A BILL

22-960

IN THE COUNCIL OF THE DISTRICT OF COLUMBIA

To require health care facilities to notify patients of mammogram results tending to show high breast density; to amend the District of Columbia Cancer Prevention Act of 1990 to include certain preventative screening procedures; and to amend the Defending Access to Women’s Health Care Services Amendment Act of 2000 to require insurers to cover certain health-care services without cost-sharing and to require insurers to provide information regarding coverage to enrollees and potential enrollees.

BE IT ENACTED BY THE COUNCIL OF THE DISTRICT OF COLUMBIA, That this act may be cited as the “Breast Density Screening and Notification Amendment Act of 2018”.

TITLE I. HEALTH CARE FACILITY NOTIFICATION

Sec. 101. Definitions.

For the purposes of this act, the term:

(1) “Breast density classification” means the four levels of breast density identified in the Breast Imaging Reporting and Data System established by the American College of Radiology, which are:

(A) Class A, indicating fatty breast tissue;

(B) Class B, indicating scattered fibroglandular breast tissue;

(C) Class C, indicating heterogeneously dense breast tissue with fibrous and glandular tissue that are evenly distributed throughout the breast;
(D) Class D, indicating extremely dense breast tissue.

(2) “Health care facility” means a hospital, maternity center, ambulatory surgical facility, or hospice, as defined in the Health-Care and Community Residence Facility, Hospice and Home Care Licensure Act of 1983, effective February 24, 1984 (D.C. Law 5-48; D.C. Official Code § 44-501 et seq.).

Sec. 102. Health care facility notification.

(a)(1) Beginning January 1, 2019, a health care facility shall provide a patient receiving a mammography exam with a mammography report detailing the results of an exam, including an identification of a patient’s breast tissue classification.

(2) If a patient receives a class C or class D breast density classification, a mammography report prepared pursuant to paragraph (1) of this subsection shall include the following notice:

“Your mammogram indicates that you have dense breast tissue. Dense breast tissue is relatively common and is not abnormal. Dense breast tissue can, however, make it more difficult to detect cancers in the breast by mammography because it can hide small abnormalities and may be associated with an increased risk of breast cancer. Accordingly, you may benefit from supplementary screening tests, which may include a breast ultrasound screening, or a breast MRI examination, or both, depending on your individual risk factors.
“This information is given to you to raise your awareness. Use this information to talk to your health care provider about your own risks for breast cancer. At that time, ask your health care provider if additional screening and/or tests may be useful based on your risk.

“A report of your results was sent to your health care provider. You should contact your health care provider if you have any questions or concerns about this report.”.

**TITLE II. HEALTH INSURANCE BENEFITS COVERAGE**

Sec. 201. Section 3 of the District of Columbia Cancer Prevention Act of 1990, effective March 7, 1991 (D.C. Law 8-225; D.C. Official Code § 31-2902), is amended as follows:

(a) Subsection (a) is amended as follows:

(1) Paragraph (1) is amended by striking the phrase “women; and” and inserting the phrase “women, including a 3-D mammogram;” in its place.

(2) Paragraph (2) is amended by striking the phrase “women.” and inserting the phrase “women, including a 3-D mammogram;” in its place.

(3) A new paragraph (3) is added to read as follows:

“(3) Adjuvant breast cancer screening, including magnetic resonance imaging, ultrasound screening, or molecular breast imaging of the breast, if:

“(A) A mammogram demonstrates a Class C or Class D breast density classification; or
“(B) A woman is believed to be at an increased risk for cancer due to family history or prior personal history of breast cancer, positive genetic testing, or other indications, as determined by a woman’s physician or advanced practice registered nurse.”.

(b) A new subsection (g) is added to read as follows:

“(g) For the purposes of this section, the term “breast density classification” means the four levels of breast density identified in the Breast Imaging Reporting and Data System established by the American College of Radiology, which are:

“(1) Class A, indicating fatty breast tissue;

“(2) Class B, indicating scattered fibroglandular breast tissue;

“(3) Class C, indicating heterogeneously dense breast tissue with fibrous and glandular tissue that are evenly distributed throughout the breast;

“(4) Class D, indicating extremely dense breast tissue.”.

Sec. 202. Section 5b of the Women’s Health and Cancer Rights Federal Law Conformity Act of 2000, effective April 3, 2001 (D.C. Law 13-254; D.C. Official Code § 31-3834.02), is amended as follows:

(a) Subsection (a)(1) is amended by adding a new subparagraph (A-i) to read as follows:

“(A-i) Adjuvant breast cancer screening, including magnetic resonance imaging, ultrasound screening, or molecular breast imaging of the breast, if:

“(i) A mammogram demonstrates a Class C or Class D breast density classification; or
“(ii) A woman is believed to be at an increased risk for cancer due to family history or prior personal history of breast cancer, positive genetic testing, or other indications, as determined by a woman’s physician or advanced practice registered nurse.”.

(b) A new subsection (d) is added to read as follows:

“(d) For the purposes of this section, the term “breast density classification” means the four levels of breast density identified in the Breast Imaging Reporting and Data System established by the American College of Radiology, which are:

“(A) Class A, indicating fatty breast tissue;

“(B) Class B, indicating scattered fibroglandular breast tissue;

“(C) Class C, indicating heterogeneously dense breast tissue with fibrous and glandular tissue that are evenly distributed throughout the breast;

“(D) Class D, indicating extremely dense breast tissue.”.

TITLE III. FISCAL IMPACT STATEMENT; EFFECTIVE DATE

Sec. 301. Fiscal impact statement.


Sec. 302. Effective date.

This act shall take effect following approval by the Mayor (or in the event of veto by the Mayor, action by the Council to override the veto), a 30-day period of congressional review as
provided in section 602(c)(1) of the District of Columbia Home Rule Act, approved December 24, 1973 (87 Stat. 813; D.C. Official Code § 1-206.02(c)(1)), and publication in the District of Columbia Register.