



ASSEMBLYWOMAN

Autumn Burke

DISTRICT 62

## FACT SHEET

# AB 2342 –The BRCA Risk Assessment Act

### SUMMARY

Assembly Bill 2342 ensures that women who have not been diagnosed with breast or ovarian cancer, but who could be considered high-risk are appropriately assessed and if necessary, receive genetic counseling and testing.

### BACKGROUND

Despite progress in screening and treatment, breast and ovarian cancer remain leading causes of cancer deaths in America.

Having a family history of breast or ovarian cancer may increase a woman's risk of having cancer herself. In recent years, scientists have learned more about why family history may increase cancer risk. They discovered that certain mutations in the BRCA1 and BRCA2 genes in cells can greatly increase the risk for developing breast and ovarian cancer. These mutations can also increase the risk of other cancers, including those of the fallopian tube and peritoneum.

A recent study by the Journal of American Medical Association (JAMA) found that "Testing of 2 breast cancer associated genes, BRCA 1 and BRCA 2, has been available for 20 years, but new massively parallel sequencing technology and less restrictive patent laws have made multiplex panel tests available at much lower costs. Yet little is known about recent patient experience with genetic testing and counseling." However, the study that surveyed newly diagnosed patients found that while 80.9% of high-risk patients wanted testing, only 39.6% had received a genetic counseling session, with half of those sessions resulting in a genetic test.

It is estimated that 55-65% of women with a BRCA1 mutation and 45% of women with a BRCA2 mutation will develop breast cancer by age 70. Women who have not been diagnosed with BRCA-related cancer and who are asymptomatic but whose family history may be associated with an increased risk for potentially harmful BRCA mutations should be screened.

According to the report "California Facts & Figures" by the American Cancer Society (2017), while African American women are not the most likely to develop cancer, they are the most likely to die of the disease. This disparity exists due to the obstacles to receiving health care services related to cancer prevention, early detection and high-quality treatment, with poverty as the overriding factor. Women in underserved communities of the state would benefit from eliminating shortfalls in genetic counseling and testing.

It is imperative that all high risk women, even those without symptoms or breast or ovarian cancer diagnoses, be identified and given the opportunity to receive screening, counseling and testing as recommended by the U.S. Preventative Services Task Force. Understanding a patient's risk for developing breast or ovarian cancer can arm the patient and their medical team with information needed to appropriately watch for and prevent new cases of cancer as well as significantly alter how doctors treat cancer if a patient is diagnosed.

### ASSEMBLY BILL 2342

AB 2342 requires health care service plans, health insurers, and the State Department of Health Care Services to cover screening, genetic counseling, and testing for breast cancer susceptibility gene (BRCA) mutations in women who have not been diagnosed with cancer and do not have signs or symptoms of the disease, but who may have an increased risk based on one or more specific family history risk factors. Although these screenings are already required under the ACA, California should ensure that despite the status of the ACA, we will continue to cover these vital assessments and screenings.

### SUPPORT

The City of Los Angeles – Sponsor  
Association of Northern CA Oncologists  
CA Life Sciences Association  
Bay Area Women's Health Advocacy Council  
Ovarian Cancer Coalition of Greater California  
Carrie's Touch – African American Breast Cancer  
Medical Oncology Association of Southern California  
Quest Diagnostics  
The Ovarian Cancer Circle/Inspired By Robin Babbini

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