



## MEMORANDUM IN SUPPORT

### A2516 (Paulin)/ S2917 (Cleare)

*Establishes a notification of dense breast tissue as medical necessity for purposes of coverage of breast ultrasounds*

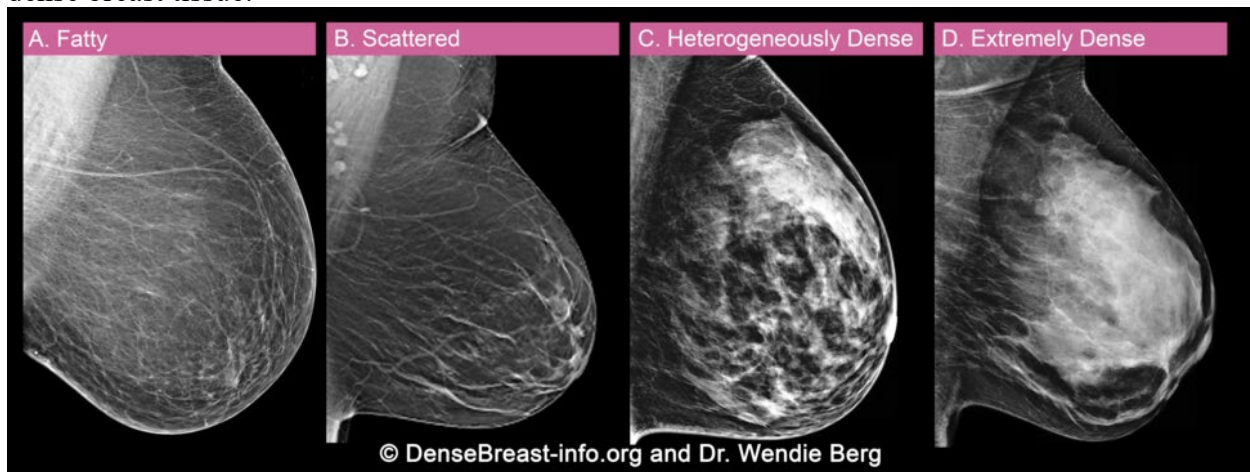
The New York State Radiological Society (NYSRS) strongly supports the enactment of A2516 (Paulin)/ S2917 (Cleare), which would establish that a notice of dense breast tissue shall be considered sufficient evidence of medical necessity for purposes of coverage of breast ultrasounds.

NYSRS is a chapter of the American College of Radiology (ACR) which serves patients and society by empowering members to advance the practice and science of radiological care. As a chapter of the ACR, councilors of the NYSRS participate in the establishment of practice parameters and technical standards. The Appropriateness Criteria of the ACR are evidence-based guidelines to assist referring physicians and other providers in making the most appropriate imaging or treatment decision for a specific clinical condition. Employing these guidelines helps providers enhance quality of care and contribute to the most efficacious use of radiology. These guidelines frequently help to shape consensus guidelines in the United States for cancer screening, including breast cancer screening with mammography and breast ultrasound.

[The Breast Imaging Reporting and Data System \(BI-RADS\)](#), developed by the ACR, classifies breast density into four categories as follows:

- A) **Almost entirely fatty:** Indicates that the breasts are almost entirely composed of fat
- B) **Scattered areas of density:** Indicates the majority of breast tissue is non-dense
- C) **Heterogeneously dense:** Indicates that the majority of breast tissue is dense
- D) **Extremely dense:** Indicates that nearly all of the breast tissue is dense

According to the [National Cancer Institute](#), about 50% of women fall into the latter two categories, with 40% found to have heterogeneously dense breast tissue and 10% found to have extremely dense breast tissue.



Dense breast tissue makes it more difficult to interpret a mammogram, since cancer and dense breast tissue both appear white on a mammogram. Under state law, providers of mammography services are required to notify a patient when a mammogram demonstrates dense breast tissue, as defined using the BI-RADS screening and reporting system. These notices are intended to educate patients that although dense breast tissue is common, it can elevate the risk of developing breast cancer and can make it more difficult to identify cancer on a mammogram.

When patients are aware of these factors, they are better equipped to consult with their physician to determine whether additional screening exams are appropriate based on their individual risk profile. For women with dense breast tissue who have other risk factors like a family history of breast cancer or inherited gene mutations, a provider may recommend supplemental screening.

One supplemental screening option is breast ultrasound. While breast ultrasound is generally an extremely cost-effective diagnostic tool, many women in New York simply cannot afford the out-of-pocket costs of supplemental screening. Depending on the location in New York State, [aggregated data sources](#) show that an out-of-pocket breast ultrasound can cost between \$120-\$300.

[Twenty-five states](#), including New York, currently require coverage for breast ultrasounds. However, insurance plans can take advantage of loopholes in the law that allow them to deny coverage on the basis of a lack of medical necessity for supplemental screening. In New York, some insurers have stopped providing coverage for breast ultrasounds which adversely impacts patient care and prevents early diagnosis of breast cancer.

Women whose breast cancer is detected at an early stage have a [93% or higher survival rate](#) in the first five years following their diagnosis. In New York State, data [shows](#) that despite white women having higher incidence rates of breast cancer, black women have the highest mortality rates. This is due to the higher likelihood that women of color are often diagnosed with breast cancer at more advanced stages. While this disparity is due to a variety of factors that impact access, limited insurance coverage that fails to cover medically necessary, supplemental breast imaging including ultrasound should be eliminated as a barrier.

When discussions prompted by a finding and notification of dense breast tissue lead a provider to recommend an ultrasound screening exam, patients should not have to await health plan approvals or navigate an appeal of a coverage denial from their health plan. A2516/S2917 would ensure that health plans cover these services and ensure equitable access to this lifesaving screening tool. **The New York State Radiological Society strongly supports this policy and urges the Assembly and Senate to advance this legislation.**