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April 14, 2016

The Honorable Jim Wood
Chair, California Assembly Committee on Health
State Capitol, Room 6005
10th and L Streets
Sacramento, CA 95814

The Honorable Ed Hernández
Chair, California Senate Committee on Health
State Capitol, Room 5108
10th and L Streets
Sacramento, CA 95814

Via E-mail only

Dear Assembly Member Wood and Hernández:

The California Health Benefits Review Program (CHBRP) was asked by the Assembly Health Committee staff on March 17, 2016 to provide an analysis of Assembly Bill 2764 (Bonilla) Mammography. Due to the limited time between the request and the Health Committee hearing date and the complexity of the analysis, CHBRP is providing this letter with preliminary information and will submit a full report on AB 2764 on May 6, 2016, as agreed upon with staff.

Bill Language

The March 18, 2016, version of AB 2764 would alter a current law (Health & Safety Code 1367.65 and Insurance Code 10123.81) that requires health plans regulated by the California Department of Managed Care (DMHC) and health insurers regulated by the California Department of Insurance (CDI) to cover mammography for both screening and diagnostic purposes. AB 2764 would alter the current law to specify that “mammography” includes both digital mammography and digital breast tomosynthesis (DBT).

Background

Film and digital mammography are frequently used as breast cancer screening tools for asymptomatic persons. Both produce two dimensional images. In recent years, digital mammography has become the much more commonly used form. DBT takes multiple cross-sectional images of the breast and then uses a computer algorithm to reconstruct a 3-dimensional image. DBT images for screening are obtained in combination with digital mammography. Therefore, breast cancer screening generally consists of either (1) digital mammography alone or (2) digital mammography with DBT. In either case, when results indicate the possibility of breast cancer, some number of additional tests, additional mammographic views and/or tests other than a mammogram (possibly including breast ultrasound, breast magnetic resonance imaging, and or biopsies) may also be performed to verify the presence of cancer.

Medical Effectiveness

CHBRP's medical effectiveness analysis is still underway, but it is already possible to note that numerous studies have found that film and digital mammography are comparable as breast cancer screening tests for "average-risk women." In addition, numerous clinical guidelines recommend film or digital mammography as breast cancer screening tests. Examples include current guidelines and recommendations issued by the following national sources:

- American Academy of Family Physicians (AAFP)
- American Congress of Obstetrics and Gynecology (ACOG)
- American College of Radiology (ACR)
- American Cancer Society (ACS)
- National Comprehensive Cancer Network (NCCN)
- United States Preventive Services Task Force (USPSTF)

The recent USPSTF recommendations noted evidence that screening mammography (film or digital) impacts clinically significant health outcomes, reducing breast-cancer specific mortality among women ages 40 to 74 years and also reducing cancer stage at diagnosis among women aged 50 years and older. Although the ACR guidelines found that DBT is no longer an investigational modality and "improves key screening parameters compared to digital mammography," citing insufficient evidence, the ACS guidelines, as well as the recommendations from AAFP, ACOG, NCCN, and USPSTF, have not recommended DBT as a screening tool for breast cancer.

Benefit Coverage, Utilization, and Cost, Baselines and Impacts

Currently, coverage for digital mammography appears universal among persons enrolled in DMHC-regulated health plans or CDI-regulated policies. However, not all of these enrollees have coverage for DBT. Among these enrollees, CHBRP estimates that current utilization of digital mammography is significantly higher than is utilization of DBT. The average unit cost for a digital mammogram alone (the price paid by a plan or insurer for the test) is near \$200 and CHBRP estimates that the average unit cost for a digital mammogram with DBT is approximately \$270. Increased numbers of enrollees with benefit coverage generally result in increased use of the covered test. This would be the trend CHBRP would expect for use of DBT, should AB 2764 become law. Robust calculations of the impacts on benefit coverage, utilization, and cost could not be generated in time for the Health Committee hearing, but will be presented in the full report on AB 2764 to be issued on May 6th.

As always, we thank you for allowing CHBRP the opportunity to further assist the Assembly Health Committee and are available to answer any questions at the Committee's convenience.

Thank you.

Sincerely,



Garen L. Corbett, MS
Director, CHBRP
University of California, Office of the President

cc: Assembly Member Bonilla, Author of AB 2764, *Mammography*
Senator Kevin de León, President Pro Tem of the Senate
Assembly Member Toni Atkins, Speaker of the Assembly
Assembly Member Brian Maienschein, Vice Chair, Assembly Committee on Health
Assembly Member Jimmy Gomez, Chair, Assembly Committee on Appropriations
Assembly Member Frank Bigelow, Vice Chair, Assembly Committee on Appropriations
Senator Janet Nguyen, Vice Chair, Senate Committee on Health
Senator Ricardo Lara, Chair, Senate Committee on Appropriations
Senator Patricia Bates, Vice Chair, Senate Committee on Appropriations
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