Protecting Access to Lifesaving Screenings (PALS) Act of 2019

Background:

Mammography screening for breast cancer in women ages 40 and above is one of the major health care advances of the past 40 years, and has helped reduce the breast cancer mortality rate in the United States by nearly 40 percent since 1990. In addition to this significant reduction in mortality, early mammography screening means cancers can be caught earlier, allowing women to choose less invasive treatments that help preserve their quality of life.

The PALS Act will ensure that women ages 40-49 continue to have access to annual screening mammography without cost sharing.

Issue:

The Patient Protection and Affordable Care Act (PPACA) includes provisions to eliminate patient cost sharing requirements as a barrier to accessing lifesaving cancer screens. PPACA requires individual and group (employer) insurance plans to provide certain preventive screening tests, as determined by a variety of agencies and advisory bodies, including the United States Preventive Services Task Force (USPSTF), the Centers for Disease Control and Prevention (CDC), and the Health Resources and Services Administration (HRSA), to beneficiaries free of out of pocket costs.

In 2009 and as part of a scheduled re-review in 2016, the USPSTF released breast cancer screening guidelines assigning a "C" grade to screening mammography for women age 40-49 years and a "B" recommendation for biennial screening mammography beginning at age 50. This was a significant departure from breast cancer screening guidelines of leading clinical organizations for women's health- including the American College of Radiology (ACR)/Society for Breast Imaging, National Comprehensive Cancer Network and the American Medical Association, whom all recommend breast cancer screening begin annually at age 40 for women of average risk.

In both 2009 and 2016, the USPSTF justified their recommendations with the presumption that in women age 40 to 49, the "harms" of screening (the discomfort of squeezing the breast, the anxiety associated with an abnormal result, the chance of a false positive result requiring additional exams), biopsy, and the chance for over-diagnosis (detecting a cancer that would never have been life threatening) outweigh the benefit of lives saved.

Neither USPSTF recommendation acknowledged, evaluated, or accounted for the fact that when breast cancer is caught early, often times the patient has the option of pursuing a less invasive, less debilitating, and less expensive course of treatment. In addition, the morbidity, personal grief, and financial cost of breast cancers diagnosed in late stages are tremendous and are often avoidable with early detection.

If the USPSTF recommendations are recognized for purposes of PPACA coverage mandates, individual and group (employer) insurance plans would no longer be required to cover annual mammography with no cost sharing for millions of women ages 40 to 49. Breast cancer patient groups joined the ACR and other

clinical organizations in expressing opposition and urged Congress to support the Protecting Access to Lifesaving Screenings (PALS) Act by placing a moratorium on the USPSTF breast cancer screening guideline change. The initial moratorium has been renewed several times, and is set to expire December 31, 2020.

The ACR urges Congress to enact bipartisan legislation extending the current moratorium. Failure to do so could result in thousands of additional, and unnecessary, breast cancer deaths, and thousands more women enduring extensive surgery, mastectomies, and chemotherapy for advanced cancers which could be avoided with annual screening beginning at age 40 for women of average risk.

Congressional Recommendations:

House: Cosponsor H.R.XXXX, the Protecting Access to Lifesaving Screenings Act, introduced by Congresswoman Debbie Wasserman-Schultz (D-FL) and Susan Brooks (R-IN). Include H.R. XXXX in the final Labor, Health and Human Services appropriations bill

Senate: Seek Senate sponsor/co-sponsor and/or support for companion legislation