Department of Health
Practitioner Notice
Providing Patients with Information Regarding Breast Density

1. What’s new?

The governor approved a new law on March 21, 2018, that becomes effective January 1, 2019. The new law, Engrossed Substitute Senate Bill 5084 (codified under RCW 70.54.460), requires healthcare facilities to share information with mammography patients on their breast density classification.

2. What does the new law require?

Federal law\(^1\) requires healthcare facilities to provide mammography patients with a summary report each time a mammogram is performed. Starting January 1, 2019, the new Washington state law requires this summary report also to include the patient’s individual breast density classification.

In addition, if a physician who is employed at, or who contracts with, the health care facility where the mammogram was performed determines the patient has dense breasts (see classifications c and d under question 3 below), the summary report must also include the following notice:

“Your mammogram indicates that you may have dense breast tissue. Roughly half of all women have dense breast tissue which is normal. Dense breast tissue may make it more difficult to evaluate your mammogram. We are sharing this information with you and your health care provider to help raise awareness of breast density. We encourage you to talk with your health care provider about this and other breast cancer risk factors. Together, you can decide which screening options are right for you.”

3. What is breast density and why does it matter?

Breast density describes the amount of breast, connective (fibrous) tissue, and fatty tissue in the breast. Four categories are used to describe the density of the breast, called BI-RADS\(^2\), into which a qualified healthcare provider can classify a patient’s breasts:

a. The breasts are almost entirely fatty. Mammography can detect most cancer in this setting.

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\(^1\) Breast Imaging Reporting and Data System developed by the American College of Radiology.
b. There are scattered areas of dense breast tissue.
c. The breasts are heterogeneously dense, which may obscure small masses.
d. The breasts are extremely dense, which lowers the ability of mammography to detect cancer.

Breast and connective tissue is thicker than fatty tissue so it blocks more of the X-rays. The density of breasts matters because denser tissue appears white or light gray in a mammogram. The mammogram may be less accurate because lumps, both benign and cancerous, also appear white, which can make them harder to detect.

Patients who know they have dense breast tissue may work with their healthcare providers to determine whether supplemental or alternate screening options are appropriate, such as ultrasound or MRI (magnetic resonance imaging).

Please note health insurers may have different coverage policies around supplemental or alternate screening tests in patients with dense breast tissue. The Washington State Department of Health’s Breast Cervical and Colon Health Program³ (BCCHP) will not cover MRI screening without prior authorization and cannot approve MRI breast density assessment alone. See BCCHP’s Breast Health Policy⁴ (DOH 342-041 July 2018) for further guidance.

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³ [https://www.doh.wa.gov/YouandYourFamily/IllnessandDisease/Cancer/BreastCervicalandColonHealth](https://www.doh.wa.gov/YouandYourFamily/IllnessandDisease/Cancer/BreastCervicalandColonHealth)

⁴ Please call 1-888-438-2247 to request a copy of BCCHP’s Breast Health Policy (DOH 342-041).