

MaineHealth

Testimony of Alexander Szafran, MSPH, RT(R)

Maine Medical Center

In Support of LD 1264

“An Act Relating to Insurance Coverage for Screening Mammograms”

April 9, 2019

MaineHealth Member Organizations:

Franklin Community Health Network
LincolnHealth
MaineHealth Care At Home
Maine Behavioral Healthcare
Memorial Hospital
Maine Medical Center
NorDx
Pen Bay Medical Center
Southern Maine Health Care
Synernet
Waldo County General Hospital
Western Maine Health

Part of the MaineHealth Family:

MaineHealth Accountable Care Organization

MaineHealth Affiliates:

MaineGeneral Health
Mid Coast-Parkview Health
New England Rehabilitation Hospital of Portland
St. Mary's Health System

Senator Sanborn, Representative Tepler and distinguished members of the Joint Standing Committee on Health Coverage, Insurance and Financial Services, I am Alexander Szafran, Director of Radiology Services at Maine Medical Center, and I'm here today to testify in support of LD 1264, "An Act Relating to Insurance Coverage for Screening Mammograms."

MaineHealth is Maine's largest integrated non-profit health care system that provides the full continuum of health care services to the residents of eleven counties in Maine and one in New Hampshire. As part of our mission of "Working Together So Maine's Communities are the Healthiest in America," MaineHealth's health systems, including Maine Medical Center, offer complete breast care, including the latest technology for breast imaging and early diagnosis.

Digital Breast Tomosynthesis, abbreviated as DBT and also commonly known as 3D Mammography, was first approved by the US Food and Drug Administration (FDA) in 2011. In 2014, the US Centers for Medicare and Medicaid Services recognized the value of DBT and implemented a payment code and reimbursement amount to reimburse providers for the significant additional cost of providing this technology to our communities. As of March 1, 2019 the number of 3D mammography machines accredited by the FDA was more than double the number of machines in use as of June 1, 2016. This technology represents the current standard of care for screening mammography. There have been numerous published assessments of the efficacy of DBT in improving the detection of breast cancer. For example, the internationally peer reviewed journal, *ClinicoEconomics and Outcomes Research*, published an [article](#) in 2015 that concluded that the use of DBT substantially reduces the need for follow-up diagnostic services and improves detection of invasive cancers.

Maine Medical Center operates the largest comprehensive breast oncology program in the state. While the peer reviewed medical literature was demonstrating some compelling reasons to implement DBT, the popular press was also informing our consumers of the potential benefits of this technology. A steadily increasing percentage of our patients began requesting access to DBT and in 2015, Maine Medical Center made a clinically driven decision to implement DBT at all three of our mammography facilities.

In 2018, Maine Medical Center performed just under 12,000 screening mammograms. 97% of those were performed with DBT. Before we implemented DBT, we had a recall rate of 10-12%, resulting in the need for about 1,300

patients to return each year for additional exams. Following implementation of DBT, we experienced a sustained 30% reduction in our recall rate to 7-8%, resulting in 420 fewer patients needing to return for additional exams. At an approximate cost of \$500 per additional exam, this provides an annual economic benefit to our patients and their insurance partners of \$210,000.

Implementation of DBT is not cost free and requires substantial investment not just in the imaging equipment, but also in specially designed and FDA-approved computer workstations and supporting networks, higher FDA accreditation requirements and fees, additional training for our technologists and radiologists, and significantly higher image storage costs. It was for these reasons that CMS recognized the need for additional reimbursement to those facilities and radiologists providing DBT to their communities.

There is one payor in the state that provides coverage without additional reimbursement for DBT despite its proven efficacy and potential cost savings to both the patient and payor. The legislation before you today would ensure that all payors in the state provide paid coverage for what is now considered the standard of care in the mammography component of screening for breast cancer. With that said, I urge the Committee to vote Ought to Pass on LD 1264, "An Act Relating to Insurance Coverage for Screening Mammograms." Thank you and I would be happy to answer any questions you may have.