American College of Radiology and the United States Preventive Services Task Force. Those groups don't always agree – but any statutory mandate should ensure they are heard from and balanced.

Our main concern in the past has been that this bill goes past the medical evidence of what is proper treatment. We believe insurance should cover that which medical evidence shows has proven value. That's an evolving process – thankfully – which is why we are also concerned when legislation sets a fixed standard that can't change even as evidence and knowledge develop. So in calling for a dialogue, I'd stress that it be ongoing, and that all of us focus on ensuring that insurance coverage evolves with the medical evidence

The last Pennsylvania legislative hearing on this was in November, 215 before the Senate Banking and Insurance Committee on Senate Bill 842, introduced by Senator Mensch and matching the requirements in Rep. Fitzgerald's 579.

- At the time, we raised concerns that the bill went outside the standards and recommendations of the major organizations with expertise in this area, and therefore outside the evidence of what works.
- We also noted concerns with some of the bill's terms, as with its references to family and personal history and "positive genetic testing."
- We also noted at that hearing, and we reiterate today, the need to pause when legislating certain standards of care: No matter how well-intentioned, statutes aren't able to prescribe standards that keep up with medicine.

For whatever reason, the dialogue from that hearing never continued. We hear no shortage of criticisms about health insurance coverage, but we haven't been hearing about coverage inadequacies in this area over the past few years, as other issues have dominated your agenda and therefore ours.

I hope that means insurance coverage in this area has been working better and is consistent with the medical evidence. Reasonable people may differ on the specifics, but I think if all parties make that our collective ongoing commitment, we can continue to give our policyholders the coverage they need in this critical area.