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# MEMORANDUM IN OPPOSITION

FOR IMMEDIATE RELEASE: JUNE 14, 2017

Re: S.4150 (Griffo)/A.5677 (Seawright) – An act to amend the insurance law, in relation to health insurance coverage for mammography by breast tomosynthesis.

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This legislation, S.4150/A.5677, would mandate that health insurance plans cover breast tomosynthesis (3-D mammography) for mammography screenings for breast cancer. New York's health plans support early detection and early treatment of all cancers, not just breast cancer, but while this bill is well intended, the New York Health Plan Association (HPA) opposes the legislation because health insurance mandates result in increased costs for individuals and employers purchasing health insurance in New York.

Health plans support appropriate use of 3-D mammography. However use in limited circumstances. The bill would mandate health plans to cover breast tomosynthesis (3-D digital mammography) for mammography screenings. Health plans support and promote the use of evidence-based, best practices as it relates to cancer screenings. **This legislation would now allow 3-D digital mammography to be used for initial breast cancer screenings in lieu of the traditional and standard mammography.** 3-D digital mammography is significantly more expensive than traditional mammography, and there is no evidence to show that 3-D digital mammography should replace traditional mammography as the frontline screening for breast cancer. Health plans again must be able to set criteria based on evidence and unique circumstance of the patient to determine the best screening modality.

In 2007, the New York State Health Care Quality and Cost Containment Commission was established to analyze the impact any proposed mandate would have on health insurance costs and quality of care. This analysis would look at current plan practices with regard to the benefit, review medical literature related to the potential impact on health care quality, and assess the possible premium impact of the proposed mandated benefits as well as the potential for avoided costs through early detection and treatment of conditions or more cost-effective delivery of medical services. At this time, not all of the appointees to the commission have been submitted, and the as part of the 2017-2018 budget process the Executive line item vetoed the funding for commission. Before any new health insurance mandate proposals are considered, including this one, the Health Care Quality and Cost Containment Commission must be constituted and funded.

For all these reasons, HPA opposes S.4150/A.5677.

*The New York Health Plan Association represents 29 managed care health plans that provide comprehensive health care services to nearly 8 million New Yorkers.*