

Statement of Jean Wiegert, M.D.
on behalf of the
Radiological Society of Connecticut
before the
Insurance and Real Estate Committee
February 26, 2008
Raised Bill 172

Senator Crisco, Representative O'Connor and Members of the Committee:

My name is Jean Wiegert. I am a medical doctor and a practicing Radiologist here in Connecticut. I would like to offer comments about Raised Bill 172, *An Act Requiring Communication of Mammographic Breast Density Information to Patients*. I am appearing here today on behalf of the Radiological Society of Connecticut to express our strong concern and reservation about this proposal.

The legislation will require that patient mammography reports include information about breast density and reference that certain insurance plans will pay for an ultrasound screening in the event heterogeneous or dense breast tissue is identified. With all due respect, we do not believe it is appropriate for the legislature to proscribe in any manner what is, or is not included, in our patient reports. That decision should be left entirely to the professional judgment of the Radiologist.

Moreover, we believe the unintended consequence of the bill will be to unnecessarily scare and inflame patients. The fact that a woman has dense or heterogeneous breasts is of concern to us. But it does not mean she has cancer—nor does it mean that an additional test in the form of an ultrasound screening is warranted. It might be. But that is a decision that needs to be made by the physician after taking into consideration a multitude of factors such as the patient's age, physical makeup, family or personal history with cancer, genetic testing and other issues.

Requiring that we place this kind of warning statement in our reports will trigger an immediate reaction by patients. They will, quite understandably, be concerned and will want—or demand—the additional ultrasound screening. The physician is then placed in the position of having to say "no" to the patient or explain to them why or why not the ultrasound is warranted. The bill's requirement for a statement in our report will leave the impression and inference that the patient has a serious condition, when they do not. It will be inflammatory.

Connecticut law provides that certain insurance plans cover ultrasound screenings when a mammogram shows evidence of dense or heterogeneous breasts. It does not mandate or guarantee that the additional procedure should be done—only that if it is necessary, insurance companies will pay for it. The decision as to necessity, again, must be made by the patient's physician after reviewing all of the factors of the patient's health and history.

There are Radiologists in this state who do not perform this test, either because they believe that ultrasound is not an effective screening tool, or that other tests—such as MRI—are better. Should this become law, it might create false expectations for the accuracy of the test. Alternatively, it might have the opposite effect. Physicians might decide it is easier to let the patient have the ultrasound than to put them through the emotional stress of denying the procedure. They might also order the ultrasound as a way to protect themselves from future litigation. In either event, tens of thousands of women would undergo unnecessary ultrasound screenings each year in Connecticut.

In closing, let me say that my colleagues and I in the Radiological profession are committed to providing accurate readings and interpretations of mammography images to the physician and patient. We pride ourselves on our ability to detect even the smallest of cancers. We provide a report on our findings to the patients and their physicians. It is difficult to come before you and oppose this type of legislation. I must do so because Raised Bill 172 will infringe on our professional judgement and will fundamentally alter the patient-doctor relationship.

I would be happy to answer any questions that you might have. Thank you.