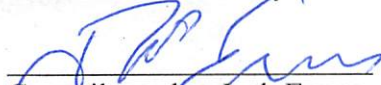




Councilmember Mary Cheh



Councilmember Jack Evans



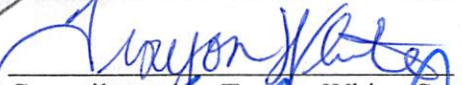
Councilmember David Grosso



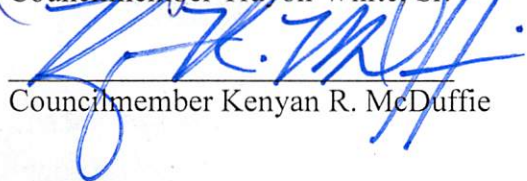
Councilmember Brandon T. Todd



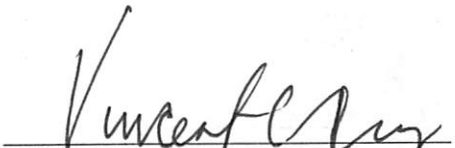
Councilmember Robert C. White, Jr.



Councilmember Trayon White, Sr.



Councilmember Kenyan R. McDuffie



Councilmember Vincent C. Gray



Chairman Phil Mendelson



Councilmember Brianne K. Nadeau



Councilmember Charles Allen



Councilmember Anita Bonds



Councilmember Elissa Silverman

A BILL

IN THE COUNCIL OF THE DISTRICT OF COLUMBIA

An Act 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 Act of 2018".

Sec. 2. Health care facilities notification requirement.

42 (1) “Breast Imaging Reporting and Data System” or “BI-RADS” means the
43 system established by the American College of Radiology to provide standardized
44 imaging terminology, report organization, assessment structure and a classification
45 system for mammography, ultrasound and magnetic resonance imaging (MRI) of the
46 breast.

47 (2) “Breast Tissue Classification” means the four levels of breast density
48 identified by the BI-RADS classification system, which are:

- 49 (i) A, indicating fatty breast (breast is almost entirely fat);
- 50 (ii) B, indicating scattered fibroglandular tissue (breast has scattered
51 areas of fibroglandular density);
- 52 (iii) C, indicating heterogeneously dense breast with fibrous and
53 glandular tissue that are evenly distributed throughout the breast and not clustered
54 together;
- 55 (iv) D, indicating extremely dense breast.

56 (b) Within one-hundred twenty days of enactment of this Act, mammography
57 exams shall include in the summary of the mammography report to be provided to a
58 patient information that identifies the patient’s individual Breast Tissue Classification
59 based on the Breast Imaging Reporting and Data System established by the American
60 College of Radiology. If the health care facility determines that a patient has a category C
61 or D Breast Tissue Classification, the summary of the mammography report shall also
62 include the following notice:

63 *“Your mammogram indicates that you have dense breast tissue. Dense*
64 *breast tissue is relatively common and is not abnormal. However, dense breast tissue can*

64 *“Your mammogram indicates that you have dense breast tissue. Dense*
65 *breast tissue is relatively common and is not abnormal. However, dense breast tissue can*
66 *make it more difficult to detect cancers in the breast by mammography because it can*
67 *hide small abnormalities and may be associated with an increased risk of breast cancer.*
68 *Hence, you may benefit from supplementary screening tests, which may include a breast*
69 *ultrasound screening, or a breast MRI examination, or both, depending on your*
70 *individual risk factors.*

71 *“This information is given to you to raise your awareness. Use this*
72 *information to talk to your health care provider about your own risks for breast cancer.*
73 *At that time, ask your health care provider if additional screening and/or tests may be*
74 *useful based on your risk.*

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

78 Sec. 3. The Cancer Prevention Act of 1990, effective March 7, 1990 (D.C. Law 8-
79 225; D.C. Official Code § 31-2901 *et seq.*), is amended as follows:

80 (a) District of Columbia Official Code § 31-2902 is amended by striking
81 subsections (a)(1) and (2) and inserting in their place the following provisions:

82 (1) “(1) A baseline mammogram for women;

83 (2) “(2) An annual screening mammogram for women; and

84 (3) “(3) A magnetic resonance imaging (MRI) in accordance with guidelines
85 established by the American College of Radiology or an ultrasound screening of an entire
86 breast or breasts if a mammogram demonstrates (1) a category C or D Breast Tissue

87 Classification or (2) if a woman is believed to be at an increased risk for cancer due to
88 family history or prior personal history of breast cancer, positive genetic testing or other
89 indications as determined by a woman’s physician or advanced practice registered nurse.”

90 Sec 4. The Defending Access to Women’s Health Care Services Amendment Act
91 of 2018, effective March 28, 2018 (D.C. Law 22-75; D.C. Official Code § 31-3834.02) is
92 amended by:

93 (a) Removing the “and” at the end of subsection 1(L);

94 (b) Inserting an “and” at the end of subsection 1(M);

95 (c) Inserting subsection 1(N) to read “A magnetic resonance imaging (MRI) in
96 accordance with guidelines established by the American College of Radiology or a
97 comprehensive ultrasound screening if a mammogram demonstrates (1) a category C or
98 D Breast Tissue Classification or (2) if a woman is believed to be at increased risk for
99 breast cancer due to family history or prior personal history of breast cancer, positive
100 genetic testing or other indications as determined by a woman’s physician or advanced
101 practice registered nurse.”

102 Sec. 5. Fiscal impact statement.

103 The Council adopts the fiscal impact statement in the committee report as the
104 fiscal impact statement required by section 4a of the General Legislative Procedures Act
105 of 1975, approved October 16, 2006 (120 Stat. 2038; D.C. Official Code § 1-301.47a).

106 Sec. 6. Effective date.

107 (a) This act shall take effect following approval by the Mayor (or in the event of
108 veto by the Mayor, action by the Council to override the veto), a 30-day period of
109 congressional review as provided in section 602(c)(1) of the District of Columbia Home

110 Rule Act, approved December 24, 1973 (87 Stat. 813; D.C. Official Code § 1-

111 206.02(c)(1)), and publication in the District of Columbia Register.

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