Calendar No. 297

105TH CONGRESS, 1st Session | SENATE | REPORT 105–158

AMENDING TITLE 38, UNITED STATES CODE, TO SPECIFY THE FREQUENCY OF SCREENING MAMMOGRAMS PROVIDED TO WOMEN VETERANS BY THE DEPARTMENT OF VETERANS AFFAIRS

NOVEMBER 13, 1997.—Ordered to be printed

Mr. SPECTER, from the Committee on Veterans' Affairs, submitted the following

REPORT

[To accompany S. 999]

The Committee on Veterans' Affairs, to which was referred the bill (S. 999) to specify the frequency of screening mammograms provided to women veterans by the Department of Veterans Affairs, having considered the same, reports favorably thereon and recommends that the bill do pass.

COMMITTEE BILL

The text of the bill as reported is as follows:

SECTION 1. FREQUENCY OF SCREENING MAMMOGRAMS.

Section 106(a)(2) of the Veterans Health Care Act of 1992 (Public Law 102-585; 106 Stat. 4947; 38 U.S.C. 1710 note) is amended by striking out "mammography." and inserting in lieu thereof "mammograms," with screening mammograms provided in accordance with the current recommendations of the American Cancer Society with respect to age of recipient and frequency of receipt.

INTRODUCTION

On July 9, 1997, Committee Chairman Arlen Specter introduced S. 999, a bill to specify the frequency of screening mammograms provided to women veterans by the Department of Veterans Affairs.

On July 25, 1997, the Committee held a hearing to receive testimony on S. 999 and on other bills pending before the Committee. The Committee received testimony from Senator Daniel K. Inouye, Senator Barbara Boxer, Representative Bob Filner, and Representative Benjamin A. Gilman, and received testimony for the record

from Representative Sue W. Kelly. The Committee also received testimony from Stephen L. Lemons, Ed.D., VA's Acting Under Secretary for Benefits, Thomas L. Garthwaite, M.D., VA's Deputy Under Secretary for Health, and from representatives of The American Legion, Veterans of Foreign Wars, Disabled American Veterans, and Vietnam Veterans of America. Testimony was also submitted for the record of the hearing by the Office of Veterans Affairs, Philippine Embassy; Paralyzed Veterans of America; AMVETS; the American Coalition for Filipino Veterans; the Coordinating Council of Leaders of Veterans Organizations in Southern California; Filipino War Veterans, Incorporated; the National Coalition for Homeless Veterans; and LA Vets.

Some of the witnesses expressed views on S. 999; some did not. Among those who expressed views on S. 999, there was an absence of consensus. The American Legion, Veterans of Foreign Wars, Disabled American Veterans, Paralyzed Veterans of America, AMVETS, and Vietnam Veterans of America expressed support for S. 999. VA opposed enactment of S. 999.

COMMITTEE MEETING

After carefully reviewing the testimony from the July 25, 1997, hearing, the Committee met in open session on October 7, 1997, and voted by unanimous voice vote to report S. 999 favorably to the Senate.

DISCUSSION

BACKGROUND

On April 22, 1997, the Department of Veterans Affairs (VA), Office of the Inspector General, issued a report titled, "Assessment of the Veterans Health Administration's Status in Providing Mammography Examinations." That report was critical of VA policies for providing mammography services to women veterans, noting, among other things, (1) that only 36 percent of women veterans treated in 1995 were offered mammograms; and (2) that the Inspector General could not determine whether VA consistently offered mammography services to eligible women veterans and, if so, whether such services were offered on a schedule recommended by the Department of Health and Human Services (HHS), the American Cancer Society (ACS), or some other medial authority. The Inspector General recommended that VA offer mammograms in accordance with ACS guidelines, which currently recommend yearly mammography screening for women patients beginning at age 40.

VA's Under Secretary for Health responded to the Inspector General report by stating that VA policy provides for routine mammography screening for women between the ages of 50 and 69 every 1 to 2 years, and that decisions to offer such services more frequently are made by individual clinicians in accordance with medical center, and Veterans Integrated Service Network, policy. At the Committee's hearing on July 25, 1997, VA's Deputy Under Secretary for Health, Dr. Thomas L. Garthwaite, articulated VA policy further, stating that VA's National Center for Health Promotion would recommend revisions in VA guidelines, as appropriate, within 6 months, but that "we will only revise our policy on frequency

of mammograms if, in our medical judgement, the evidence to date compels revision."

The Committee notes that breast cancer is the second leading cause of death among women, and that it is the leading cause of death among women between the ages of 40 and 49. The Committee notes, further, that an estimated 184,300 women were diagnosed with breast cancer in 1996, and, in 1997, an estimated 44,000 women will die from the disease. The Committee notes, finally, that research indicates that regular mammograms for women in their 40's can cut breast cancer mortality by 17 percent.

The American Cancer Society recommends annual mammography screening at age 40. The National Cancer Advisory Board and the National Cancer Institute recommend that women between 40 and 49 years of age receive mammography screening every 1 to 2 years. The American College of Radiology supports annual screening for women after the age of 40. Forty States either require insurance reimbursement for, or the mandatory provision of, routine mammogram screening of women between the ages of 40 and 49.

COMMITTEE BILL

The Committee bill would require VA to provide screening mammograms to women veterans who are eligible for care at VA treatment centers. Such mammography services would be offered in accordance with the current recommendations of the American Cancer Society, which recommends annual mammography screening beginning at age 40.

COST ESTIMATE

In compliance with paragraph 11(a) of rule XXVI of the Standing Rules of the Senate, the Committee, based on information supplied by the Congressional Budget Office (CBO), estimates that, compared to the CBO baseline, there would be no costs or savings resulting from enactment of the Committee bill.

The cost estimate provided by CBO follows:

U.S. CONGRESS,
CONGRESSIONAL BUDGET OFFICE,
Washington, DC, October 29, 1997.

Hon. ARLEN SPECTER,
Chairman, Committee on Veterans' Affairs,
U.S. Senate, Washington, DC 20510.

DEAR MR. CHAIRMAN: The Congressional Budget Office has prepared the enclosed cost estimate for S. 999, a bill to specify the frequency of screening mammograms provided to women veterans by the Department of Veterans Affairs.

If you wish further details on this estimate, we will be pleased to provide them. The CBO staff contact is Shawn Bishop.

Sincerely,

JUNE E. O'NEILL, *Director.*

Enclosure.

S. 999—A BILL TO SPECIFY THE FREQUENCY OF SCREENING MAMMOGRAMS PROVIDED TO WOMEN VETERANS BY THE DEPARTMENT OF VETERANS AFFAIRS

Summary: Under current law, the Department of Veterans Affairs (VA) may provide mammography services to women veterans. As with other preventive measures, VA has developed guidelines for its primary care practitioners on the applicability and timeliness of mammography screening exams. VA's current guideline recommend that women veterans 50 years of age and over be provided with a mammography exam every two years.

S. 999 would require VA to follow the mammography screening guidelines recently developed by the American Cancer Society, which recommend that women 40 years of age and over receive a mammogram every year. According to information from VA, its guidelines are currently under review by an internal committee in light of the new recommendations released by various organizations, including the American Cancer Society.

CBO estimates that enactment of S. 999 would increase spending subject to appropriation by about $2 million a year. These costs would result from about 20,000 additional mammograms a year, assuming that most women between the ages of 50 and 69 who currently get mammograms from VA every two years would get them annually, and that women veterans between the ages of 40 and 49 would receive mammograms from VA at about the same rate as those between the ages of 50 and 69 under the new guidelines. The bill may have no net budgetary impact if VA's internal review leads it to adopt the American Cancer Society's guidelines without legislative action.

Because the bill would not affect direct spending or receipts, pay-as-you-go procedures would not apply. The bill contains no intergovernmental or private-sector mandates as defined in the Unfunded Mandates Reform Act and would not affect the budgets of state, local, or tribal governments.

The estimate was prepared by Shawn Bishop, who can be reached at 226–2840. The estimate was approved by Robert A. Sunshine, Deputy Assistant Director for Budget Analysis.

REGULATORY IMPACT STATEMENT

In compliance with paragraph 11(b) of rule XXVI of the Standing Rules of the Senate, the Committee on Veterans' Affairs has made an evaluation of the regulatory impact that would be incurred in carrying out the Committee bill. The Committee finds that the Committee bill would not entail any regulation of individuals or businesses or result in any impact on the personal privacy of any individuals, and that the paperwork resulting from enactment would be minimal.

TABULATION OF VOTES CAST IN COMMITTEE

In compliance with paragraph 7 of rule XXVI of the Standing Rules of the Senate, the following is a tabulation of votes cast in person or by proxy by members of the Committee on Veterans' Affairs at its October 7, 1997, meeting. On that date, the Committee,

by unanimous voice vote, ordered S. 999, as amended, reported favorably to the Senate.

AGENCY REPORT

On July 25, 1997, Thomas L. Garthwaite, M.D., Deputy Under Secretary for Health, Department of Veterans Affairs, submitted testimony on, among other things, S. 999. An excerpt from that testimony is reprinted below:

STATEMENT OF THOMAS L. GARTHWAITE, M.D., DEPUTY UNDER SECRETARY FOR HEALTH, DEPARTMENT OF VETERANS AFFAIRS

Mr. Chairman and Members:

I am pleased to be here to discuss the array of bills being considered by the Committee. Included is S. 801, a bill that would make changes in procedures for resolving complaints of employment discrimination and sexual harassment, S. 999, a bill pertaining to setting standards for how frequently we should offer mammograms to women veterans, and a draft bill that would change our health care resource allocation system. You also asked that we comment on a bill making technical amendments to the eligibility legislation enacted last year, a bill extending a number of expiring authorities, a draft bill containing authorizations for constructions projects, and finally, S. 309, a bill pertaining to parking fees at a VA facility in Hawaii.

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S. 999—MAMMOGRAM SCREENINGS

S. 999 would require the Department to provide mammograms to women veterans at the age and rate currently recommended by the American Cancer Society. We strongly oppose this bill.

The issue of mammogram screenings for women between the age of 40 and 49 rose to the forefront in January of 1997 when the National Institutes of Health Consensus Conference agreed with other experts (including the U.S. Preventive Services Task Force, The American College of Physicians, and the Canadian Task Force on the Periodic Health Examination) that there was no strong evidence on which to base a recommendation that women agreed 40 to 49 have routine mammograms. The Director of the National Cancer Institute Subsequently convened a National Cancer Advisory Board to review the evidence. This board concluded that the evidence supported recommending that women in this age group have routine mammograms, i.e., every one or two years.

It is not uncommon for scientific and medical experts to reach differing conclusions based on their interpretations of the same evidence. At best, one can say that the question of whether women in this age bracket should receive annual or bi-annual mammograms is still being debated

and is far from decided. It will take time for a consensus on this matter to develop in the relevant medical and scientific communities. Consequently, the American Cancer Society's recommendation cannot be said to establish the accepted national clinical standard on frequency of mammograms for this age group. Moreover, the American Cancer Society is not recognized by many experts as the entity able to alone establish such a standard.

As for VA's position in this debate, we are considering our policy on frequency of mammograms in light of this controversy. VA's current clinical guidelines on mammograms were issued before the controversy occurred in January of 1997; they recommend mammograms for women from age 50 to 69. However, in light of this controversy, our National Center for Health Promotion has been directed to study this issue and to revise, if and as appropriate, VA's guidelines for mammography in VA facilities. New mammography guidelines should be in place in six months. However, we underscore that we will only revise our policy on frequency of mammograms if, in our medical judgment, the evidence to date compels a revision. In the interim, we are confident that women veterans in this age bracket are receiving adequate mammography screenings. A direct inquiry of women veterans performed by the Center for Health Promotion recently revealed that 75% of women veterans between the ages of 40 and 49 reported receiving a mammogram within the past two years.

Clinical standards should not be established by statute. Such standards are, by their nature, ever changing. As medical knowledge advances, clinical treatments and standards are revised as necessary. In some cases, they are changed or replaced completely by a more suitable treatment protocol. Even when clinical standards are recognized and accepted by the medical profession, they must still be adapted to every individual patient's clinical needs. It is crucial these standards be flexible. For that reason, they must serve more as "guidelines" than rules for the practitioner.

CHANGES IN EXISTING LAW MADE BY S. 464, AS REPORTED

In compliance with paragraph 12 of Rule XXVI of the Standing Rules of the Senate, changes in existing law made by the Committee bill, as reported, are shown as follows (existing law proposed to be omitted is enclosed in black brackets, new matter is printed in italic, existing law in which no change is proposed is shown in roman):

VETERANS HEALTH CARE ACT OF 1992

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TITLE I—WOMEN VETERANS HEALTH PROGRAMS

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Sec. 106. Health Care Services for Women.

(a) GENERAL AUTHORITY.—In furnishing hospital care and medical services under chapter 17 of title 38, United States Code, the Secretary of Veterans Affairs may provide to women the following health care services:

(a) * * *

(2) Breast examinations and [mammography.] *mammograms, with screening mammograms provided in accordance with the current recommendations of the American Cancer Society with respect to age of recipient and frequency of receipt.*

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