

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
213-35 (LS)	Louise B. Muña Tina Rose Muña Barnes Telen Cruz Nelson Amanda L. Shelton Kelly Marsh (Taitano), PhD Régine Biscoe Lee Sabina Flores Perez	AN ACT TO AMEND § 181003(b) OF ARTICLE 10, CHAPTER 18, OF TITLE 22 GUAM CODE ANNOTATED AND § 2208.1 OF ARTICLE 2, CHAPTER 2, TITLE 10, GUAM CODE ANNOTATED RELATIVE TO BREAST CANCER SCREENING USING DIGITAL BREAST TOMOSYNTHESIS.	10/1/19 11:13 a.m.	11/20/19	Committee on Health, Tourism, Historic Preservation, Land, and Justice			Request: 11/25/19 12/31/19	

Senator Régine Biscoe Lee,
Chair

Senator Amanda L. Shelton,
Vice Chair

Speaker Tina Rose Muña Barnes,
Member

Vice Speaker Telen Cruz Nelson,
Member

Senator Kelly Marsh (Taitano), PhD,
Member

Senator Sabina Flores Perez,
Member



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I MINA'TRENTAI SINGKO NA LIHESLATURAN GUAHAN
35TH GUAM LEGISLATURE

December 31, 2019

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Member and Chair, Subcommittee on ...toci

MEMO

To: Rennae Meno
Clerk of the Legislature

From: Senator Amanda L. Shelton
Acting Chair, Committee on Rules

Re: Fiscal Note on Bill No. 213-35 (LS)

Buenas yan Hafa adai.

Attached, please find the fiscal note for the following bill:

Bill No. 213-35 (LS)

Please forward the same to Management Information Services (MIS) for posting on our website.

For any questions or concerns, please feel free to contact Mary Maravilla, Committee on Rules Director at 472-2461.

Thank you for your attention to this important matter.

Respectfully,

Senator Amanda L. Shelton
Acting Chair, Committee on Rules



**Bureau of Budget & Management Research
Fiscal Note of Bill No. 213-35 (LS)**

AN ACT TO AMEND § 181003(B) OF ARTICLE 10, CHAPTER 18, OF TITLE 22 GUAM CODE ANNOTATED AND § 2208.1 OF ARTICLE 2, CHAPTER 2, TITLE 10, GUAM CODE ANNOTATED RELATIVE TO BREAST CANCER SCREENING USING DIGITAL BREAST TOMOSYNTHESIS.

Department/Agency Appropriation Information

Dept./Agency Affected:	Public Health & Social Services	Dept./Agency Head:	Linda Unpingco-Denorcey, Director
Department's General Fund (GF) appropriation(s) to date:			41,707,743
Department's Other Fund (Specify) appropriation(s) to date: Environmental Health Fund - \$1,307,674, Healthy Futures Fund - \$12,794,601, Health Professional Licensing Office Revolving Fund - \$252,460, Office of Vital Statistics Revolving Fund - \$238,506, Sanitary Inspection Revolving Fund - \$86,228			14,679,469
Total Department/Agency Appropriation(s) to date:			\$56,387,212

Fund Source Information of Proposed Appropriation

	General Fund:	(Specify Special Fund):	Total:
FY 2019 Unreserved Fund Balance		\$0	\$0
FY 2020 Adopted Revenues	\$0	\$0	\$0
FY 2020 Appra. (P.L. 35-36 thru)	\$0	\$0	\$0
Sub-total:	\$0	\$0	\$0
Less appropriation in Bill	\$0	\$0	\$0
Total:	\$0	\$0	\$0

Estimated Fiscal Impact of Bill

	One Full Fiscal Year	For Remainder of FY 2019 (if applicable)	FY 2020	FY 2021	FY 2022	FY 2023
General Fund	1/	\$0	\$0	\$0	\$0	\$0
Special Fund	\$0	\$0	\$0	\$0	\$0	\$0
Total	1/	\$0	\$0	\$0	\$0	\$0

1. Does the bill contain "revenue generating" provisions? / X / Yes / / No
- If Yes, see attachment
2. Is amount appropriated adequate to fund the intent of the appropriation? / X / N/A / / Yes / / No
 If no, what is the additional amount required? \$ / X / N/A
3. Does the Bill establish a new program/agency? / / Yes / X / No
- If yes, will the program duplicate existing programs/agencies? / X / N/A / / Yes / / No
 Is there a federal mandate to establish the program/agency? / / Yes / X / No
4. Will the enactment of this Bill require new physical facilities? / / Yes / X / No
5. Was Fiscal Note coordinated with the affected dept/agency? If no, indicate reason: / X / Yes / / No
 / / Requested agency comments not received by due date / / Other:

Analyst: 	Date: 12/16/19	Director: 	Date: DEC 31 2019
Oscar Dimalanta, BMA II		Lester L. Carlson, Jr., Director	

Footnotes:

1/ See attached comments.

Comment on Legislative Bill No. 213-35 (LS)

The proposed bill seeks to create a stand-alone screening billing code for an effective three dimensional (3-D) Digital Breast Tomosynthesis (DBT) that would effectively provide women a better diagnosis on top of the existing two dimensional (2-D) full-field digital mammography (FFDM).

Section 2 of the bill adds provision which states that no patient shall be denied DBT coverage despite the lack of a stand-alone screening billing code. As a result, the bill seeks to mandate the Medicaid and Medically Indigent Program (MIP) to create a billing code to provide this service to women of average risk.

Section 3 amends the existing GCA with terminology referencing the DBT and FFDM services that are available by providers.

The Department of Public Health and Social Services (DPHSS) provided some information from Fiscal Year 2019. The agency noted that there is no stand-alone DBT screening code for patients covered under the Medicaid and MIP. Additionally, the Guam Breast and Cervical Cancer Early Detection Program (GBCCEDP) follows the same coding and payment standards for the billing of services. The DPHSS assisted with the following figures in Table 1 for the Medicaid, MIP, and GBCCEDP to illustrate the estimated costs related to the FFDM or 2-D screening.

Table 1.

Medicaid/MIP FY19

\$ 68,686.02	(447) Medicaid x \$153.66 for 2-D initial screening mammography
<u>\$ 17,363.58</u>	(113) MIP x \$153.66 (Note: some patients may be subject to a Third Party Liability and would be required to pay a percentage of the charge so this amount may decrease)
\$ 86,049.60	Sub Total
<u>\$ 2,412.40</u>	(40) (approximate combined Medicaid/MIP total) x \$60.31 for add-on DBT
\$ 88,462.00	Estimated expenditure for FY19

GBCCEDP

\$43,178.46	(281) GBCCEDP x \$153.66 for 2-D initial screening mammography
<u>\$ 180.93</u>	(3) GBCCEDP x \$60.31 add-on DBT
\$43,359.39	Total Expenditure for initial screening and add-on DBT, grant budget period 6/30/18 - 6/29/19.

The amounts above note the \$60.31 add-on DBT cost associated with the 2-D screening mammography. With the provided information, the Bureau deduces that the stand-alone billing code for strictly DBT would amount to \$213.97 per screening. At this additional \$60.31 rate and assuming that the sum total of 841 mammography screenings from Medicaid/MIP/GBCCEDP would transition to 3-D, this would incur an additional cost of \$50,720.71 on top of the 2-D billing amount [$\$60.31 \times 841$] annually.

Absent any additional information from other constituents (i.e. providers and insurance companies) who may be affected directly with the enactment of this bill, the Bureau is unable to reach a conclusion on the cost impact other than the provided figures.