

**Proponent Testimony in Support of Senate Bill 121 before the
Ohio Senate Insurance and Financial Institutions Committee
Senator Jay Hottinger, Chairman
October 3, 2017**

Chairman Hottinger, Vice-Chairman Hackett, Ranking Member Brown and members of the Senate Insurance and Financial Institutions Committee, my name is Victor Goodman. Rachel Winder and I am here today representing the Ohio State Radiological Society. Thank you to Chairman Hottinger for the opportunity to testify in support of Senate Bill 121, sponsored by Senator John Eklund and co-sponsored by Senators Yuko and Schiavoni. We appreciated the sponsor testimony offered by Senator Eklund.

“Breast cancer is the most common cancer among women and is the second most common cause of cancer-related death in women in the US, although mortality rates have been declining in recent years because of the combination of earlier detection and improvements in cancer diagnostics and treatment.” (Journal of the American College of Radiology: April 2017, P. 467). One in eight women can expect to develop breast cancer over her lifetime. (Journal of the American College of Radiology: September 2017, P. 1137)

You will hear, this morning, from Dr. Bang Huynh, a Radiologist and the Breast Imaging Section Head of Columbus Radiology followed by Camille Grubbs, a Senior Manager with Hologic, which is a developer, manufacturer and supplier of the imaging technology for tomosynthesis.

Since 1997, Ohio law has required every health insuring corporation policy, contract, or agreement providing basic health care services that is delivered, issued for delivery, or renewed; every public employee benefit plan; and every policy of sickness and accident insurance provided by an employer that is established or modified to provide benefits for screening mammography to detect the presence of breast cancer in adult women. In addition, every policy of individual or group sickness and accident insurance is required to provide benefits for screening mammography.

The General Assembly, in 2004, enacted Sub. HB 331, which anticipated and acknowledged that there would be advancements in screening mammography technology and improved detection equipment by adding the phrase including, “but not limited to” [see Tab 2, Page 2, Line 18] to the definition of equipment dedicated specifically for screening mammography.

SB 121 would require health plan insurers to cover tomosynthesis as a part of breast cancer screenings.

As you will hear in more detail from Dr. Huynh, Digital Breast Tomosynthesis (DBT) obtains multiple low-dose images of the breast from multiple angles and reconstructs those images into a 3-dimensional data set that is processed into thin slices for interpretation. The thin-slice interpretation helps minimize the interference of overlapping normal breast tissue when the radiologist is searching for breast-cancer on a DBT study.

Digital Breast Tomosynthesis (DBT) helps save lives while saving money. According to the Journal of the American College of Radiology (April 2017, P. 468):

“The primary driver of DBT economic value comes from the capacity for DBT to reduce the number of women recalled for additional follow-up imaging and diagnostic testing services and the corresponding reduction in the cost of health care resource allocation. A secondary driver of DBT economic value is the capacity of DBT to facilitate earlier diagnosis of cancer, particularly diagnosis of cancers at earlier stages, when treatment costs are less.”

To the extent there is opponent testimony on this legislation, you may hear that SB 121 provides for a “new mandate”. As set out in the LSC Analysis of SB 121, the “bill requires health plan issuers to cover tomosynthesis as a part of breast cancer screening benefits.” As I stated earlier, the General Assembly, in Sub. H.B. 331 of the 125th General Assembly, anticipated that there would be advancements and improved detection equipment for screening mammography when they added the language “including, but not limited to” when referencing screening mammography equipment dedicated specifically for mammography.

We have provided members of the Committee with an information booklet. At Tab 8 of the booklet, we have included samples of insurance policies which cover Digital Breast Tomosynthesis under the subject of “screening mammography” coverage. At Tab 5, we have included the most recent National Comprehensive Cancer Network’s (NCCN) Breast Cancer Screening and Diagnosis Updates where the NCCN provided: “Multiple studies show a combined use of digital mammography and tomosynthesis appears to improve cancer detection and decreased call back rates.”

Thank you for the opportunity to testify this morning and I am pleased to answer any questions from the committee members.