

LEGISLATIVE COMMITTEE MINUTES

SB58

Bill as Introduced

SB 58-FN - AS INTRODUCED

2019 SESSION

19-0826
01/06

SENATE BILL **58-FN**

AN ACT relative to reimbursement rates for low-dose mammography coverage.

SPONSORS: Sen. Bradley, Dist 3; Sen. Watters, Dist 4; Sen. Rosenwald, Dist 13; Sen. Giuda,
Dist 2; Sen. Sherman, Dist 24; Sen. Gray, Dist 6; Sen. Carson, Dist 14; Rep.
Marsh, Carr. 8; Rep. Van Houten, Hills. 45; Rep. Knirk, Carr. 3; Rep. Woods,
Merr. 23

COMMITTEE: Commerce

ANALYSIS

This bill clarifies the reimbursement rates for low-dose mammography.

Explanation: Matter added to current law appears in **bold italics**.
Matter removed from current law appears [~~in brackets and struck through~~].
Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.

STATE OF NEW HAMPSHIRE

In the Year of Our Lord Two Thousand Nineteen

AN ACT relative to reimbursement rates for low-dose mammography coverage.

Be it Enacted by the Senate and House of Representatives in General Court convened:

- 1 1 Low-Dose Mammography Coverage. Amend RSA 417-D:2, II to read as follows:
- 2 II. Such benefits shall be at least as favorable as for other radiological examinations and
- 3 subject to the same dollar limits, deductibles, and co-insurance factors; ***provided, however, that***
- 4 ***providers of low-dose mammography screening shall be reimbursed at rates accurately***
- 5 ***reflecting the resource costs specific to each modality, including any increased cost of***
- 6 ***breast tomosynthesis.***
- 7 2 Effective Date. This act shall take effect 60 days after its passage.

**SB 58-FN- FISCAL NOTE
AS INTRODUCED**

AN ACT relative to reimbursement rates for low-dose mammography coverage.

FISCAL IMPACT: State County Local None

STATE:	Estimated Increase / (Decrease)			
	FY 2020	FY 2021	FY 2022	FY 2023
Appropriation	\$0	\$0	\$0	\$0
Revenue	Indeterminable Increase	Indeterminable Increase	Indeterminable Increase	Indeterminable Increase
Expenditures	Indeterminable Increase	Indeterminable Increase	Indeterminable Increase	Indeterminable Increase
Funding Source:	<input checked="" type="checkbox"/> General	<input type="checkbox"/> Education	<input type="checkbox"/> Highway	<input type="checkbox"/> Other

COUNTY:

Revenue	\$0	\$0	\$0	\$0
Expenditures	Indeterminable Increase	Indeterminable Increase	Indeterminable Increase	Indeterminable Increase

LOCAL:

Revenue	\$0	\$0	\$0	\$0
Expenditures	Indeterminable Increase	Indeterminable Increase	Indeterminable Increase	Indeterminable Increase

METHODOLOGY:

This bill clarifies the reimbursement rates for low-dose mammography. The Insurance Department indicates the bill requires reimbursements for low-dose mammography benefits accurately reflect the resource costs specific to each modality, including any increased cost of breast tomosynthesis. The Department assumes the bill would result in inflationary pressures on the rates for such coverage. This may lead to increased claims costs and increased premium rates for employers including state, county and local government. An increase in premiums would lead to an increase in the premium tax revenue collected by the state. However, employers may look for options to absorbing a premium increase such as purchasing less coverage. The Department assumes the additional regulatory responsibility could be handled with existing resources.

The Department of Health and Human Services administers the Medicaid program. The Medicaid program provides coverage for low dose mammography, having recently approved procedure codes for this service. The Department has not yet established rates which are a

percentage of established Medicare rates. The Department assumes the intent of this bill is to increase the reimbursement rates for these services, which may result in an indeterminate increase in Medicaid expenditures.

AGENCIES CONTACTED:

Insurance Department and Department of Health and Human Services

SB 58-FN - AS AMENDED BY THE HOUSE

5Jun2019... 2177h

2019 SESSION

19-0826
01/06

SENATE BILL **58-FN**

AN ACT relative to payment for low-dose mammography coverage.

SPONSORS: Sen. Bradley, Dist 3; Sen. Watters, Dist 4; Sen. Rosenwald, Dist 13; Sen. Giuda, Dist 2; Sen. Sherman, Dist 24; Sen. Gray, Dist 6; Sen. Carson, Dist 14; Rep. Marsh, Carr. 8; Rep. Van Houten, Hills. 45; Rep. Knirk, Carr. 3; Rep. Woods, Merr. 23

COMMITTEE: Commerce

AMENDED ANALYSIS

This bill clarifies payment for low-dose mammography under the managed care law.

Explanation: Matter added to current law appears in ***bold italics***.
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SB 58-FN - AS AMENDED BY THE HOUSE

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19-0826
01/06

STATE OF NEW HAMPSHIRE

In the Year of Our Lord Two Thousand Nineteen

AN ACT relative to payment for low-dose mammography coverage.

Be it Enacted by the Senate and House of Representatives in General Court convened:

1 1 New Subparagraph; Managed Care Law; Provider Contract Standards. Amend RSA 420-J:8,
2 VIII by inserting after subparagraph (d) the following new subparagraph:

3 (e) Provider contracts that include payment for mammography shall include distinct
4 recognition of and additional payment for industry standard coding relating to mammography
5 screening using 3-D tomosynthesis.

6 2 Effective Date. This act shall take effect 60 days after its passage.

**SB 58-FN- FISCAL NOTE
AS INTRODUCED**

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METHODOLOGY:

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The Department of Health and Human Services administers the Medicaid program. The Medicaid program provides coverage for low dose mammography, having recently approved procedure codes for this service. The Department has not yet established rates which are a

percentage of established Medicare rates. The Department assumes the intent of this bill is to increase the reimbursement rates for these services, which may result in an indeterminate increase in Medicaid expenditures.

AGENCIES CONTACTED:

Insurance Department and Department of Health and Human Services

**SB 58-FN FISCAL NOTE
AS AMENDED BY THE HOUSE (AMENDMENT #2019-2177h)**

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METHODOLOGY:

This bill clarifies the reimbursement rates for low-dose mammography under the managed care law. The Insurance Department indicates the bill requires that provider contracts involving mammography shall include distinct recognition of additional payment for 3-D tomosynthesis. The Department assumes the bill would result in inflationary pressures on the rates for such coverage. This may lead to increased claims costs and increased premium rates for employers including state, county and local government. An increase in premiums would lead to an increase in the premium tax revenue collected by the state. However, employers may look for options to absorbing a premium increase such as purchasing less coverage. The Department assumes the additional regulatory responsibility could be handled with existing resources.

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AGENCIES CONTACTED:

Insurance Department and Department of Health and Human Services

SB 58-FN - FINAL VERSION

5Jun2019... 2177h

2019 SESSION

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SENATE BILL ***58-FN***

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Dist 2; Sen. Sherman, Dist 24; Sen. Gray, Dist 6; Sen. Carson, Dist 14; Rep.
Marsh, Carr. 8; Rep. Van Houten, Hills. 45; Rep. Knirk, Carr. 3; Rep. Woods,
Merr. 23

COMMITTEE: Commerce

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AGENCIES CONTACTED:

Insurance Department and Department of Health and Human Services

CHAPTER 226
SB 58-FN - FINAL VERSION

5Jun2019... 2177h

2019 SESSION

19-0826
01/06

SENATE BILL ***58-FN***

AN ACT relative to payment for low-dose mammography coverage.

SPONSORS: Sen. Bradley, Dist 3; Sen. Watters, Dist 4; Sen. Rosenwald, Dist 13; Sen. Giuda,
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CHAPTER 226
SB 58-FN - FINAL VERSION

5Jun2019... 2177h

19-0826
01/06

STATE OF NEW HAMPSHIRE

In the Year of Our Lord Two Thousand Nineteen

AN ACT relative to payment for low-dose mammography coverage.

Be it Enacted by the Senate and House of Representatives in General Court convened:

1 226:1 New Subparagraph; Managed Care Law; Provider Contract Standards. Amend RSA 420-
2 J:8, VIII by inserting after subparagraph (d) the following new subparagraph:

3 (e) Provider contracts that include payment for mammography shall include distinct
4 recognition of and additional payment for industry standard coding relating to mammography
5 screening using 3-D tomosynthesis.

6 226:2 Effective Date. This act shall take effect 60 days after its passage.

Approved: July 12, 2019
Effective Date: September 10, 2019

Committee Minutes

**AMENDED ROOM CHANGE
SENATE CALENDAR NOTICE
Commerce**

Sen Kevin Cavanaugh, Chair
Sen Jon Morgan, Vice Chair
Sen Donna Soucy, Member
Sen Chuck Morse, Member
Sen Harold French, Member

Date: January 24, 2019

HEARINGS

Tuesday	01/29/2019	
(Day)	(Date)	
Commerce	SH 103	1:00 p.m.
(Name of Committee)	(Place)	(Time)
1:00 p.m.	SB 58-FN	relative to reimbursement rates for low-dose mammography coverage.
1:15 p.m.	SB 59-FN	adding post traumatic stress disorder and acute stress disorder to the definition of "injury" for purposes of workers' compensation and reestablishing the commission to study the incidence of post-traumatic stress disorder in first responders.
1:30 p.m.	SB 195-FN	relative to insurance continuing education.
1:45 p.m.	SB 99-FN	relative to gainful employment and partial disability in workers' compensation.
2:00 p.m.	SB 224-FN	relative to insurance coverage for pediatric autoimmune neuropsychiatric disorders.

2:15 p.m.

SB 194-FN

relative to the insurance data security law.

EXECUTIVE SESSION MAY FOLLOW

Sponsors:

SB 58-FN

Sen. Bradley
Sen. Sherman
Rep. Van Houten

Sen. Watters
Sen. Gray
Rep. Knirk

Sen. Rosenwald
Sen. Carson
Rep. Woods

Sen. Giuda
Rep. Marsh

SB 59-FN

Sen. Birdsell
Sen. Ward
Rep. Soucy

Sen. Carson
Rep. Doucette
Rep. S. Pearson

Sen. Cavanaugh
Rep. Proulx

Sen. Hennessey
Rep. Goley

SB 195-FN

Sen. Kahn

Sen. Rosenwald

SB 99-FN

Sen. Cavanaugh

Rep. Merner

Rep. Soucy

Rep. Goley

SB 224-FN

Sen. Rosenwald
Sen. Sherman
Rep. Cushing

Sen. Fuller Clark
Rep. Nordgren
Rep. Berrien

Sen. Hennessey
Rep. Marsh

Sen. Chandley
Rep. Champion

SB 194-FN

Sen. Morgan

Sen. Feltes

Sen. Soucy

Rep. Hunt

Laura Bryant 271-1403

Kevin Cavanaugh
Chairman

Senate Commerce Committee

Laura Bryant 271-1403

SB 58-FN, relative to reimbursement rates for low-dose mammography coverage.

Hearing Date: January 29, 2019

Time Opened: 1:00 p.m.

Time Closed: 1:18 p.m.

Members of the Committee Present: Senators Cavanaugh, Morgan, Soucy, Morse and French

Members of the Committee Absent : None

Bill Analysis: This bill clarifies the reimbursement rates for low-dose mammography.

Sponsors:

Sen. Bradley

Sen. Watters

Sen. Rosenwald

Sen. Giuda

Sen. Sherman

Sen. Gray

Sen. Carson

Rep. Marsh

Rep. Van Houten

Rep. Knirk

Rep. Woods

Who supports the bill: Senator Tom Sherman, Senator Cindy Rosenwald, Rep. William Marsh, Senator James Gray, Paula Minnehan with the New Hampshire Hospital Association, Holly Stevens with New Futures, Jim Potter with the New Hampshire Medical Society, Senator Sharon Carson, Senator Bob Guida

Who opposes the bill:

Who is neutral on the bill: Tyler Brannen with NHID, Paula Rogers with Anthem Blue Cross Blue Shield

Summary of testimony presented:

Paula Minnehan, New Hampshire Hospital Association:

- Minnehan mentioned that this bill supports last year's bill that passed, SB 189, which clarified that "Low-dose mammography" shall also include 3-D tomosynthesis mammography.
- However, not all carriers are interpreting state law the same way.
- Providers have continued to experience resistance from carriers to reimburse at rates reflecting the resource costs specific to each modality, such as the aforementioned breast tomosynthesis.

- The position of the NHHA is that the 3-D breast tomosynthesis saves carriers money because the technology is much better at detecting and identifying cancers and reducing false positives.

Tyler Brannen, Director of Health Economics at the New Hampshire Insurance Dept.:

- Brannen noted that the Department is neutral on the bill and stated that the rates for technology goes up when new technology is created.
- He also stated that the Department does not review the contracts between the providers and health insurance companies (carriers), but that there are provider contract standards in New Hampshire that the Department administers.
- This bill does not address changes in contract standards.
- A concern Brannen mentioned was cost makes the department a little uncomfortable since the bill does not mention a benchmark such as medicare or a regional market rate for example.
- Therefore the department is unsure whether they are supposed to use the market rate.

Senator French then had a question on how big the difference is between what the providers want to have paid to them versus what the carriers want to pay.

- **Brannen** responded by saying that most of the major carriers, like Anthem, are paying an amount that is additional for the 3-D mammograms, however it's probably not as much as what the providers would like to see.

Paula Rogers, Anthem Blue Cross Blue Shield:

- Rogers stated Anthem is neutral on this legislation, but stated that it is unfortunate that some carriers are not providing coverage for 3-D breast tomosynthesis.
- Rogers cautioned about the possible ramifications of legislation specifically directed at a resource and/or technology.

Dr. Jim Potter, Executive Vice President for New Hampshire Medical Society:

- Potter expressed that the Society supports the bill
- He mentioned that there is one outlier carrier that has not been willing to pay for the coverage of the 3-D mammography.
- Potter also said that the bill's language is similar to that of 12 other states who had similar issues.

Senator Jeb Bradley, District 3 and Prime Sponsor:

- Senator Bradley agreed with and echoed Dr.Potter.'s statement about there only being one insurer in New Hampshire that does not reimburse 3-D mammographies at a higher rate.
- He stated that the reason the Senate passed SB189 last year was because 3-D mammographies are a more advanced technology that can better detect cancerous tumors, reduce false positives and give the patient a better shot at a

- longer and healthier life.
- Senator Bradley also stated that the difference in cost is about fifty dollars between a 2-D mammography (\$50 dollars) and a 3-D mammography (\$100).

Senator French suggested that, because of Tyler Brennan's earlier testimony citing that the bill did not mention cost, there should be rewording to clarify the costs.

Senator Soucy also mentioned that because other states had similar bills with similar language therefore they have been able to quantify the costs in their states.

LB
Date Hearing Report completed: January 31, 2019

Speakers

Testimony



SENATE COMMERCE COMMITTEE

January 29, 2019

SB 58 - Relative to Reimbursement Rates for Low-dose Mammography

Testimony

Good afternoon, Mr. Chairman and members of the committee. My name is Paula Minnehan, VP, State Government Relations with the New Hampshire Hospital Association (NHHA), representing all 26 of the state's community hospitals as well as all of our specialty hospitals.

The New Hampshire Hospital Association supports SBSB 58 and we want to thank the sponsor for filing this legislation.

SB 189 was passed last year which clarified that: ***"Low-dose mammography" shall also include 3-D tomosynthesis mammography.***

Unfortunately, the interpretation of the state law has not been consistent across all carriers. The providers continue to encounter resistance from some health insurance companies to reimburse at ***rates that accurately reflecting the resource costs specific to each modality, including any increased cost of breast tomosynthesis.*** Consequently, we determined that SB 58 was needed to ensure that the intent of the law is being consistently followed by all carriers.

It is NHHA's position that utilizing the 3-D technology is saving the health care system money because the technology is much more effective in identifying cancers and reducing false positives. A false positive mammogram could result in a tremendous amount of anxiety for the patient and her family. The protocol followed when a false positive result is identified could result in repeat mammograms, ultrasounds, breast biopsies, breast MRIs and a lumpectomy; all conducted to rule out or determine the extent of the potential cancer. These costs are significant and completely avoidable. The data is clear and there are clinicians here today that will expound upon the data available to support this claim.

NHHA strongly supports SB 58 and urges the committee to pass the bill.

Thank you for the opportunity to share our comments. I am happy to answer any questions you may have.



QUALITY IS OUR IMAGE

acr.org

January 28, 2019

Dear Chairman Cavanaugh and members of the Committee,

The American College of Radiology appreciates the opportunity to provide testimony for coverage of digital breast tomosynthesis (DBT). Coverage is already provided for full-field digital mammography (FFDM), based on its ability to improve interpretive performance compared with standard film-screen mammography.¹ The evidence described and cited below documents that DBT shows an even greater improvement in cancer detection than that found for FFDM, with the additional benefit of reducing the frequency of false-positive examinations.

Conventional mammography (either film-screen or FFDM) produces planar images, in which overlapping tissue can result both in unnecessary recalls from screening mammograms (false positive studies) and in missed cancers (false negative studies). Approximately 10%-20% of the cases in which a woman must be recalled from screening mammography are due to superimposed normal tissue simulating a lesion.² This additional imaging causes patient anxiety, inconvenience, and increased cost. In addition, overlying tissue can obscure cancers, with as many as 20%-30% of cancers being missed by conventional planar mammography^{3,4}.

The latest advancement in mammography – digital breast tomosynthesis (DBT) – helps address the problem of overlapping tissues in planar FFDM and reduces interpretation inaccuracy. DBT is a mammography-based system that acquires low-dose images of the breast at multiple angles during a short scan time. The individual images are then reconstructed into a series of thin, high-resolution slices. This provides a clearer depiction of the internal architecture of the breast, making underlying breast cancers more easily perceptible and facilitating confirmation that superimposed normal glandular tissue does not represent an abnormality. Conventional, planar mammographic images are still necessary to demonstrate the anatomic distribution of findings and to characterize calcifications. Furthermore, DBT cannot produce magnification images, still useful for some mammographically-detected lesions in determining which do and do not require biopsy.

DBT was approved by the U.S. Food & Drug Administration (FDA) on February 11, 2011 for the same indications as planar FFDM. This includes breast cancer screening, diagnosis, and intervention. On August 26, 2014, a second vendor received FDA approval for DBT. Other vendors are expected to apply for approval. Since receiving FDA approval, there have been numerous published studies demonstrating the clinical benefits of DBT. These studies consistently report substantial decreases in the recall rate from screening (reduced false positives) and substantial increases in the cancer detection rate (increased true positives).

The first prospective screening trial to compare DBT to planar FFDM was published by Skaane et al⁵. Researchers compared FFDM+DBT to FFDM alone, in 12,631 screening examinations. Skaane's study demonstrated increased sensitivity in the detection of breast cancer without compromising specificity or increasing the rate of false positive results. In an interim analysis, they found that the addition of DBT resulted in a:

- **40% statistically significant increase in the detection of invasive breast cancers.**
- **27% statistically significant increase in the detection of all cancers** (invasive and in situ cancers combined)
- **15% statistically significant decrease in false-positive rates.**

¹ Pisano, ED et al. Diagnostic Performance of Digital versus Film Mammography for Breast-Cancer Screening. *N Engl J Med* 2005 353: 1773-1783.

² Rosenberg RD, Yankaskas BC, Abraham LA, Sickles EA, Lehman CD, Geller BM, Carney PA, Kerlikowske K, Buist DS, Weaver DL, Barlow WE, Ballard-Barbash R. Performance benchmarks for screening mammography. *Radiology*. 2006 Oct;241(1):55-66. Erratum in: *Radiology*. 2014 May;271(2):620.

³ Schell MJ et al. Evidence-based target recall rates for screening mammography. *Radiology*, June 2007; 243: 681-689.

⁴ Holland R, Mravunac M, Hendriks JH, Bekker BV. So-called interval cancers of the breast: pathologic and radiologic analysis of sixty-four cases. *Cancer* 1982;49(12):2527-2533.

⁵ Skaane P, Bandos AI, Gullien R, et al. Comparison of Digital Mammography Alone and Digital Mammography Plus Tomosynthesis in a Population-based Screening Program. *Radiology* 2013, Apr; 267(1): 47-56.

HEADQUARTERS
1891 Preston White Drive
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505 Ninth St. N.W.
Suite 910
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1818 Market Street
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Philadelphia, PA 19103-3604
215-574-3150

AMERICAN INSTITUTE FOR
RADIOLOGIC PATHOLOGY
1100 Wayne Ave., Suite 1020
Silver Spring, MD 20910
703-648-8900

The Screening with Tomosynthesis Or Routine Mammography (STORM) trial⁶ was a prospective comparative study of **7292 women** from two institutions. The **cancer detection rate was 51% higher** for FFDM+DBT than FFDM alone, while FFDM+DBT was also associated with a **17% statistically significant reduction in false positive recalls**.

Haas et al.,⁷ in a study of **6100 women** receiving FFDM+DBT, reported a **30% statistically significant reduction in recall rate with DBT screening**. Rose et al.,⁸ in a study of **9499 women** receiving FFDM+DBT, reported a **53% increase in the detection of invasive cancers** and a statistically significant increase in the positive predictive value for screening recalls (PPV₁) with FFDM+DBT compared to FFDM alone.

The largest study to date, by Friedewald et al, was published in 2014 in the Journal of the American Medical Association.⁹ This multi-center trial compared 281,187 conventional mammograms to **173,663 DBT exams**. The study reported the following findings:

- A **41% statistically significant increase in the detection of invasive breast cancers**.
- A **29% statistically significant increase in the detection of all breast cancers**.
- A **15% statistically significant decrease in women recalled for additional imaging**.
- A **49% statistically significant increase in positive predictive value for recall (PPV₁)**.
- A **21% statistically significant increase in positive predictive value for biopsy (PPV₃)**.

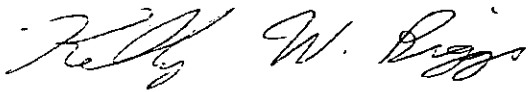
Given the above information, CMS decided to add additional reimbursement for Medicare patients receiving DBT, beginning in January of 2015.

In conclusion, the American College of Radiology affirms that:

- DBT addresses a primary limitation of planar FFDM in the detection of breast cancer.
- DBT is not investigational. The term investigational implies that studies have not been performed demonstrating improved performance compared with FFDM. Numerous large-scale studies of DBT already have demonstrated this benefit.
- Demonstrated benefits of DBT, compared to FFDM alone, include significant increase in detection of invasive breast cancer and significant reduction in unnecessary recall from screening mammography. Additional benefits include decreased patient anxiety and inconvenience.
- DBT leads to improved detection of early breast cancer. Smaller cancers require fewer and/or less invasive surgical procedures, less frequent and less toxic chemotherapy, and more frequent use of breast preservation surgery, all of which can result in improved patient outcomes.

Therefore, the American College of Radiology **recommends** coverage of digital breast tomosynthesis as a medically necessary screening and diagnostic mammography service. Thank you for your consideration and please feel free to contact us if you have any questions or require any additional information.

Respectfully,



Kelly W. Biggs, MD
Chair, Government Relations Committee of ACR's Breast Imaging Commission

⁶ Ciatto S, Houssami N, Bernardi D, Caumo F, Pellegrini M, Brunelli S, Tuttobene P, Bricolo P, Fantò C, Valentini M, Montemezzi S, Macaskill P. Integration of 3D digital mammography with tomosynthesis for population breast-cancer screening (STORM): a prospective comparison study. *Lancet Oncol*. 2013 Jun;14(7):583-9.

⁷ Haas BM, Kaira V, Geisel J, Raghy M, Durand M, Philpotts LE. Comparison of tomosynthesis plus digital mammography and digital mammography alone for breast cancer screening. *Radiology* 2013; 269:694-700

⁸ Rose SL, Tidwell AL, Bujnoch LJ, Kushwaha AC, Nordmann AS, Sexton R. Implementation of breast tomosynthesis in a routine screening practice: an observational study. *AJR* 2013; 200:1401-1408

⁹ Friedewald S M, Rafferty E A, Rose S L, Durand M A, Plecha D M, Greenberg J S, Hayes M K, Copit D S, Carlson K L, Cink T M, Barke L D, Greer L N, Miller D P, Conant E F Breast Cancer Screening Using Tomosynthesis in Combination with Digital Mammography, *JAMA*. 2014;311(24):2499-2507

January 29, 2017

The Honorable Kevin Cavanaugh, Chair
Senate Commerce Committee
State House Room 100
Concord, NH 03301

Re: New Futures' support of SB 58

Dear Chairman Cavanaugh and Members of the Committee:

New Futures appreciates the opportunity to testify in support of SB 58, which clarifies reimbursement rates for low-dose mammography. New Futures is a nonpartisan, nonprofit organization that advocates, educates and collaborates to improve the health and wellness of all New Hampshire residents. In this role, we work extensively with policy makers, service providers and families afflicted by mental illness to prevent, address and reduce behavioral health issues in our state. Insurance coverage for breast tomosynthesis (3-D mammography) is an important step forward in improving outcomes and lowering the cost of health care, particularly for women between the ages of 40 and 64.

There are many benefits that 3-D mammography has over 2-D mammography, which is currently covered under insurance plans. These benefits include:

- Fewer “false-positive” test results and, therefore, fewer callbacks for unnecessary screening and testing.
- Faster detection of cancer, especially invasive cancer, allowing earlier and less expensive intervention with improved outcomes.
- Improved imaging for large and/or dense breast tissue.

Although tomosynthesis is slightly more expensive than 2-D mammography, the cost differential is small, and the savings related to reductions in “false positive” results and earlier detection and treatment far outweigh the increased up-front cost. Additionally, a reduction in “false positives” avoids an emotional toll on patients and their families and the potential of more advanced cancer.

Tomosynthesis is becoming increasingly more widely accepted as the standard of care for detecting breast cancer. The American College of Radiology supports the use of breast tomosynthesis calling it “an advance over digital mammography” and stating that it “will have a positive impact on patient care.” Also, other states have started recognizing the importance of tomosynthesis. Currently, CT, IL and PA mandate digital breast tomosynthesis and NJ law makes individuals eligible for coverage after a baseline mammogram if certain conditions are met. Some insurers have also recognized the value of tomosynthesis and have made the decision to provide coverage. These include Anthem, Cigna, Tufts, and Blue Cross Blue Shield of MA.

It is important to ensure that NH citizens can undergo breast tomosynthesis with no out-of-pocket costs, as is the current practice with 2-D mammography.

For the reasons stated above, New Futures urges the Committee to vote SB 58 Ought to Pass.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Holly A. Stevens", with a long horizontal flourish extending to the right.

Holly A. Stevens, Esq.
Health Policy Coordinator

Voting Sheets

Senate Commerce Committee
EXECUTIVE SESSION RECORD
2019-2020 Session

Bill # **58**

Hearing date: 1/29/19

Executive Session date: _____

Motion of: OTP Vote: **5-0**

Committee Member	Made by	Second	Yes	No
Sen. Cavanaugh, Chair	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sen. Morgan, V- Chair	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sen. French	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sen. Morse	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sen. Soucy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Motion of: consent Vote: **5-0**

Committee Member	Made by	Second	Yes	No
Sen. Cavanaugh, Chair	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sen. Morgan, V-Chair	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sen. French	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sen. Morse	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sen. Soucy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Motion of: _____ Vote: _____

Committee Member	Made by	Second	Yes	No
Sen. Cavanaugh, Chair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sen. Morgan, V- Chair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sen. French	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sen. Morse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sen. Soucy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Reported out by: ~~Sen. Soucy~~ ~~Sen. Cavanaugh~~ Sen. Cavanaugh

Committee Report

STATE OF NEW HAMPSHIRE

SENATE

REPORT OF THE COMMITTEE
FOR THE CONSENT CALENDAR

Tuesday, January 29, 2019

THE COMMITTEE ON Commerce

to which was referred SB 58-FN

AN ACT

relative to reimbursement rates for low-dose
mammography coverage.

Having considered the same, the committee recommends that the Bill

OUGHT TO PASS

BY A VOTE OF: 5-0

Senator Kevin Cavanaugh
For the Committee

This bill clarifies the reimbursement rates for low-dose mammography screenings. This bill ensures that providers of low-dose mammography screenings shall be reimbursed at rates accurately reflecting the resource costs specific to each modality, including any increased cost of a 3-D breast tomosynthesis. This bill's purpose is to have all carriers consistently follow the intent of the law dictated in SB189, which was passed last year.

Laura Bryant 271-1403

General Court of New Hampshire - Bill Status System

Docket of SB58

Docket Abbreviations

Bill Title: (New Title) relative to payment for low-dose mammography coverage.*Official Docket of SB58.:*

Date	Body	Description
1/17/2019	S	Introduced 01/03/2019 and Referred to Commerce; SJ 4
1/23/2019	S	Hearing: 01/29/2019, Room 103, SH, 01:00 pm; SC 8
2/4/2019	S	Committee Report: Ought to Pass, 02/14/2019; Vote 5-0; CC SC 10
2/14/2019	S	Ought to Pass: MA, VV; OT3rdg; 02/14/2019; SJ 5
3/21/2019	H	Introduced 03/20/2019 and referred to Commerce and Consumer Affairs HJ 11 P. 69
4/9/2019	H	Public Hearing: 04/23/2019 10:00 am LOB 302
4/17/2019	H	Full Committee Work Session: 04/25/2019 09:30 am LOB 302
4/17/2019	H	==RECESSED== Executive Session: 04/25/2019 01:30 pm LOB 302
5/1/2019	H	Full Committee Work Session: 05/07/2019 01:00 pm LOB 302
5/8/2019	H	Executive Session: 05/21/2019 11:00 am LOB 302
5/29/2019	H	Committee Report: Ought to Pass with Amendment #2019-2177h (NT) for 06/05/2019 (Vote 14-6; RC) HC 27 P. 10
6/5/2019	H	Amendment #2019-2177h (NT): AA VV 06/05/2019 HJ 17 P. 23
6/5/2019	H	Ought to Pass with Amendment 2019-2177h (NT): MA VV 06/05/2019 HJ 17 P. 23
6/13/2019	S	Sen. Cavanaugh Moved to Concur with the House Amendment, MA, VV; 06/13/2019; SJ 20
6/28/2019	H	Enrolled 06/27/2019 HJ 20 P. 53
6/28/2019	S	Enrolled (In recess 06/27/2019); SJ 21
7/16/2019	S	Signed by the Governor on 07/12/2019; Chapter 226; Effective 09/10/2019

NH House

NH Senate

Other Referrals

Senate Inventory Checklist for Archives

Bill Number: SB 58-FN

Senate Committee: _____

Please include all documents in the order listed below and indicate the documents which have been included with an "X" beside

Final docket found on Bill Status

Bill Hearing Documents: {Legislative Aides}

Bill version as it came to the committee

All Calendar Notices

Hearing Sign-up sheet(s)

Prepared testimony, presentations, & other submissions handed in at the public hearing

Hearing Report

Revised/Amended Fiscal Notes provided by the Senate Clerk's Office

Committee Action Documents: {Legislative Aides}

All amendments considered in committee (including those not adopted):

____ - amendment # _____ ____ - amendment # _____

____ - amendment # _____ ____ - amendment # _____

Executive Session Sheet

Committee Report

Floor Action Documents: {Clerk's Office}

All floor amendments considered by the body during session (only if they are offered to the senate):

____ - amendment # _____ ____ - amendment # _____

____ - amendment # _____ ____ - amendment # _____

Post Floor Action: (if applicable) {Clerk's Office}

____ Committee of Conference Report (if signed off by all members. Include any new language proposed by the committee of conference):

____ Enrolled Bill Amendment(s)

____ Governor's Veto Message

All available versions of the bill: {Clerk's Office}

____ as amended by the senate as amended by the house

final version

Completed Committee Report File Delivered to the Senate Clerk's Office By:

Committee Aide

Date

Senate Clerk's Office AK