

**REPORT OF THE
CHIEF LEGISLATIVE ANALYST**

DATE: March 15, 2018

TO: Honorable Members of the Rules, Elections, and Intergovernmental Relations Committee

FROM: Sharon M. Tso  Chief Legislative Analyst Council File No: 18-0002-S26
Assignment No: 18-03-0226

SUBJECT: Genetic counseling and testing for Breast Cancer Gene Mutations.

CLA RECOMMENDATION: Adopt Resolution (Koretz – Martinez – Rodriguez – Wesson – Harris-Dawson) to include in the City’s 2017-2018 State Legislative Program SPONSORSHIP and SUPPORT of AB 2342 (Burke), which would require health care service plans, health insurers, and the California State Department of Health Care Services to cover screening, genetic counseling, and testing for Breast Cancer susceptibility (BRCA) gene mutations in women who have not been diagnosed with BRCA-related cancer and do not have any signs for symptoms of the disease, but who may have an increased risk based on one or more specific family history risk factors.

SUMMARY

BRCA genes work to suppress tumors from growing; however when these genes mutate, they are no longer able to help suppress tumors. Women who have not been diagnosed with BRCA-related cancer and do not have signs or symptoms of the disease may have increased risk for potentially harmful mutations in breast cancer or ovarian cancer susceptibility genes, which increase the odds of cancer, based on family history risk factors. It is estimated that 55-65% of women with a BRCA1 mutation and 45% of women with a BRCA2 mutation will develop breast cancer by age 70.

The Resolution recommends support of AB 2342, which would require health care service plans, health insurers, and the California State Department of Health Care Services to cover screening, genetic counseling, and testing for Breast Cancer susceptibility (BRCA) gene mutations in women who have not been diagnosed with BRCA-related cancer and do not have any signs for symptoms of the disease, but who may have an increased risk based on one or more specific family history risk factors.

BACKGROUND

Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of its provisions a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law requires every health care service plan contract and health insurance policy to provide coverage for screening for, diagnosis of, and treatment for, breast cancer, consistent with generally accepted medical practice and scientific evidence, upon the referral of the enrollee’s or insured’s participating physician.

Existing law also requires the State Department of Health Care Services to perform various health functions, including providing breast and cervical cancer screening and treatment for low-income individuals.

AB 2342 would further require the State Department of Health Care Services, along with health care services plans and health insurers, to cover screening, genetic counseling, and testing for BRCA gene mutations in women who may have an increased risk based on one or more specific family history risk factors.

The Resolution notes that survival rates for ovarian cancer patients vary greatly depending on the stage of diagnosis. Women diagnosed at an early stage—before the cancer has spread—have a much higher five-year survival rate than those diagnosed at a later stage. Approximately 15% of ovarian cancer patients are diagnosed early. When ovarian cancer is found early at a localized stage, about 94% of patients live longer than 5 years after diagnosis.

Since many early ovarian tumors are difficult or impossible to identify through a normal gynecological exam, other screening tools and tests must be employed to detect ovarian cancer in women who do not have any symptoms, including genetic testing to help determine a woman's risk or likelihood of developing breast or ovarian cancer.

There are several family history risk factors that correlate with an increased risk for potentially harmful mutations in BRCA genes. Frequently, women carrying these risks are not offered genetic testing or the opportunity to speak with a genetic counselor who could help them weigh the necessity of such a test, which could help guide treatment. Increasing women's access to genetic testing could aid future efforts to prevent cancer by increasing patient knowledge of and access to breast and ovarian genetic testing in specified populations.

BILL STATUS

02/13/18 Read first time. To print.
03/01/17 Referred to the Committee on Health.



Tristan Noack
Analyst

SMT:tn

Attachment: Resolution

RESOLUTION

WHEREAS, any official position of the City of Los Angeles, with respect to legislation, rules, regulations or policies proposed to or pending before a local, state, or federal governmental body or agency must have first been adopted in the form of a Resolution by the City Council with the concurrence of the Mayor; and

WHEREAS, the American Cancer Society estimates that in 2018, about 22,240 new cases of ovarian cancer will be diagnosed and 14,070 women will die of ovarian cancer in the United States. While breast cancer is the most common form of cancer and the second leading cause of cancer death among women in the United States, ovarian cancer is the deadliest of gynecologic cancers, with a mortality rate of over 50%. Mortality rates for ovarian cancer have declined only slightly in the forty years since the "War on Cancer" was declared. However, other cancers have shown a much greater reduction in mortality; and

WHEREAS, survival rates for ovarian cancer patients vary greatly depending on the stage of diagnosis. Women diagnosed at an early stage—before the cancer has spread—have a much higher five-year survival rate than those diagnosed at a later stage. Approximately 15 percent of ovarian cancer patients are diagnosed early. When ovarian cancer is found early at a localized stage, about 94% of patients live longer than 5 years after diagnosis. Several large studies are in progress to learn the best ways to find ovarian cancer in its earliest stage; and

WHEREAS, since most early ovarian tumors are extremely difficult or impossible for even the most skilled examiner to identify through a normal gynecological exam, other screening tools and tests must be employed to detect ovarian cancer in women who don't have any symptoms, including genetic testing to help determine a woman's risk or likelihood of developing breast or ovarian cancer; and

WHEREAS, everyone is born with *BRCA* genes. *BRCA* stands for **BR**east **C**ancer susceptibility gene. Normally, *BRCA* genes work to suppress tumors from growing. But when these genes mutate, they are no longer able to help suppress tumors. These mutations more often than not increase the odds of cancer, based on a set of family history risk factors; and

WHEREAS, it is estimated that 55-65% of women with a *BRCA1* mutation and 45% of women with a *BRCA2* mutation will develop breast cancer by age 70; and

WHEREAS, women who have not been diagnosed with *BRCA*-related cancer and who are asymptomatic but whose family history may be associated with an increased risk for potentially harmful *BRCA* mutations should be screened; and

WHEREAS, should a woman have positive screening results, they should receive genetic counseling to help them weigh the necessity of testing for the *BRCA* mutations. Genetic counseling could also help guide treatment, as well as future efforts to prevent cancer by increasing patient knowledge and access to breast and ovarian genetic testing in specified populations; and

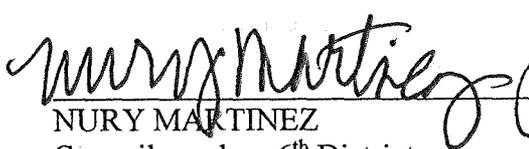
WHEREAS, AB 2342 (Burke), introduced on February 13, 2018, would require health care service plans, health insurers, and the State Department of Health Care Services to cover screening, genetic counseling, and testing for breast cancer susceptibility gene (*BRCA*) mutations in women who have not

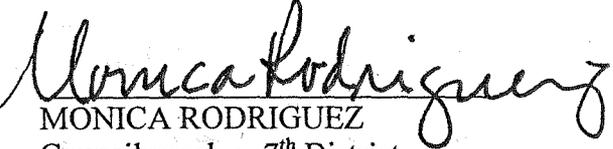
been diagnosed with BRCA-related cancer and do not have signs or symptoms of the disease, but who may have an increased risk based on one or more specific family history risk factors.

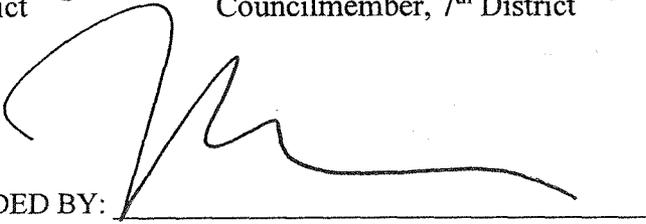
NOW, THEREFORE BE IT RESOLVED, with the concurrence of the Mayor, that by the adoption of this Resolution, the City of Los Angeles hereby includes in its 2017-2018 State Legislative Program SPONSORSHIP and SUPPORT of AB 2342 (Burke), which would require health care service plans, health insurers, and the State Department of Health Care Services to cover screening, genetic counseling, and testing for BRCA gene mutations in women who have not been diagnosed with BRCA-related cancer and do not have signs or symptoms of the disease, but who may have an increased risk based on one or more specific family history risk factors.

PRESENTED BY: 
PAUL KORETZ
Councilmember, 5th District


HERB J. WESSON, JR.
Councilmember, 10th District


NURY MARTINEZ
Councilmember, 6th District


MONICA RODRIGUEZ
Councilmember, 7th District

SECONDED BY: 

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