



November 21, 2024

Submitted electronically via <https://www.womenspreventivehealth.org/public-comment/>

Subject: Notice of Request for Public Comments on Draft Recommendations for the HRSA-Supported Women's Preventive Services Guidelines: Breast Cancer Screening for Women at Average Risk

Covered California and the California Public Employees' Retirement System (CalPERS) are writing in response to your request for public comment accompanying the Proposed Updates to the Health Resources and Services Administration (HRSA)-supported Women's Preventive Services Guidelines. Covered California ensures nearly 1.8 million Californians have access to equitable, high-quality care through 15 health plans, including Essential Health Benefits and preventive care aligned with HRSA guidelines. CalPERS, the largest commercial health benefits purchaser in California, secures comprehensive health benefits for approximately 1.5 million state and local government employees and their families, focusing on quality, equity, and accessibility. The comments in this letter refer to the proposed guidelines relating to breast cancer screening for women at average risk. Separately, we also submitted comments on the proposed updates to screening and counseling for intimate partner and domestic violence and guidelines relating to patient navigation for breast and cervical cancer screening.

We commend HRSA for recognizing the importance of follow-up imaging and pathology in breast cancer screening. Ensuring coverage for additional work-up of abnormal screening results, including MRIs or biopsies, is crucial for comprehensive cancer detection. Initial mammography may provide an incomplete assessment, especially with dense breast tissue. Coverage of follow-up imaging and biopsy will allow for more accurate diagnoses and improved patient outcomes during the screening process.

We recommend the use of digital mammography, when available, instead of film mammography for individuals with dense breast tissue to increase the sensitivity of screening. The importance of understanding and reducing racial disparities in diagnosis of more advanced breast cancer (Black vs. White = 46 percent vs. 36 percent at time of diagnosis) and in breast cancer-specific mortality (Black vs. White = 30 vs. 21 deaths per 100,000 women¹) should be emphasized. Lastly, we propose the use of inclusive terminology in the guidelines by replacing "women" with "people at risk of breast cancer" to reflect the diverse population at risk for breast cancer, including transgender and non-binary individuals.

We thank HRSA for this opportunity to provide feedback on the proposed updates to the Women's Preventive Services Guidelines.

Sincerely,

Jessica Altman
Executive Director
Covered California

Marcie Frost
Chief Executive Officer
CalPERS

¹ Richardson LC, Henley SJ, Miller JW, Massetti G, Thomas CC, Patterns and Trends in Age-Specific Black-White Differences in Breast Cancer Incidence and Mortality- US, 1999-2014, 2016, Center for Surveillance, Epidemiology, and Laboratory Services, Centers for Disease Control and Prevention (CDC), U.S. Department of Health and Human Services, Atlanta, GA