

**Congress of the United States**  
**Washington, DC 20515**

July 19, 2019

The Honorable Thomas McCaffery  
Principal Deputy Assistant Secretary of Defense for Health Affairs  
Military Health System  
7700 Arlington Boulevard  
Suite 5101  
Falls Church, VA 22042

Dear Mr. McCaffery:

We write to request that the Military Health System (MHS) address a disparity in breast cancer screening coverage that is putting the lives of our nation's servicemembers, military family members, and veterans at risk. In the United States, a woman born today has a one in eight chance of being diagnosed with breast cancer at some time during her life. Breast cancer is the most commonly diagnosed cancer and the second leading cause of cancer death among women. However, when breast cancer is detected in an early and localized stage, the five-year survival rate is 99 percent, demonstrating why proper screening is essential.

With this in mind, we are alarmed that the only screening options covered by TRICARE at this time are conventional mammography, a traditional X-ray film, and digital mammography (2D), a two-dimensional picture of the breast. Hundreds of published studies clearly demonstrate that Digital Breast Tomosynthesis (DBT), which is now the standard of care, is superior in clinical performance for both the detection of breast cancer and a reduction in recall rates for all women, including those with dense breast tissue. Further, TRICARE is one of the only health plans that does not include coverage for DBT screening. Therefore, we ask that the MHS act on this disparity in breast cancer screening coverage.

The absence of a policy that covers DBT screening endangers our nation's servicemembers, military family members, and veterans. DBT is an advancement in mammography that addresses the main limitations of 2D mammography by allowing radiologists to examine breast tissue layer by layer. DBT provides images of the breast in "slices" from many different angles, making some abnormalities easier to see and increasing the number of cancers seen without additional testing. For this reason, DBT is proven to increase breast cancer detection and reduce the need for additional screening (also known as recalls or callbacks) and unnecessary biopsies in all women. There are over 250 peer reviewed clinical studies evaluating the clinical and cost effectiveness of DBT. Research has demonstrated that DBT reduces callbacks by up to 40 percent and detects 20 to 65 percent more invasive breast cancer compared to 2D alone. DBT is also proven to be superior to 2D mammography in the detection of breast cancer in women with dense breast tissue.

Congress has already recognized the unique health risk dense breast tissue poses. This past February, a law was enacted that will require mammography providers to inform all patients of their breast density, a condition affecting half of healthy-weight women and women aged 40 to 74 and a known risk factor for breast cancer. This means some of our servicemembers, military family members, and veterans on TRICARE will receive notice that they may have an increased risk factor for breast cancer, but are being denied coverage for screening with DBT.

Without insurance coverage and reimbursement from TRICARE, many women who would benefit from this technology cannot access optimal care. Some women who request DBT screening end up either declining the procedure because the cost is prohibitive or paying out of pocket. The 2019 Medicare national average for a DBT screening exam is \$55.86, an additional cost that seems minimal in comparison to the costs of possible additional testing and certainly inconsequential in comparison to the cost of treatment for breast cancer that may become more aggressive while it was missed in less-advanced screenings.

In the United States, almost 95 percent of women aged 40 to 74 have insurance coverage and reimbursement for DBT, including Medicare, UnitedHealthcare, Aetna, Anthem, Cigna, Humana, HCSC and most state Medicaid plans. The Department of Veterans Affairs (VA) has established that both 2D and DBT are approved breast cancer screening procedures under the medical benefits package. Further, there is no VA copay associated with mammographic breast cancer screening and under the Veterans Choice Program, there are no instances in which the Veteran should be asked for or required to make payment directly to the community provider.

TRICARE is lagging behind the vast majority of payers in our country and their beneficiaries are at a disadvantage. We urge the MHS to add DBT coverage for TRICARE beneficiaries – as a more efficient method of screening, it will save lives and taxpayer dollars by detecting breast cancer at an earlier, less costly stage with a higher overall chance of survival. Lack of DBT coverage for TRICARE beneficiaries is putting the lives of our nation's servicemembers, military families, and veterans at risk. We urge a positive coverage and reimbursement decision for DBT effective immediately.

Sincerely,

  
CHRISSY HOULAHAN  
Member of Congress

  
ELAINE LURIA  
Member of Congress

  
TULSI GABBARD  
Member of Congress

  
MIKIE SHERRILL  
Member of Congress



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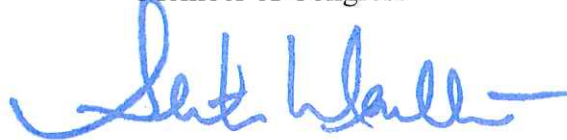
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Member of Congress



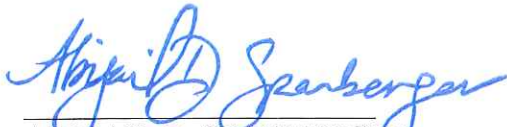
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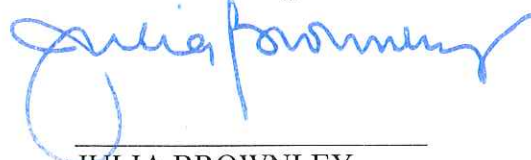
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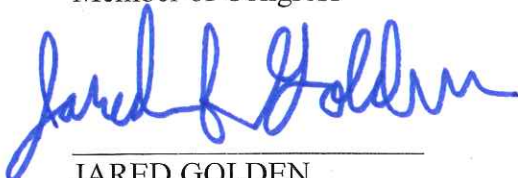
  
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