*I Mina'trentai Singko Na Liheslaturan Guåhan*
**BILL STATUS**

| BILL NO. | SPONSOR | TITLE | DATE INTRODUCED | DATE REFERRED | CMTE REFERRED | PUBLIC HEARING DATE | DATE COMMITTEE REPORT FILED | FISCAL NOTES | NOTES |
|---|---|---|---|---|---|---|---|---|---|
| **164-35 (COR)** | Louise B. Muña<br>Jose "Pedo" Terlaje<br>William M. Castro | AN ACT TO ADD A NEW § 181004 TO ARTICLE 10, CHAPTER 18, TITLE 22, GUAM CODE ANNOTATED RELATIVE TO LUNG CANCER SCREENING COVERAGE IN HEALTH INSURANCE/BENEFIT PLANS SOLD ON GUAM AND BY *MEDICAID* AND THE *MEDICALLY INDIGENT PROGRAM* (MIP). | 6/14/19<br>10:26 a.m. | | | | | | |

*I MINA'TRENTAI SINGKO NA LIHESLATURAN GUÅHAN*
**2019 (FIRST) Regular Session**

Bill No. 164-35(COR)

Introduced by:
Muña

Louise B. Muña
Jose Pedo Terlaje
William M. Castro

**AN ACT TO *ADD* A NEW § 181004 TO ARTICLE 10, CHAPTER 18, TITLE 22, GUAM CODE ANNOTATED RELATIVE TO LUNG CANCER SCREENING COVERAGE IN HEALTH INSURANCE/BENEFIT PLANS SOLD ON GUAM AND BY *MEDICAID* AND THE *MEDICALLY INDIGENT PROGRAM* (MIP).**

2019 JUN 14 AM 10:26

**BE IT ENACTED BY THE PEOPLE OF GUAM:**

**Section 1.** A new §181004 is added to Article 10, Chapter 18, Division 2, Title 9, Guam Code Annotated to read as follow:

**"§181004. Lung Cancer Screening**

(a) Legislative Findings and Intent.

*I Liheslaturan Guåhan* finds rationale for *The U.S. Preventive Services Task Force (USPSTF)* on lung cancer screening, December 2016, is as follows:

**"Importance**

Lung cancer is the third most common cancer and the leading cause of cancer death in the United States. The most important risk factor for lung cancer is smoking, which results in approximately 85% of all U.S. lung cancer cases. Although the prevalence of smoking has decreased, approximately 37% of U.S. adults are current or former smokers. The incidence of lung cancer increases with age and occurs most commonly in persons aged 55 years or older. Increasing age and cumulative exposure to tobacco smoke are the 2 most common risk factors for lung cancer.

Lung cancer has a poor prognosis, and nearly 90% of persons with lung cancer die of the disease. However, early-stage non–small cell lung cancer (NSCLC) has a better prognosis and can be treated with surgical resection.

**Detection**

Most lung cancer cases are NSCLC, and most screening programs focus on the detection and treatment of early-stage NSCLC. Although chest radiography and sputum cytologic evaluation have been used to screen for lung cancer, LDCT has greater sensitivity for detecting early-stage cancer.

**Benefits of Detection and Early Treatment**

Although lung cancer screening is not an alternative to smoking cessation, the USPSTF found adequate evidence that annual screening for lung cancer with LDCT in a defined population of high-risk persons can prevent a substantial number of lung cancer–related deaths. Direct evidence from a large, well-conducted, randomized, controlled trial (RCT) provides moderate certainty of the benefit of lung cancer screening with LDCT in this population. The magnitude of benefit to the person depends on that person's risk for lung cancer because those who are at highest risk are most likely to benefit. Screening cannot prevent most lung cancer–related deaths, and smoking cessation remains essential.

**Harms of Detection and Early Intervention and Treatment**

The harms associated with LDCT screening include false-negative and false-positive results, incidental findings, overdiagnosis, and radiation exposure. False-positive LDCT results occur in a substantial proportion of screened persons; 95% of all positive results do not lead to a diagnosis of cancer. In a high-quality screening program, further imaging can resolve most false-positive results; however, some patients may require invasive procedures.

The USPSTF found insufficient evidence on the harms associated with incidental findings. Overdiagnosis of lung cancer occurs, but its precise magnitude is uncertain.

A modeling study performed for the USPSTF estimated that 10% to 12% of screen-detected cancer cases are overdiagnosed—that is, they would not have been detected in the patient's lifetime without screening. Radiation harms, including cancer resulting from cumulative exposure to radiation, vary depending on the age at the start of screening; the number of scans received; and the person's exposure to other sources of radiation, particularly other medical imaging.

**USPSTF Assessment**

The USPSTF concludes with moderate certainty that annual screening for lung cancer with LDCT is of moderate net benefit in asymptomatic persons who are at high risk for lung cancer based on age, total cumulative exposure to tobacco smoke, and years since quitting smoking. The moderate net benefit of screening depends on limiting screening to persons who are at high risk, the accuracy of image interpretation being similar to that found in the NLST (National Lung Screening Trial), and the resolution of most false-positive results without invasive procedures."

*I Liheslatura* further finds most insurance companies issuing group health insurance or benefit programs on Guam have adopted the *Preventive and Wellness Service* benefit of the *Patient Protection And Affordable Care Act* where screening of high-risk groups for certain diseases are covered with cost such as co-payments or deductibles.

*I Liheslatura* further finds that nearly every study or survey in the last 30 years show that Guam has one of the highest tobacco smoking in the United States which corresponds to a higher rate of lung diseases including lung cancer.

It is the intent of *I Liheslatura* to formally adopt, in Public Law, the recommendations of the USPSTF for lung cancer screening.

(b) Lung Cancer Screening Coverage.

Every policy of health insurance issued or renewed to a resident of Guam on or after January 1, 2020, except a policy that provides coverage only for specified and limited

benefits, shall provide coverage for annual screening for lung cancer with low-dose computed tomography (LDCT) in adults aged fifty five (55) to (80) years who have a thirty (30) pack-year or more smoking history and currently smoke or have quit within the past fifteen (15) years. Screening should be discontinued once a person has not smoked for fifteen (15) years or develops a health problem that substantially limits life expectancy or the ability or willingness to have curative lung surgery.

(c) The Director of the Department of Public Health may adjust the screening recommendations in this Section, *supra*, in the event that the *United States Preventive Services Taskforce* adopts new recommendations.

(d) Nothing herein is deemed to prevent any health insurance policy from covering screening outside the age ranges in §181004(b) of this Article *or* requiring a co-payment and/or deductible for such screening outside of said age ranges.

(e) To the extent permitted by federal law, rules and regulations, the provisions of this section, *supra,* shall apply to persons covered by the *Medicaid* without the requirement for precertification. Every policy of health insurance issued or renewed to a resident of Guam on or after January 1, 2020 and the *Medically Indigent Program* shall cover lung cancer screening as defined in (b) *supra*. Coverage under this Section shall not be subject to a deductible or coinsurance for services. without the requirement for precertification."