

ISSUE REFERENCES

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- 6 <http://www.diagnosticimaging.com/breast-imaging/breast-density-notification-laws-state-interactive-map>

ABOUT COMMON TABLE HEALTH ALLIANCE

Common Table Health Alliance (CTHA) is a regional health improvement collaborative serving the Greater Memphis Metropolitan area. For the past 16 years, CTHA has led the charge as both a neutral convener and a leader of efforts that advance community health and well-being. CTHA's programs and initiatives aim to improve population health, reduce disparity and act as a consistent voice addressing equity in health care.

ABOUT MEMPHIS BREAST CANCER CONSORTIUM **MBCC**

Memphis Breast Cancer Consortium (MBCC) is a Common Table Health Alliance community partnership whose purpose is to bring together organizations and individuals committed to the fight against breast cancer inequalities in Memphis and Shelby County. The Consortium is made up of key stakeholders in partnership with the AVON Breast Cancer Crusade, Genentech, Inc., and the Patient Advocate Foundation.

MEMPHIS BREAST CANCER CONSORTIUM MEMBERS

American Cancer Society
 AVON Breast Cancer Crusade
 Baptist Cancer Center
 Baptist Memorial Health Care
 BlueCross BlueShield of Tennessee
 Carin' and Sharin' Christ Community Health Services

Church Health Cigna Healthcare of Tennessee
 Common Table Health Alliance
 Genentech, Inc.
 Health Choice
 Memphis Health Center
 Memphis-Riverbluff Black Nurses Association

Regional One Health Seeds 2 Life, Inc.
 Patient Advocate Foundation
 Methodist Le Bonheur Healthcare
 Shelby County Health Department
 Shelby County Tennessee Alumnae Chapter of Delta Sigma Theta Sorority, Inc.

Shelby County Tennessee Chapter of the Links, Incorporated
 Sisters Network
 STAARS
 Susan G. Komen Memphis MidSouth
 Tennessee Cancer Coalition
 Tennessee Cancer Consortium

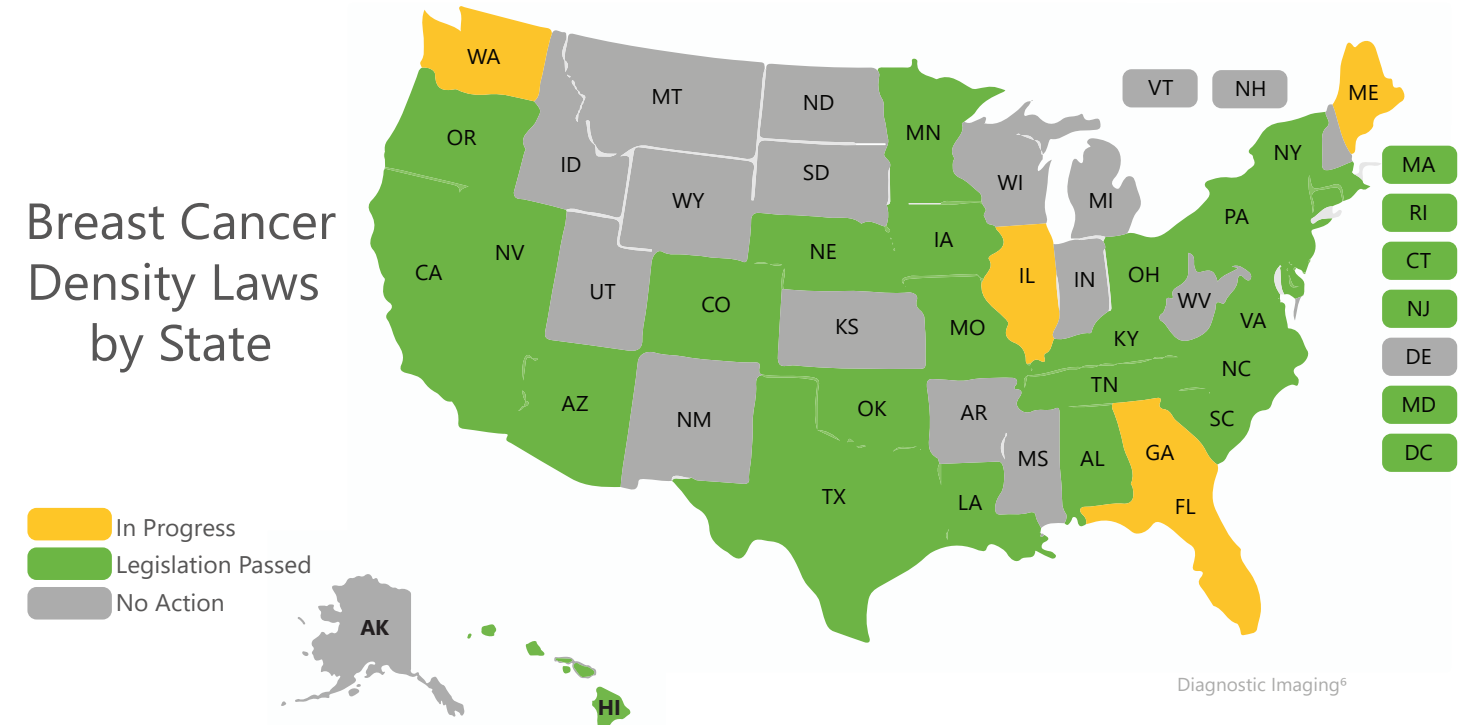
Tennessee Department of Health
 United Health Care
 University of Memphis School of Public Health
 University of Tennessee Health Science Center
 West Cancer Center

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Breast Cancer Density Laws by State



SUMMARY RECOMMENDATIONS

Early detection can be greatly enhanced if all employers (private, public and government) offer a health and wellness benefit of 4 hours of paid PTO each year to allow women better access to getting their yearly mammogram. To support this access, facilities providing mammography screening should offer at least 4 hours each week, of before or after work screening, as well. Together these two changes in policy can ensure a high survival rate associated with early detection, in our region.

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Breast Cancer Policies in Tennessee Compared with Other States

M. Paige Powell, PhD and Kendall Morton Neveu

Issue

Early detection of breast cancer is critical to achieving the best health outcomes for those affected. Breast cancer affects approximately one in eight women in the United States and 85% of breast cancers occur in women with no family history of the disease.¹ With early detection and treatment, the relative 5-year survival rate for women in the United States is currently 100%.² In the United States there are many federal and state laws which provide affordable access to breast cancer screening, education and counseling, as well as many other helpful resources. This issue brief provides an overview of most federal and state laws in Tennessee and contiguous states.

Current Federal Law

The Women's Health and Cancer Rights Act of 1998 is one of the federal laws affecting all women in the United States. This Act requires insurance companies provide mastectomy benefits including reconstruction to make the breasts look balanced and symmetrical, any necessary prostheses, and care for any complications including lymphedema.³ Since the inception of the Affordable Care Act in 2010, there is a significant list of preventive services which insurers must cover without charging a copayment or coinsurance, regardless of a yearly deductible. Included in that list is breast cancer mammography screenings every one to two years for women over 40 as well as counseling about BRCA genetic testing and counseling about breast cancer chemoprevention services for women at higher risk.⁴

State laws often vary, but may include breast cancer screening education programs, reimbursements for related costs, defined length of stay following a mastectomy, and information on breast density findings.

Common Current State Laws – Tennessee and contiguous states

Breast Cancer Screening and Education Programs

The states which mandate the department of health to provide breast cancer screening and education programs include: Alabama, Arkansas, Kentucky, and North Carolina. Neither Mississippi nor Tennessee have a state mandated program; however programs are offered to provide screening and education in both states.

Reimbursement for Breast Cancer Screening

All states have laws requiring coverage of breast cancer screening, in compliance with the Health Insurance Portability and Accountability Act of 1996. In addition, the Affordable Care Act requires coverage of breast cancer screening with no copayment or coinsurance.

Reimbursement for Breast Cancer Reconstruction or Prosthesis

All states have laws requiring coverage of breast cancer reconstruction and prosthesis, in compliance with the Health Insurance Portability and Accountability Act of 1996. Alabama passed the Breast Cancer Patient Education Act of 2013 to inform patients about the availability of reconstruction. The Act specified that education efforts should be focused on "members of racial and ethnic minority groups."

Breast Density Information (see map on front cover)

Breast density notification laws have been passed in 31 states including Alabama, North Carolina and

Tennessee. Dense breast tissue is common in women, can make cancer detection through a mammogram difficult, and may increase the risk of breast cancer.⁵ Breast density notification laws ensure patients are informed and can discuss their health further with a physician. A few states also have mandated coverage for additional screenings for women with dense breast tissue.

Additional Laws in Non-Contiguous States

New York has passed several laws recently designed to increase access to early breast cancer screening and treatment. 1) Hospitals and hospital extension clinics must extend their screening availability by at least four hours per week to accommodate women who cannot make appointments during normal business hours. 2) The state has eliminated cost sharing for all screening mammograms, not just those provided annually for women over 40 as mandated in the ACA and for diagnostic mammograms, breast ultrasounds, and breast MRIs for women at high risk. 3) Public employees in NY State, including NY City, are allowed four hours of annual leave to receive screening mammograms. Nineteen private employers, including Eastman Kodak and Ardent Solutions, have agreed to this policy as well. California requires that health plans cap non-deductible cost-sharing for cancer medications at \$200 per 30-day prescription. Vermont prohibits cost sharing for screening mammograms as well as for follow-up views of those mammograms.

Recommendations

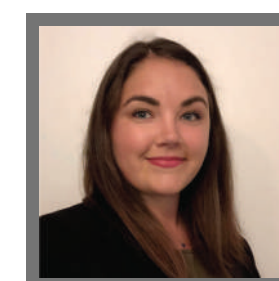
We recommend the Tennessee General Assembly adopt the State of New York's policies regarding at least four hours of before or after work screening at hospital-based breast imaging facilities. Publicly traded companies should offer a health and wellness benefit of 4 hours of paid PTO each year to allow women better access to getting their annual mammogram. We hope the state will encourage private employers throughout the state to extend annual leave for their employees, as well.

ABOUT THE AUTHORS



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M. Paige Powell, PhD, is an Assistant Professor of Health Systems Management and Policy at the University of Memphis School of Public Health. Dr. Powell is Co-Chair of the MBCC Policy Committee. Her work focuses on engaging patients in research to reduce cancer disparities.



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