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Attachment B

Colorado
Radiological
Society

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4/22/13

Dear Honorable Members of the Public Health and Environment Committee

Re: HB 1309- Health Insurance Coverage for Breast Imaging

The Colorado Radiological Society would like to state their unequivocal support for HB 1309.

Breast cancer is the most common female cancer in the United States for every major ethnic group and the second most common cause of cancer death in women. Annually, nearly 200,000 women in the United States are diagnosed with breast cancer, and over 40,000 die from the disease, despite recent declines in rates of deaths from breast cancer.

There are still groups that have not fully realized the benefits of screening, including women with lower annual household income and women with no health insurance of usual source of health care. In 2014 with the implementation of the Affordable Care Act, there is an expected increase in the use of mammography among many more women of appropriate screening age by expanding coverage of the uninsured and reducing the cost barriers associated with this basic screening measure. The CDC concluded in a recent Morbidity and Mortality Weekly Report (June 2012) "reducing personal costs and expanding insurance coverage are important factors that will help to ensure that more women receive mammography screening." They also conclude that "close monitoring of mammography screening will help to identify potential concerns regarding low use of this early detection test, which could lead to negative outcomes such as an increase in late stage breast cancer diagnoses and mortality.' The CDC recognizes that the benefit of mammography is to find cancers that are small and not palpable (earlier stage) and hopefully before they have metastasized to the lymph nodes. There is a mortality and morbidity benefit for screening mammography, but also a cost savings benefit. If a cancer can be found while still early stage with no lymph node involvement- the treatment cost is substantially reduced.

Removing cost sharing for mammography as part of the ACA is an essential benefit and, as stated, is expected to increase screening mammography rates in the United States. However, there is second layer associated with screening mammography that if not addressed could result in no overall change in late stage breast cancer diagnoses and mortality, despite these anticipated increased screening rates. This "second layer" is addressed by HB-1309 and is namely, "What happens if my mammogram is abnormal?"

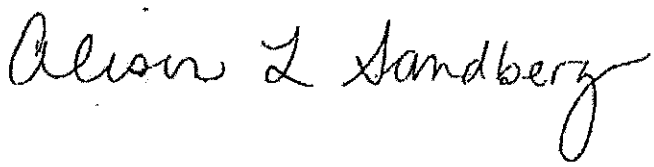
Currently- many women are left in the dire situation of receiving news that their mammogram is abnormal but their insurance plan does not cover the additional breast imaging workup. Some of these women then forego the additional workup secondary to the associated costs and this results in a potential delay in diagnosis. For background, of every 1000 mammograms read, approximately 80 patients will get called back for additional imaging. This would include additional mammogram images and possibly an ultrasound. 45 of those 80 will find that the additional imaging shows that there is nothing to be concerned about (false positives). Approximately 20 of the 80 will need to return in 6 months for follow-up exams. This is recommended if there is a less than 2% risk that what the radiologist is seeing is cancer. 15 patients of the 80 will be recommended for biopsy and approximately 5 of those patients who underwent biopsy will be found to have cancer.

The benchmark plan Colorado has wisely chosen includes coverage for these additional diagnostic exams. This, on the surface, seems to solve the described problem. However, what we know and what HB 1309 addresses is that if there is a high cost associated with these "covered" exams, the woman is still underinsured and left in the same situation. Whether she has a high deductible plan or high co-payments associated with her exams- the woman is no better off for having been screened if she cannot afford to finish

the screening process with the additional imaging evaluation. The intent of the benefit in the ACA is not simply to improve our nation's screening rates, but rather decrease the number of deaths from breast cancer and decrease the number of advanced breast cancers that we see. If we cannot ensure that women are able to complete the entire process of breast imaging screening, we are not affording them the full benefit of screening mammography.

The bill states "...'breast imaging' means the necessary testing needed for the acting provider to fully evaluate an individual's health status as it relates to the early detection of breast cancer and as recommended by the American College of Radiology Appropriateness Criteria." The Appropriateness criteria are evidence based guidelines to assist referring physicians and other providers in making the most appropriate imaging or treatment decision for a specific clinical condition. Employing these guidelines helps providers enhance quality of care and contribute to the most efficacious use of radiology. As the state chapter of the American College of Radiology we have had many discussions with our national parent chapter to ensure that the only appropriate screening and imaging is covered by this bill. We appreciate the opportunity afforded to us in providing input on this bill, and believe this bill understands the fundamental problem when insurance provides only the screening mammogram as a basic preventative benefit. We believe that this bill could have substantial positive impact on the women of Colorado. While we are unable to decrease the rate of breast cancer, or change that fact that next to skin cancer breast cancer is the number one cancer diagnosis in women (representing 35% of all cancers diagnosed in Colorado women) - we hope that this bill will allow Colorado to see a state specific decrease in the late stage breast cancer diagnoses and mortality.

Sincerely,



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