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RE: AN ACT to amend the insurance law, in  
relation to health insurance coverage for  
diagnostic testing for ovarian cancer

A3684 (Pretlow)  
S526 (Carlucci)

### **MEMORANDUM IN OPPOSITION**

Submitted on behalf of the Blue Cross and Blue Shield Plans

The New York State Conference of Blue Cross and Blue Shield Plans oppose enactment of this legislation as it extends outside of the scope of covered preventative services within the Essential Health Benefits of the Affordable Care Act (ACA), imposing a costly mandate on the State to be funded by tax payer dollars, and is not medically recommended by the U.S. Preventive Services Task Force.

The ACA requires fully insured non-grandfathered individual and small group plans (inside and outside of Exchanges) to provide coverage for ten categories of Essential Health Benefits (“EHBs”), which includes coverage of preventative health services and screenings without cost sharing. The types of preventative services that must be covered are established at the federal level and are based on the following:

- Services given an “A” or “B” recommended by the U.S. Preventive Services Task Force;
- Evidence-based preventive services for women recommended by the Institute of Medicine and supported by the Health Resources and Services Administration;
- Vaccinations recommended by the Center for Disease Control’s Advisory Committee on Immunization Practices; and
- Evidence-based services for infants, children, and adolescents based on guidelines developed by the American Academy of Pediatrics and the Department of Health and Human Services.

The U.S. Preventive Services Task Force (USPSTF) is an independent, volunteer panel of national experts in prevention and evidence-based medicine. Prior to the enactment of the ACA, the USPSTF *Guide to Clinical Preventive Services* was used around the Nation to provide appropriate and effective preventive care. The ACA incorporates the findings of the USPSTF and requires that any service given an “A” or “B” rating by the USPSTF be included as a covered service under the EHB package. In the most recent USPSTF *Guide to Clinical*

*Preventive Services* (2014),<sup>1</sup> the USPSTF gave a “D” rating for screening for ovarian cancer for asymptomatic women and *does not recommend screening for ovarian cancer*. Rather, the guide recommends that women who have family members with breast, ovarian, tubal, or peritoneal cancer should receive genetic counseling and, if indicated after counseling, BRCA testing. Genetic counseling and BRCA testing are covered preventative services under the EHB.

As ovarian cancer screening is not covered as a preventative service under the EHB package, mandating coverage would result in a costly mandate on the State and taxpayers. Any health benefits which the State wishes to mandate that are not Essential Health Benefits as prescribed by the ACA must be paid for in full by the State, if such benefits are to be mandated on the State’s Health Exchange. Thus, while this Bill addresses an important issue, the resulting mandate would lead to increased premiums across all lines of health insurance, the cost would be particularly acute for all New Yorkers, as the Bill would require coverage services on the Exchange that the Federal government will not cover, meaning it would need to be entirely funded by taxpayer dollars.

In addition to the coverage of ovarian cancer screening not being covered under the EHB, the USPSTF *Guide to Clinical Preventive Services* (2014) provides medical evidence that such screening should not be covered for asymptomatic women. The guide states: “[a]nnual screening with transvaginal ultrasonography and serum CA-125 testing in women does not decrease ovarian cancer mortality. Screening for ovarian cancer can lead to important harms, including major surgical interventions in women who do not have cancer. Therefore, the harms of screening for ovarian cancer outweigh the benefits.”<sup>2</sup> As the USPSTF is tasked with conducting rigorous reviews of scientific evidence to create evidence-based recommendations for preventive services, the recommendation of the USPSTF should not be disregarded.

For the foregoing reasons, the New York State Conference of Blue Cross and Blue Shield Plans opposes this legislation and urges that it not be enacted.

Respectfully submitted,

HINMAN STRAUB ADVISORS, LLC.  
Legislative Counsel for the Blue Cross and Blue Shield Plans of New York

4821-7886-8116, v. 1

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<sup>1</sup> <http://www.ahrq.gov/professionals/clinicians-providers/guidelines-recommendations/guide/cpsguide.pdf>

<sup>2</sup> Id.