SB 974 (Portantino)

Health Insurance Coverage: Breast Imaging Diagnostics

PROBLEM

Breast cancer is the second leading cause of death among women of all races, but follow-up diagnostic tests that significantly increase the chance of successful treatment are not covered by many California health insurances. Women who receive abnormal results on a breast cancer screening or who have a genetic risk factor associated with breast cancer, including family history or known genetic mutation, can be instructed to undergo follow-up testing to ensure that the abnormality is not cancerous. However, health insurance coverages do not extend to these crucial follow-up diagnostics, but only cover the initial screening mammogram. Women are required to pay out-of-pocket for follow-up testing that can cost hundreds to thousands of dollars. Such costs cause many women to delay or avoid these appointments, but the longer it takes to detect breast cancer, the higher the chance of unsuccessful treatment. The lack of health care coverage for diagnostic breast imaging following an abnormal mammography result is causing delays or the absence of life-saving treatments and significantly impacting health outcomes for women.

BACKGROUND

The prevalence of breast cancer screening and follow-up testing over the past 20 years has significantly improved the early detection of breast cancer and subsequent survival rates. Screening is done by mammogram, which is a quick, medical X-ray exam used to detect abnormalities in breast tissue. Mammograms are the single most effective method of detecting breast changes that may be cancerous. This detection can happen long before physical symptoms, detectable lumps, or abnormalities can be felt. Early detection of breast cancer can reduce the risk of dying from the disease by 25-30%.

Health insurance coverage extends to mammography screening, which detects 80-90% of breast cancers in women who have not yet manifested physical symptoms. However, such screening cannot always adequately detect breast cancer. Women may be advised to receive follow-up tests, including another mammogram, an ultrasound, or breast magnetic resonance imaging, but these tests are considered "diagnostic" as opposed to "screening." Some California insurances currently cover only screening but not diagnostic tests, which can cost thousands of dollars. Delaying these follow-up diagnostics can cause the cancer to spread and limit future treatment options and health outcomes. Being unable to receive follow-up tests because of the cost can lower women's survival odds. This is especially important for women of color, who experience some of the worse breast cancer outcomes in California.

SUMMARY

SB 974 would amend Section 1367.65 of the Health and Safety Code, and amend Section 10123.81 of the Insurance Code, relating to health care coverage. A health insurance policy issued, amended, or renewed on or after January 1, 2023, shall provide coverage without imposing cost sharing for medically necessary diagnostic breast imaging, including diagnostic breast imaging following an abnormal mammography result and diagnostic breast imaging for women who have a genetic risk factor associated with breast cancer, including

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family history or known genetic mutation. Diagnostic breast imaging includes breast magnetic resonance imaging and breast ultrasound.

EXISTING LAW

Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law requires a health care service plan contract issued, amended, delivered, or renewed on or after January 1, 2000, or an individual or group policy of disability insurance or self-insured employee welfare benefit plan to provide coverage for mammography for screening or diagnostic purposes upon referral by specified professionals. Under existing law, mammography performed pursuant to those requirements or that meets the current recommendations of the United States Preventive Services Task Force is provided to an enrollee or an insured without cost sharing.

SUPPORT

American College of Obstetricians and Gynecologists

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