AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 116
(A-24)

Introduced by: Texas

Subject: Increase Insurance Coverage for Follow-Up Testing After Abnormal Screening Mammography

Referred to: Reference Committee A

Whereas, breast cancer is the most common cancer and a leading cause of mortality in women, accounting for 30% of new cancer diagnoses in women each year in the United States; and

Whereas, while incidence of invasive breast cancer has increased by 0.5% annually during the 2000s, screening mammography has effectively reduced mortality from breast cancer, with mortality rates peaking among women in 1989 and declining by 43% as of 2020; and

Whereas, in May 2023, the U.S. Preventive Services Task Force updated breast cancer screening recommendations, saying that all women should begin biannual breast cancer screening at age 40 rather than age 50, which could result in 19% more survival; and

Whereas, despite significant breast cancer mortality reduction, mortality rates are 40% higher in Black and Hispanic women than in White women because of advanced disease at diagnosis; and

Whereas, lack of or inadequate insurance and disparities in access to screening and treatment contribute to breast cancer disparities, resulting in delayed breast cancer detection and late-stage diagnosis, which disproportionately affects minority populations; and

Whereas, out-of-pocket costs (OOPCs) for additional diagnostic testing after an abnormal result have increased since 2010, with patients who only undergo an initial screening mammogram paying on average $1.13 out of pocket and those who undergo additional diagnostic imaging and procedures paying an average of $75.24 in OOPCs; and

Whereas, while the Affordable Care Act mandates coverage annually for screening mammograms for women aged 40-74 of average risk, largely eliminating screening OOPCs, the mandate does not include OOPCs for additional diagnostic testing; and

Whereas, while Medicare Part B covers a baseline screening mammogram once for women aged 35-39 and annual screening mammograms for women 40 and over, there is a 20% copay of the Medicare-approved amount for diagnostic mammograms after meeting the deductible; and

Whereas, implementation of Medicaid expansion was associated with reduction of two-year mortality rates from 45.6% to 35.8% in Hispanic, non-Hispanic Black, American Indian or Alaska Native, and Asian or Pacific Islander individuals with de novo stage IV cancer; and

Whereas, on March 8, 2023, the Wisconsin State Legislature introduced Senate Bill 121, which would require health insurance policies to provide coverage for supplemental breast cancer screening or diagnostic examinations for patients with an increased risk of breast cancer; and

Whereas, California Senate Bill 257 passed in the California Senate and, if signed into law, would require insurance coverage without patient cost sharing for medically necessary diagnostic testing following an abnormal mammography screening result; therefore be it

RESOLVED, that our American Medical Association support public and private payer coverage for screening mammography and follow-up testing after an abnormal screening mammography (New HOD Policy); and be it further

RESOLVED, that our AMA advocate for legislation that ensures adequate funding for mammography services and follow-up testing after an abnormal screening mammography (Directive to Take Action); and be it further

RESOLVED, that our AMA promote health care community education and public awareness of services provided for women of low income. (Directive to Take Action)

Fiscal Note: Moderate - between $5,000 - $10,000

Received: 5/10/2024

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RELEVANT AMA POLICY

Guidelines and Medicare Coverage for Screening Mammography H-525-986
Our AMA: (1) supports continuing to work with interested groups to facilitate the participation of all women eligible under Medicare in regular screening mammography; (2) supports the coordination of ongoing programs and encourages the development of new activities in quality assurance for mammography; and (3) supports monitoring studies addressing the issue of the appropriate interval for screening

mammography in women over 64 years of age. [BOT Rep. CC, A-91; Modified: Sunset Report, I-01; Reaffirmed: CSAPH Rep. 1, A-11; Reaffirmed: CSAPH Rep. 1, A-21]

Screening Mammography H-525-993
Our AMA: a. recognizes the mortality reduction benefit of screening mammography and supports its use as a tool to detect breast cancer. b. recognizes that as with all medical screening procedures there are small, but not inconsequential associated risks including false positive and false negative results and overdiagnosis. c. favors participation in and support of the efforts of professional, voluntary, and government organizations to educate physicians and the public regarding the value of screening mammography in reducing breast cancer mortality, as well as its limitations. d. advocates remaining alert to new epidemiological findings regarding screening mammography and encourages the periodic reconsideration of these recommendations as more epidemiological data become available. e. believes that beginning at the age of 40 years, all women should be eligible for screening mammography. f. encourages physicians to regularly discuss with their individual patients the benefits and risks of screening mammography, and whether screening is appropriate for each clinical situation given that the balance of benefits and risks will be viewed differently by each patient. g. encourages physicians to inquire about and update each patient's family history to detect red flags for hereditary cancer and to consider other risk factors for breast cancer, so that recommendations for screening will be appropriate. h. supports insurance coverage for screening mammography. i. supports seeking common recommendations with other organizations, informed and respectful dialogue as guideline-making groups address the similarities and differences among their respective recommendations, and adherence to standards that ensure guidelines are unbiased, valid and trustworthy. j. reiterates its longstanding position that all medical care decisions should occur only after thoughtful deliberation between patients and physicians. [CSA Rep. F, A-88; Reaffirmed: Res. 506, A-94; Amended: CSA Rep. 16, A-99; Appended: Res. 120, A-02; Modified: CSAPH Rep. 6, A-12; Reaffirmed: Alt. Res. 803, I-18]

Mammography Screening for Breast Cancer D-525-998
In order to assure timely access to breast cancer screening for all women, our American Medical Association shall advocate for legislation that ensures adequate funding for mammography services. [Res. 120, A-02; Reaffirmed: CCB/CLRPD Rep. 4, A-12; Reaffirmed: BOT Rep. 9, A-22]

Safety and Performance Standards for Mammography H-525-985
Our AMA actively encourages the development of new activities, and supports the coordination of ongoing activities, to ensure the following: (1) that the techniques used in performing mammograms and in interpreting mammograms meet high quality standards of performance, including evidence of appropriate training and competence for professionals carrying out these tasks; (2) that the equipment used in mammography is specifically designed and dedicated. The performance of mammography imaging systems is assessed on a regular basis by trained professionals; (3) that the American College of Radiology Breast Imaging Reporting and Database System is widely used throughout the United States and that mammography outcome data in this database are used to regularly assess the effectiveness of mammography screening and diagnostic services as they are provided for women in the United States; and (4) regular breast physical examination by a physician and regular breast self-examination should be performed in addition to screening mammography. [BOT Rep. JJ, A-91; Reaffirmed: Sunset Report, I-01; Reaffirmed: CSAPH Rep. 1, A-11; Reaffirmed: CSAPH Rep. 1, A-21]