

# HB481 HD2

Measure Title:	RELATING TO INSURANCE.
Report Title:	Insurance; Mammography; Breast Tomosynthesis; Auditor
Description:	Amends the existing health insurance mandate to specify that coverage of low-dose mammography includes coverage for digital mammography and breast tomosynthesis. Requires the State Auditor to perform an impact assessment and to report any findings prior to the Regular Session of 2020. (HB481 HD2)
Companion:	<a href="#">SB1034</a>
Package:	Women's Legislative Caucus
Current Referral:	CPH, WAM
Introducer(s):	KITAGAWA, BELATTI, CREAGAN, DECOITE, ELI, HAR, HASHIMOTO, ICHIYAMA, LOWEN, MATSUMOTO, MIZUNO, MORIKAWA, NAKAMURA, OHNO, OKIMOTO, PERRUSO, TARNAS, THIELEN, WILDBERGER, YAMASHITA, B. Kobayashi



DAVID Y. IGE  
GOVERNOR

JOSH GREEN  
LT. GOVERNOR

**STATE OF HAWAII  
OFFICE OF THE DIRECTOR  
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS**

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**Testimony of the Department of Commerce and Consumer Affairs**

**Before the  
Senate Committee on Commerce, Consumer Protection, and Health  
Thursday, March 14, 2019  
9:00 a.m.  
State Capitol, Conference Room 229**

**On the following measure:  
H.B. 481, H.D. 2, RELATING TO INSURANCE**

Chair Baker and Members of the Committee:

My name is Colin Hayashida, and I am the Insurance Commissioner of the Department of Commerce and Consumer Affairs' (Department) Insurance Division. The Department offers comments on this bill.

The purpose of this bill is to clarify that the existing health insurance mandate for coverage of low-dose mammography includes coverage for digital mammography and breast tomosynthesis.

This may be viewed as a new mandate. The addition of new mandated coverage may trigger section 1311(d)(3) of the federal Patient Protection and Affordable Care Act (PPACA), which requires states to defray the additional cost of any benefits in excess of the essential health benefits of the State's qualified health plan under the PPACA.

H.D. 2 directs the State Auditor to conduct an impact assessment pursuant to Hawaii Revised Statutes section 23-51 and to submit a report on that assessment no later than 20 days prior to the Regular Session of 2020. H.D. 2 also adds language

purporting that part II “shall satisfy the procedural requirements, in lieu of a concurrent resolution, of section 23-51, Hawaii Revised Statutes.”

Finally, part I of this bill has an effective date of January 1, 2021, which would result in part I of the bill becoming effective, regardless of the results of the State Auditor’s Report.

Thank you for the opportunity to testify on this bill.



**STATE OF HAWAII**  
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**WRITTEN ONLY**

TESTIMONY BY DEREK MIZUNO  
ADMINISTRATOR, HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND  
DEPARTMENT OF BUDGET AND FINANCE  
STATE OF HAWAII  
TO THE HOUSE COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND  
HEALTH  
ON HOUSE BILL NO. 481 H.D. 2

**March 14, 2019**  
**9:00 a.m.**  
**Room 229**

RELATING TO INSURANCE

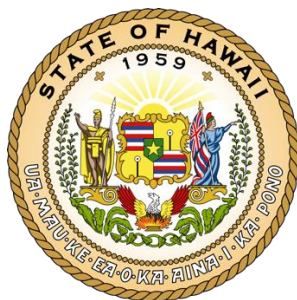
Chair Baker, Vice Chair Chang, and Members of the Committee:

The Hawaii Employer-Union Health Benefits Trust Fund (EUTF) Board of Trustees has not taken a position on this bill. EUTF staff would like to provide estimates of the cost impact.

This bill is to clarify that the existing health mandate for coverage of low-dose mammography include coverage for digital mammography and breast tomosynthesis. If the EUTF plans were enhanced to this benefit level, it would add approximately \$147,000 and \$113,000 in annual claims to the EUTF HMSA employee and retiree plans, respectively. EUTF Kaiser plans already cover this procedure. It is estimated that such an increase in the HMSA claims to the retiree plans would increase the State and counties unfunded liability by \$2.4 million.

**EUTF's Mission:** We care for the health and well being of our beneficiaries by striving to provide quality benefit plans that are affordable, reliable, and meet their changing needs. We provide informed service that is excellent, courteous, and compassionate.

Thank you for the opportunity to testify.



Testimony on behalf of the  
Hawai'i State Commission on the Status of Women  
**Khara Jabola-Carolus, Executive Director**

Prepared for the Senate Committee on CPH

In Support of HB481 HD2  
Thursday, March 14, 2019, at 9:00 a.m. in Room 229

Dear Chair Baker, Vice Chair Chang, and Honorable Members,

The Hawai'i State Commission on the Status of Women supports HB481 HD2, which would clarify that the existing health insurance mandate for coverage of low-dose mammography includes coverage for digital mammography and breast tomosynthesis.

Breast cancer is one of the most common kinds of cancer in women. Nearly 1 in 8 women born today in the United States will get breast cancer sometime during her life. Digital mammography provides images of the breast in many different angles, providing greater accuracy in finding abnormalities and determining which abnormalities seem potentially worrisome. Women who undergo screening with a combination of 3D+2D mammography are less likely to be called back for more testing due to a suspicious finding that turns out not to be cancer. These life-saving advancements should be accessible and covered by the existing health insurance mandate.

Mahalo,

Khara Jabola-Carolus

**HB-481-HD-2**

Submitted on: 3/8/2019 5:27:54 PM

Testimony for CPH on 3/14/2019 9:00:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Laurie Field	Testifying for Planned Parenthood Votes Northwest and Hawaii	Support	No

Comments:



## HAWAII MEDICAL ASSOCIATION

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To:

SENATE COMMITTEE ON CONSUMER PROTECTION AND HEALTH

Sen. Rosalyn Baker, Chair

Sen. Stanley Chang, Vice Chair

Date: March 14, 2019

Time: 9:00 a.m.

Place: Room 229

From: Hawaii Medical Association

Jerry Van Meter, MD, President

Christopher Flanders, DO, Executive Director

**Re: HB 481 HD 2 – Relating to Insurance**

**Position: SUPPORT**

On behalf of Hawaii's physician and student members, the HMA strongly supports HB 481 requiring coverage by insurers of digital breast tomosynthesis (DBT).

Use of 3-D imaging through DBT improves both sensitivity and specificity in screening for breast cancers, particularly in women with dense breast tissue. This is especially important for Hawaii, in that dense breast tissue is more common in those of Asian descent, of which comprise the majority of Hawaii's females. DBT permits better recognition of malignant and pre-malignant lesions, as well as fewer false positive interpretations, leading to potentially fewer unnecessary breast biopsies.

As an evolution of traditional mammography, it is the belief of the HMA that the original intent of the legislature to require coverage was not limited to a specific study technique, but rather to a commitment for women's health in making state-of-the-art breast cancer screening available to all women. As such, a mandate for DBT is appropriate.

Thank you for allowing testimony on this issue.

### HMA OFFICERS

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Executive Director – Christopher Flanders, DO





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SENATE COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH  
The Honorable Rosalyn H. Baker, Chair  
The Honorable Stanley Chang, Vice Chair

**H.B. NO. 481, H.D. 2, RELATING TO INSURANCE**

Hearing: Thursday, March 14, 2019, 9:00 a.m.

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The Office of the Auditor has **no position** regarding H.B. No. 481, H.D. 2, which clarifies that the existing health insurance mandate for coverage of low-dose mammography includes coverage for digital mammography and breast tomosynthesis and requires the State Auditor to conduct an impact assessment report pursuant to Section 23-51, Hawai'i Revised Statutes (HRS). **However, we have concerns about Part II of the bill that directs us to perform an impact assessment of the proposed mandate.**

For proposals mandating new health insurance coverage, Section 23-51, HRS, specifically requires the Legislature to pass a **concurrent resolution** requesting an impact assessment by the Auditor: "there **shall** be concurrent resolutions passed requesting the auditor to prepare and submit to the legislature a report that assesses both the social and financial effects of the proposed mandated coverage." (emphasis added).

We believe assessments conducted in accordance with Sections 23-51 and 23-52, HRS, provide important information about social and financial impacts of mandated health insurance benefits and respectfully request the Committee consider requiring an impact assessment in accordance with Section 23-51, HRS.

Thank you for considering our testimony related to H.B. No. 481, H.D. 2.

**HB-481-HD-2**

Submitted on: 3/12/2019 11:23:59 AM

Testimony for CPH on 3/14/2019 9:00:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Ann S Freed	Testifying for Hawaii Women's Coalition	Support	No

Comments:



Aloha Chair Baker, Vice Chair Chang and members,

The Coalition is in support of this measure that we help in the early detection and treatment of breast cancer.

Mahalo,

Ann S. Freed

Co-Chair, Hawaii Women's Coalition

**HB-481-HD-2**

Submitted on: 3/11/2019 10:06:22 PM

Testimony for CPH on 3/14/2019 9:00:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Cheryl Lynn Rudy, MD	Testifying for Hawaii Women's Healthcare	Support	No

Comments:

Hawaii Women's Healthcare is an OB/Gyn group practice of four OB/Gyn Doctors and a nurse practitioner. We feel strongly that by passing this bill it will provide the best medical care for our patients. Breast cancer is diagnosed in 1 of 8 women and there is no cure. At this point early detection is the key to giving a woman diagnosed with breast cancer the best prognosis. Please allow women from all socio-economic sectors to take advantage of this evidence-based technology that all other states except Hawaii have incorporated as a standard of care paid by insurance companies.

Mahalo



**HAWAII RADIOLOGICAL SOCIETY**  
**Chapter of the American College of Radiology**

**LETTER OF SUPPORT**

March 11, 2019

To the Honorable Rosalyn Baker, the Honorable Stanley Chang and members of the Senate CPH Committee:

WITH REGARD TO **HB 481 HD2** which requires health insurance plans to cover 3D mammograms for cancer patients, the **Hawaii Radiological Society (HRS) supports this measure.**

A woman in the United States has a one in eight risk, over the course of her lifetime, of being diagnosed with breast cancer. We are sure that the Senate CPH Committee understands the importance of screening to detect breast cancer in women, beginning at age 40.

3D mammography, or digital breast tomosynthesis (DBT), acquires a volumetric picture of the breast such that the Radiologist can scroll through the breast tissue in very thin slices. Because of this technique, the Radiologist can better “see through” dense breast tissue, allowing for detection of at least 2-3 additional cancers per 1000 women screened, and more importantly, recall about 30-50% fewer women for additional imaging from screening for a possible abnormality. Despite the advantages of increased cancer detection, lower recall rates from screening, and cost savings for cancer patient care, it is not universally covered by private insurers. Currently this imaging modality is offered only at a limited number of imaging centers here in Hawaii. In the best interest of our patients, many Hawaii radiology practices have opted to provide the service recognizing that they will likely not get paid; however, this is not sustainable financially nor is it appropriate that patients be denied these proven benefits.

We hope that DBT can be accessible to more of Hawaii’s patients as soon as possible. According to the American Cancer Society, there will be potentially 1,280 new cases of breast cancer in Hawaii in 2019, and there will be 160 estimated deaths from breast cancer <sup>1</sup>.

On behalf of Hawaii Radiology physicians and our patients, we ask you to pass this bill, and allow **all** women in Hawaii to gain access to the best care by mandating insurance coverage of Digital Breast Tomosynthesis.

Please contact us with any concerns or questions.  
Mahalo for your thoughtful consideration of these issues.

With Warmest Aloha,

Elizabeth Ann Ignacio MD  
President, Hawaii Radiological Society  
808.250.7058

<sup>1</sup> <https://cancerstatisticscenter.cancer.org/#!/state/Hawaii>



March 13, 2019

The Honorable Rosalyn H. Baker, Chair  
The Honorable Stanley Chang, Vice Chair  
Senate Committee on Commerce, Consumer Protection, and Health

Re: HB 481, HD2 – Relating to Insurance

Dear Chair Baker, Vice Chair Chang, and Committee Members:

The Hawaii Medical Service Association (HMSA) appreciates the opportunity to testify on HB 481, HD2 which amends the existing health insurance mandate to specify that coverage of low-dose mammography includes coverage for digital mammography and breast tomosynthesis. Additionally, this measure requires the State Auditor to perform an impact assessment and to report any findings prior to the Regular Session of 2020.

HMSA appreciates the intent of HB 481, HD2, to improve breast cancer detection rates in the State. HMSA has been working with various providers since last year to review the efficacy and safety of this technology, and decided last year that upon renewal of a members plan beginning July 1<sup>st</sup> of this year HMSA will provide coverage for screening mammograms rendered using digital breast tomosynthesis (DBT).

As we believe that all insurers in the State are already providing coverage for screening mammograms in line with the national recommending bodies, this measure is not necessary and we respectfully ask that it be deferred. Thank you for allowing us to provide these comments on HB 481, HD2.

Sincerely,

Pono Chong  
Vice President, Government Relations



March 13, 2019

Senate Committee on Commerce, Consumer Protection, and Health  
The Honorable Rosalyn Baker, Chair  
The Honorable Stanley Chang, Vice Chair

**LATE**

**House Bill 481, HD2 – Relating to Insurance**

Dear Chair Baker, Vice Chair Chang, and Members of the Committee:

The Hawaii Association of Health Plans (HAHP) appreciates the opportunity to testify on HB 481, HD2, which amends the existing health insurance mandate to specify that coverage of low-dose mammography includes coverage for digital mammography and breast tomosynthesis.

HAHP supports early detection and provides coverage for screenings to our members. We follow evidence based guidelines to ensure our members receive care that is safe and efficacious.

We express concerns on this new mandate as it does not follow widely accepted medical guidelines. Should this measure move forward we ask that the impact assessment report by the state auditor pursuant to Sections 23-51 and 23-52 of the Hawaii Revised Statutes remain a requirement.

Thank you for allowing us to express concerns on HB 481, HD2.

Sincerely,

HAHP Public Policy Committee

cc: HAHP Board Members

**HB-481-HD-2**

Submitted on: 3/11/2019 10:47:00 AM

Testimony for CPH on 3/14/2019 9:00:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Robyn Frost	Individual	Support	No

Comments:

We CANNOT be the last state in the Nation to cover this life-saving technology! It is imperative that our insurers cover 3D breast tomosynthesis for the women of Hawaii. We all have friends and family that have been impacted by breast cancer. Please, we need to be able to have the best screening tools to catch cancer in its earliest stages to give women the best chance of beating this.

Thank you for your time and consideration,

Robyn Frost

**HB-481-HD-2**

Submitted on: 3/11/2019 2:08:05 PM

Testimony for CPH on 3/14/2019 9:00:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Michele	Individual	Support	No

Comments:

I work in the mammography field and truly feel that the 3-D bill should be passed. We already pay a lot of money for health insurance and for us to ask for more out of pocket cost. I have seen 1st hand how the 3D image finds more cancer earlier. Please pass the bill to make insurance cover

thank you



**HB-481-HD-2**

Submitted on: 3/11/2019 2:42:45 PM

Testimony for CPH on 3/14/2019 9:00:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Susan H Chapman MD	Individual	Support	No

Comments:

Digital Mammography 3D increases the sensitivity and specificity of mammography imaging in the detection of breast cancer, thus resulting in earlier detection of true breast cancers as well as reducing false positive imaging results (call backs for further imaging or biopsy that is later shown to be a benign lesion). This is especially significant for patients who have extremely dense breasts, which is many of our premenopausal patients. This younger group benefits more from earlier detection in terms of preventing early loss of life from breast cancer, which is also usually a more aggressive disease in younger premenopausal women. Please support this bill.

Thank you

**HB-481-HD-2**

Submitted on: 3/11/2019 4:59:38 PM

Testimony for CPH on 3/14/2019 9:00:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Chrystie Fujimoto	Individual	Support	No

Comments:

**HB-481-HD-2**

Submitted on: 3/11/2019 5:08:12 PM

Testimony for CPH on 3/14/2019 9:00:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Maegan Chang	Individual	Support	No

Comments:

3D mammography has greatly impacted patients by constructing the breast into an overall picture to help detect for breast cancer. Any superimposing structures that are often found on 2D mammography has greatly been reduced due to 3D mammography. Detail has greatly improved with 3D mammography as well. Additionally, this has led to fewer callbacks. I support this House Bill in that insurance should help cover the dues of 3D imaging due to its effectiveness, fine accuracy, and most importantly, provide better care to Hawaii individuals.

**HB-481-HD-2**

Submitted on: 3/11/2019 5:38:57 PM

Testimony for CPH on 3/14/2019 9:00:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
KH	Individual	Support	No

Comments:

3D breast mammography has been extremely successful in identifying breast cancer at its earliest stages and has been proven over and over to be clinically superior to traditional 2D imaging in patients with dense breast tissue (most of Hawaii). Hawaii is the LAST STATE in the NATION to cover 3D mammography for patients – it is currently offered at an out-of-pocket cost to the patient at facilities that have adopted the technology.

Hawaii lags behind the rest of the United States in coverage and reimbursement for Digital Breast Tomosynthesis (3D mammography) with only 22% of women aged 40-74. Comparatively, nationally, 93% of women aged 40-74 have insurance coverage.

I'm writing in support of HB481 to have insurance coverage for Digital Breast Tomosynthesis, an important step for patient access for early detection and treatment of breast cancer.

**HB-481-HD-2**

Submitted on: 3/11/2019 6:55:27 PM

Testimony for CPH on 3/14/2019 9:00:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Amanda	Individual	Support	No

Comments:

Aloha,

It is a shame that Hawaii is the last state in the nation to cover tomosynthesis mammography for patients. As a mammography technologist, I have had many patients who were interested in getting 3D tomo, but declined when they realized their insurance would not cover it. Breast tomosynthesis has been shown to increase invasive cancer detection rates for women with fatty breasts as well as dense breasts, so it potentially can benefit all women by detecting breast cancer earlier. 3D mammography has also been shown to decrease the call back rate, which means less radiation and anxiety for women.

Please pass this bill so insurers will cover 3D breast tomosynthesis for the women of Hawaii, thereby increasing their chances of early breast cancer detection and survival. The life you save could be your mother's, sister's, daughter's, or friend's.

Mahalo for your time and consideration,

Amanda Y.

**HB-481-HD-2**

Submitted on: 3/13/2019 7:41:12 AM

Testimony for CPH on 3/14/2019 9:00:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Scott Grosskreutz, M.D.	Individual	Support	No

Comments:

**Digital Breast Tomosynthesis in Hawaii**

**Tomosynthesis is widely used in the United States, and covered by most private insurance carriers and CMS for Medicare patients. A growing number of states have passed legislation ensuring that women have insurance coverage for tomosynthesis mammography, without additional out of pocket expenses that may deter women from undergoing screening for breast cancer.**

**Medical research has demonstrated that tomosynthesis or “3D” mammography is about 40% more sensitive to the detection of invasive breast cancer than 2D mammography. Studies have also found that the small early stage and potentially curable additional cancers found by tomosynthesis cost less to detect, than those cancers found by 2D mammography.**

**Tomosynthesis also has a significantly smaller false positive rate. Truven, a health cost analytics firm, has estimated that for private insurance companies in Hawaii, over 7600 fewer women would be called back for unnecessary additional imaging for false positive mammogram results annually, if tomosynthesis was widely available in Hawaii. The fiscal audit below by Truven using data from peer reviewed economic publications is based on Hawaii’s insured population and the audit finds that use of tomosynthesis would have the overall effect of LOWERING health costs in our state.**

**Define the need**

Women in Hawaii are experiencing significant barriers to access due to lack of insurance coverage for 3D mammography. Hawaii ranks last, #50 of 50 for insurance coverage of DBT in the United States.

- Patients with Medicare, Medicaid, United, Anthem, Cigna, Kaiser and Aetna have coverage, all other patients face a financial barrier to access. This creates two standards of care depending on a patient's insurance and ability to afford a better mammogram.

Prompt annual mammography has shown the ability to reduce the mortality rate from breast cancer in a population by 15% to 50%.

- As many as 20% of breast cancers will be missed by mammography.
- Approximately 10% of women are recalled for additional workup and a significant portion prove to have no abnormality, resulting in unnecessary anxiety and cost.

Current digital mammography allows for tissue superimposition

- Overlap of normal breast tissues can obscure a lesion, generating a false negative
  - Resulting in missed masses
- Overlapping structures can mimic mammographic lesions, generating a false positive
- Resulting in unnecessary recalls

## **Introduce Digital Breast Tomosynthesis**

**Digital breast tomosynthesis (DBT)** is a technology that acquires a series of images of a compressed breast at multiple angles, and reconstructs this data into a 3D image of the breast.

- **DBT** is a mammography service that is done in conjunction with a 2D mammogram and should be included within your mammography coverage.

**DBT** is DIFFERENT than digital mammography alone

- Digital mammography is an x-ray along a 2-dimensional plane.
- **DBT** takes a series of images and converts them into a 3-dimensional image.
- **DBT** should be paid separately than digital mammography.

**DBT** clinical studies have demonstrated:

- Improved lesion visibility
  - Leads to an increase in cancer detection
- A significant reduction in recall rates ranging from 30% - 40%
  - Removing issue of superimposed/overlying tissues
- Increased ability to size and stage masses
  - Important for pre-operative planning and diagnosis
- Increased sensitivity in dense breasts
  - Improved visualization and detection in younger women
  - Addresses the population subgroup least well-served by current mammography

**DBT has become the standard of care for mammography**

- Over 250 peer reviewed clinical publications with over 850,00 breast screening exams
- Over 15M patients screened
- Over 2,500 facilities in the US currently have DBT as their primary mammography screening technology
- Societies support the use of DBT
  - American College of Radiology
  - National Comprehensive Cancer Network (NCCN)
  - ACOG felt that DBT produces a better image, improved accuracy and lower re-call rates compared with Digital Mammography alone.
  - Positive Technology Assessment review by the Institute for Clinical and Economic Review (ICER) and CTAF

**DBT has widespread Insurance Coverage**



- Nationally, 93% of women aged 40-74 have insurance coverage for DBT
- Medicare has been covering DBT since January 1, 2015.
- Over 120 commercial payers cover DBT including UnitedHealthcare, Aetna, Cigna, HCSC (BCBS AZ, IL, TX, MT, NM), Anthem and Humana
- The only Blue's plans that do not cover DBT are HMSA and BCBS Puerto Rico



## Medicare Reimbursement

- Medicare reimbursement for DBT is \$55.86 and is paid in addition to 2D mammography rates
  - Professional \$30.63
  - Technical \$25.23
- Screening and Diagnostic DBT has been set at the same rate. (CPT 77063 and G0279)

## DBT Savings in Hawaii

To assess the budget impact of DBT, a study by Bonafede, Kalra, Miller, and Fajardo developed a model for a hypothetical managed care plan with one million members, based on two breast cancer screening scenarios: DBT in combination with digital mammography, and digital mammography alone. The results show that by using DBT, 4,523 women would avoid follow-up services. The avoidance of follow-up services generates \$28.53 in savings per woman, for a total of \$2.4 million in annual savings for the plan.”

(Miller, Jeffrey, Machaon Bonafede, Vivek B. Kalra, and Laurie L. Fajardo. "Value Analysis of Digital Breast Tomosynthesis for Breast Cancer Screening in a Commercially-Insured US Population." ClinicoEconomics and Outcomes Research, 2015, 53-63.) doi:10.2147/ceor.s76167.

Truven Health Analytics has assessed the financial impact of changes in screening technologies used for the detection of breast cancer. The tool projects costs or cost

savings resulting from changing from standard digital mammography (FFDM) alone and shifting toward use of breast tomosynthesis and digital mammography together.

The numbers on the chart below reflect **976,591** covered lives in Hawaii combined with claims data from Truven's market scan database. This number was obtained from the Decision Resource Group database.

The outcome of the model shows **\$2,658,057 million dollars in savings to the healthcare system in Hawaii** with an **additional \$55.86 in reimbursement** for the breast tomosynthesis portion of the mammogram. Cost savings is realized through the reduction in recalls and earlier cancer detection.

When using breast tomosynthesis, **7,606 fewer women in Hawaii** would **not be recalled** for additional images and workup that otherwise would be called back.

