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April 10, 2026

RE: AN ACT to amend the insurance law, in relation to including second degree relatives in certain criteria for breast cancer screenings to be covered under insurance plans.

A.1158-A (Seawright)
S.4850 (Ryan)

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 opposes enactment of this bill, which would expand current law by requiring insurance coverage of mammograms (which may be provided by breast tomosynthesis) at any age for patients with a second-degree relative with a prior history of breast cancer. Not only is this legislation unnecessary in light of existing state and federal requirements, but this bill would force New York State to incur significant costs, as, under the Patient Protection and Affordable Care Act ("ACA"), the State would be responsible for additional coverage beyond its essential health benefits ("EHB").

New York law required coverage of breast cancer screenings before the ACA, and, as a result, breast cancer screenings are part of New York's EHB.[1] Additionally, the ACA requires coverage of preventive care and screenings with an "A" and "B" recommendation by the United Services Task Force ("USPSTF") and, for women, recommendations by the Health Resources and Services Administration (HRSA"), to be covered at no cost to enrollees. The USPSTF currently recommends mammography for breast cancer screening every two years for women aged 40 to 74 regardless of family risk.[2] Such recommendations are in line with those of the HRSA, which advise average-risk women to "initiate mammography screening no earlier than age 40," and do not

[1] New York 2017-2025 EHB Benchmark Plan Information, available at https://www.cms.gov/marketplace/resources/data/essential-health-benefits#New_York.
[2] U.S. Preventative Services Task Force, "Final Recommendation Statement - Breast Cancer: Screening," Apr. 30, 2024, *available at* https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/breast-cancer-screening.

provide specific recommendations for women who may have a family history of breast cancer.[3]

Although the USPSTF notes an increased risk of breast cancer among women with a first-degree family member (parent, child, or sibling) with a history of breast cancer, screening women before the age of 40 with a first-degree family history of breast cancer, is not an "A" or "B" Recommendation by the USPSTF. [4] Requiring health plans to cover mammograms for women at any age with a second-degree family history of breast cancer is therefore outside of the scope of USPSTF recommendations. [5] Furthermore, the Centers for Disease Control and Prevention does not place everyone with a second-degree relative in a higher risk category, but takes into account other factors, like the relative's age at diagnosis and the type of breast cancer (e.g., triple negative).[6] These risk factors are reviewed during a well woman visit and the physician and patient would discuss the benefits and harms of screening.

While the goal of the bill – promoting early detection of breast cancer – is laudable, the ACA already requires coverage of preventive care recommended by independent medical experts (the USPSTF and HRSA), who regularly review the guidelines and recent developments to ensure that the recommendations reflect evidence-based care. As this bill would expand the scope of benefits required by law by adding coverage for additional screenings that are not recommended by the USPSTF or HRSA, this legislation would create an unfunded mandate not just for commercial health insurance, but on the entire State. Under the ACA, the State must pay the full cost of any State mandates that are in addition to EHB for all individual and small group health insurance coverage, meaning the cost of this additional benefit for those markets would be entirely funded by New York taxpayer dollars.

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

Respectfully submitted,

HINMAN STRAUB ADVISORS, LLC
Legislative Counsel for the Blue Cross and Blue Shield Plans

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[3] Health Resources & Services Administration, *Women's Preventive Services Guidelines*, *available at* https://www.hrsa.gov/womensguidelines.
[4] U.S. Preventative Services Task Force, *Breast Cancer: Screening*, *available at* https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/breast-cancer-screening.
[5] *Id.*
[6] Center for Disease Prevention and Control, *People at Increased Risk for BRCA Gene Mutations*, *available at* https://www.cdc.gov/breast-ovarian-cancer-hereditary/risk-factors/index.html.