Alberta Darling
Wisconsin State Senator · District 8

Testimony before the Senate Committee on Health

Senate Bill 413

Tuesday, October 12, 2021

Thank you Chair Testin and committee members for hearing Senate Bill 413. The bill before the committee today will ensure that women have affordable access to needed essential breast screenings.

Approximately 50% of women have dense breast tissue. Women with dense breast tissue are four to six times more likely get breast cancer. In fact, 71% of breast cancers occur in dense breasts. Additionally, on a mammogram, dense breast tissue presents itself similarly to cancerous cells. Not only is dense tissue a risk factor for breast cancer, but it also conceals tumors which should be identified in a mammogram.

For women with dense tissue, a mammogram alone is not always enough to determine the presence of cancer. While mammograms are covered by insurance, additional essential screenings like an MRI or ultrasound can leave women with exorbitant out-of-pocket costs. On average, these costs can range from $350 to $1,084 per screening. This price tag is a barrier to treatment for many women. Unfortunately, women who refuse this needed testing due to cost may see their cancer progress while they wait for their next mammogram.

Senate Bill 413 requires insurance policies to cover essential breast screenings, like an MRI or ultrasound, for certain women. Specifically, the bill ensures that women with dense breast tissue and women at high risk of cancer have access to these essential screenings. The bill limits the maximum out-of-pocket cost to $50 per screening.

Early detection of cancer is critical to the treatment and health of a woman. Enhanced screenings, particularly of high risk women and those with dense tissue, will help detect cancer sooner. Senate Bill 413 ensures that cost does not prevent women from receiving critical, lifesaving screenings.

Thank you for listening to testimony on Senate Bill 413. I hope to count on your support.

RACHAEL A. CABRAL-GUEVARA

STATE REPRESENTATIVE • 55TH ASSEMBLY DISTRICT

Testimony before the Senate Committee on Health

Representative Cabral-Guevara

October 12th, 2021

Hello Chairman Testin and Committee Members,

Thank you for holding a Public Hearing on Senate Bill 413, relating to requiring that the Medical Assistance program and health insurance policies and plans extend the coverage of breast cancer screenings.

SB 413 is a crucial bill that provides a necessary update to our health insurance coverage. A bill that is of utmost importance to both my predecessor, Mike Rohrkaste, and myself, along with countless others. In fact, this was the first bill that I have ever signed on as a Representative.

Under current law, health insurance policies are required to provide 2 mammographic screenings for women age 45-49 if they fit a certain criteria and one annual screening for women over 50. Current law however does not provide any further screenings for women that show dense breast tissue, above average risk of cancer, or screenings that are recommended to be medically necessary by their health care provider. What this means is that health insurance screenings companies are providing for women to detect if there may be a problem or high probability of breast cancer but not covering further screenings to mitigate or alleviate risk of/ or breast cancer itself. Detecting and treating breast cancer early on is a huge determinant in the outcome of the patient's health, and can also potentially alleviate drastic medical costs, as treatments are much more expensive the later the cancer is detected.

This legislation is especially relevant to our State, as we have been found to have one of the highest average costs of breast cancer screenings in the Country. A study conducted in March 2020 by Yale University alongside researchers from the University of Oslo and the University of New York found that Wisconsin is among the top five most expensive states of average screening cost per person. Natalia Kunst, a Yale research fellow and Ph.D. candidate at the University of Oslo said "The identified costs were substantially higher than previously published cost estimates."

In the Fox valley, patients can expect to pay anywhere between $350 or more, for a simple ultrasound and radiology read. This should demonstrate that the average Wisconsinite would certainly feel a financial toll if they were forced to pay out of pocket for additional screenings. CBS News reported in 2017 that 57% of Americans don't have the cash to cover a $500 emergency expense. CNN reported in 2021 that only 39% of Americans would be able to afford a $1000 emergency expense. Considering 1 out of 8 women in America

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RACHAEL A. CABRAL-GUEVARA

STATE REPRESENTATIVE • 55TH ASSEMBLY DISTRICT

will get breast cancer in their life[1] and 1 out of 39 women in America will die from breast cancer[2]. This is a disease that can bring on emergency expenses for thousands of women who cannot afford it.

Breast Cancer is something that affects women of all parties, races, and creeds. This bi-partisan piece of legislation has one simple goal- to provide additional awareness and screenings for Wisconsinites, so we are able to treat this disease as early on as possible which in turn means more lives saved and less money spent in the long run.

Thank you for allowing me to testify and your consideration of SB413. I am hopeful you are able to support this bi-partisan piece of legislation.

[1] According to BreastCancer.org

[2] According to NationalBreastCancer.org

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Hearing on Breast Density Bill
October 12, 2021

Linda Hansen
I have Metastatic Breast Cancer
I'm Lucky
- 11 ½ years since diagnosis
- Most get 2-3 years
- Every 13 minutes someone in this country dies of MBC

Who's **not lucky** in my case?
- My **Insurance company**

Why?
- $750,000 to $1 million each year to keep me alive
- **Treatment until die**
- More than $8.5 million so far

Age 40 annual mammogram
- Every year clear
- No family history
- Decent diet, exercise
- Self-exams
- Not worried

I didn't realize that **1 in 8 women** will be diagnosed with breast cancer at some point in her life
- And the vast majority of breast cancer is not genetic

Spring of 2010
- I noticed a dent in one of my breasts
- **Clear mammogram just 5 weeks earlier**
  - I wasn't worried

- Set up appointment with breast cancer specialist
  - She examined me and **ordered an MRI**
    - Took almost a month to happen
    - Waiting for authorization from my health insurer
  - Finally got results
    - "I think you have breast cancer"

Soon after
- Metastatic Breast Cancer
- The stage that's **terminal – there is no cure**
- **It's the stage that kills**

So far

Dozens of tests and doctor's appointments
Weeks in the hospital
6 surgeries
262 treatments with IV chemotherapy
Continue rest of my life

My cancer has responded so amazingly well to treatment that I could live another 20 or more years like this. My oncologist told me that in his 35-year career he's only had 1 other patient who has done so well

If I live another **20 years**,
that could easily bring my cancer-related health care to more than **$30 million**

How did I manage to get to diagnosed with stage 4 breast cancer **5 weeks** after a clear mammogram?

As always, Annual mammogram results said they didn't see any evidence of cancer
That's what I cared about
But I didn't know that I had **Dense breasts**

I was diagnosed in 2010
Before April, 2018 when Wisconsin enacted Wis Stat s. 255.065
Requires the place performing the mammogram to
tell the patient if they have dense breasts
And if they do – (40% of women do) that means
Cancer is more **difficult to see** using a mammogram –
and they need an **ultrasound of MRI** to know if they have cancer
They have an **increased risk** of breast cancer

If I had known that
I would have talked to my doctor about **my risk** of breast cancer
And I would have gotten an ultrasound or MRI – because **I could pay for it**
But many women don't have that kind of money
Can't pay for the test, or even a deductible or co-pay

That's why I'm here today

I don't want anyone else – and any other family to go through this

If this bill doesn't pass

We're creating a **two-tier system**

Those **with money** –

who can afford to pay for tests and will be **diagnosed earlier**

F those without enough money – who can't afford the secondary tests

Or **deductible or co-pay**

Who will be more likely to be **diagnosed later**

when a **cure may not be possible**

I'm asking you to pass this bill so that all women are more likely to **catch their breast cancer early**

When it's **more likely to be curable**

When it **won't cost an insurer $30 million to keep them alive**

October 12, 2021

Senate Committee Meeting

Regarding SB 413

Good morning/afternoon. Thank you to Senator Tustin and members of the Senate committee for allowing me a few minutes to explain my story of missed cancer diagnosis and delayed treatment and my appeal to have SB 413 approved.

My name is Gail Zeamer, and I live in Neenah Wisconsin with my husband and two daughters. I am a speech-language pathologist during the day, and I am surviving and thriving after my breast cancer diagnosis 5 years ago. My cancer story is a cautionary tale for others. It is a story of what CAN and WILL go wrong without proper information and screening protocols in place for women. My story is not unusual or unheard of. In fact, it is all too common among women in Wisconsin.

I was a diligent patient regarding preventative healthcare. I NEVER MISSED MY YEARLY MAMMOGRAM. I did self breast exams. When I felt a lump in my left breast in 2014, I told my doctor. He said to monitor the lump and keep my mammogram appointments. I was never informed that I had dense breast tissue or that I was at increased risk of tumors being missed because of that tissue. I was never offered additional screening to check the lump. I was told that lumps in women in their late 40's was typical; I believed what I was told. Eventually, in February of 2016, the tumor had grown, and although it was STILL MISSED ON 3D MAMMOGRAM, it had spread to my lymph nodes under my arm. It was that tumor – not the one in my actual breast - that was caught on the mammogram. My breast tumor was STILL NOT VISIBLE even though it was almost 4 cm in size. This quickly led to a diagnosis of STAGE 3C breast cancer, followed by chemotherapy, a double mastectomy, radiation and ongoing year-long treatment based on my type of cancer. I also missed 6 months of work due to this intense treatment protocol.

Please understand that I have great respect and confidence in doctors and healthcare providers. They have, in fact, saved my life. But there was a lack of access to appropriate screenings when it came to my dense breast tissue. Soon after my diagnosis I asked my healthcare provider why I was never offered an additional screening such as ultrasound. She told me "If I sent every woman with lumpy bumpys to a radiologist for an ultrasound, the system would be overloaded". Ultimately, if I had access to an ultrasound when I first noticed my lump, or even before, my cancer stage and treatment, as well as my ultimate survivability of this disease would have been much different than it is now. Being dismissed is no longer an option if women want to save their own lives. They need access to essential screenings.

My dense breast tissue, which is normal by the way, nearly 50% of women have this type of breast tissue, was the single most important factor that caused my late diagnosis of and advanced stage of cancer. Subsequently, my cancer has metastasized this year and I am now considered to be Stage 4 after more surgery this past Spring.

Upon being diagnosed in 2016, I worked tirelessly with State Assembly Representative Michael Rohrkaste to make sure women would be consistently and universally told of their breast density so that earlier diagnoses would be a possibility.

That bill was passed into law in April, 2018. Now, every woman in Wisconsin is informed in her mammogram report if she has level C or D breast density. It has made women more aware of this risk factor and allowed opportunities for women and their healthcare providers to discuss additional options for screening. Women are now empowered to be their own advocates.

Today, I am here to ask for your help with gaining access to necessary and essential screenings for women beyond mammograms, which is not a "one size fits all" tool, and in fact is a necessary but ultimately an INCOMPLETE SCREENING for women like me and for the 50% of women in Wisconsin with dense breast tissue. By adding insurance coverage of these additional screening tools, such as ultrasounds and MRI's, we would not be curing breast cancer, but we would be bridging the gap that currently exists between early diagnoses of cancer and advanced diagnoses.

At its core, this bill gives me hope that after 2021 women in Wisconsin won't have to endure what I did.

Gail Zeamer

Testimony in Support of Senate Bill 413

Scott Zellner

Chairman Testin, members of the Senate Committee on Health, my name is Scott Zellner and I am testifying in support of Senate Bill 413 on behalf of my wife Anne and our family.

Five years ago Anne and several other women worked with Sen. Alberta Darling and Rep. Mike Rohrkaste to pass 2017 Wisconsin Act 201, which made Wisconsin the 32nd state in the nation to require a facility that performs mammograms to provide a patient determined to have dense breast tissue, with a notice and specific information about dense breast tissue.

Anne testified before this Committee and the Assembly Health Committee.

Anne's advocacy on this issue was born of her and our family's personal experience.

Our story began in 2015 when Anne, at age 50 was diagnosed with stage 3 breast cancer. Anne was the epitome of health. A lifelong runner, a 10 year member of a masters swim team, and triathlete, she had been careful to make wise choices for her health and well-being.

She had gotten a baseline mammogram at age 35, and at age 40 she began getting annual mammograms. She had never missed a mammogram, and had had a 'clear' mammogram just four months before her diagnosis.

Her breast cancer diagnosis was a shock to her and to all of us.

Anne was diagnosed with an invasive lobular carcinoma. An MRI and more biopsies eventually revealed she had two tumors in her breast and cancer in her lymph nodes. She had surgery to remove the cancer and 20 lymph nodes. She had four rounds of chemotherapy, a surgery to remove her ovaries because her cancer was estrogen positive and 38 rounds of radiation treatment.

Anne was told that her breast cancer was a slow-growing type of cancer, which meant it must have been present for some time and not seen in the imaging she had undergone every year.

What Anne didn't know at the time of her diagnosis was that she was part of the almost 50% of women over age 40 who have dense breasts.

Anne also wasn't aware at that time that women with dense breasts are more likely to develop breast cancer, 50% more likely than women without dense breasts over their lifetime.

She also wasn't aware that seventy-one percent of all breast cancers occur in women with dense breasts.

And she also wasn't aware that dense breast tissue makes breast cancer much harder to find on a mammogram. In fact, studies have found that mammograms are only ~56% effective in dense tissue. That is a staggeringly low efficacy rate.

Anne believed strongly that Women in Wisconsin deserve to be given information about their breast density and the implications of breast density; and that is why she passionately advocated for the passage of 2017 Act 201.

But if you read Anne's testimony from 2017, she also believed and testified before this Committee that women in Wisconsin deserve to have equal access to early detection of cancer. That they should be able to have a conversation with their care providers regarding their body makeup, their risk factors, and the types of imaging available and equal access to that imaging... so that they with their physicians can make an informed choice regarding the type of imaging they receive.

We know that mammograms combined with additional screening, such as ultrasound or MRI, can increase detection of cancer in dense tissue by 25-56%.

Right now, mammograms are covered but these essential, lifesaving screenings are not. Out of pocket costs range from $250-$1084 for access to these screenings, which is prohibitive for many Wisconsinites, especially those struggling to make ends meet.

SB 413 builds on the notification required in 2017 WI Act 201 to ensure that women, regardless of their breast cancer risk and socio-economic background not only receive the information necessary for them to advocate for their own health, but also access the lifesaving screenings they need and deserve.

Anne concluded her testimony in 2017 noting her story, our family's story, did not need to happen. It was completely preventable if her breast cancer was detected at a Stage 1 diagnosis rather than a Stage 3 diagnosis. Anne believed we can make that a reality and save other women and their families from going through what we've been through by arming them with information about their breast density and removing the financial obstacles for them getting access to life-saving additional screening they deserve

In June 2019 we learned Anne's breast cancer had metastasized in the peritoneal layer surrounding her abdomen. Anne fought bravely, but lost her fight to cancer in June 2020, just a few days after turning 55 years old. Our family and I are devastated. I lost my wife, my soulmate. Our family lost a daughter, a sister and an aunt. Our chosen family lost a dear friend and the world lost her shining light. We all miss Anne every moment of every day.

This did not need to happen. Anne would still be here with us if early detection through essential screening for women with dense breasts had been done.

Thank you very much for having a public hearing on this very important piece of legislation and I encourage your support of SB 413.

October 12, 2021

Dear Chairman Testin and fellow Honorable Health Committee Members,

I am writing this testimony as an expert and also as a person who has been impacted by breast cancer. My name is Andrea Wolf. I serve as the CEO of the Brem Foundation to Defeat Breast Cancer. The Brem Foundation maximizes every woman's chances of finding early, curable breast cancer through education, access, and advocacy. Our innovative approach to breast cancer public education and behavioral change has led to many saved lives. Prior to my role at the Brem Foundation I served as Director of Public Policy at Girls Inc. and as an attorney at a large law firm based in Washington D.C.

While my professional experience has armed me with the facts and figures needed to make the data-based case for passing SB 413, it's my personal life that makes me understand how important this bill is to prevent deaths from breast cancer.

My family's story with breast cancer started well before I was born. In 1970, my grandmother was 33 years old. She had a 13-year-old son, a 12 year old daughter (my mom), and a 5 year old son. She was diagnosed with late-stage breast cancer, told that she had six months to live and that she should "wrap up her affairs." Well, after mutilating surgery, many rounds of chemotherapy, and a lot of suffering she beat the odds and lived for another 43 more years (even with a stage-4 ovarian cancer diagnosis at age 46). However, this experience had a profound impact on my mom.

My mom comes from a family of immigrants. At 12 she decided to dedicate her life to preventing other young girls from watching their moms suffer the way hers had. She went to college at age 16 (she was the first woman in her family to ever go to college), graduated from medical school, and became one of the world's preeminent breast imaging radiologists. One of her practices as a physician was to try out new equipment on herself before deciding whether to buy it. One evening, after her patients had all left, she tried out a new ultrasound device on herself. She found that the image quality was excellent but she also found that she had breast cancer. She was 37 and I was 12. History seemed to be repeating itself.

Like her mother, my mom also had many surgeries and a lot of chemotherapy. Now she is 26 years post-diagnosis and still saving women's lives. Growing up I heard a lot about breast cancer. I knew that I had to worry about getting the disease in my 30's. At age 22 I was tested for the BRCA gene mutation and found out that I was a mutation carrier. I had two daughters of my own at ages 24 and 28. I knew that I had to do something to try to prevent being the third generation of women in their 30's with this sinister disease. I had prophylactic mastectomies at age 30. I was cancer free. In celebration I did two things – I left my corporate job to lead a breast cancer nonprofit and I had two more daughters. I am now the proud mother of four girls and the leader of an innovative organization working tirelessly to prevent death from breast cancer. And that is why I am before you today.

As lawmakers there is almost nothing better you can do to save women's lives from breast cancer than voting for SB 413. About half of Wisconsin women have dense breast tissue. Dense tissue means that there is more connective or fibroglandular tissue in a breast than fatty tissue. Dense tissue is an independent risk factor for breast cancer. Having dense tissue increases a woman's risk for breast cancer by 4-6 times over her lifetime. But there is another issue with dense tissue – cancers hide in dense tissue. On a mammogram, dense tissue is white, and cancers are white. This means that unless cancers are very big, they are invisible or very hard to see on a mammogram. A mammogram plus an ultrasound increases cancer detection in dense breast tissue by up to 56%. It is important to note that early-stage breast cancer is 98% curable but late-stage breast cancer is about 22% curable. This means that women with dense tissue are much more likely to find smaller, more treatable breast cancers when they have mammograms with other screening modalities like ultrasound or MRI.

The first step to increasing early detection in women with dense breast tissue is to inform women about dense tissue. The second is to open access to lifesaving tests so that women in Wisconsin can get the care they need and deserve. Wisconsin made a great leap forward for women in 2018 when this body passed Wisconsin's Density Inform Law. Now it's time to finish that story and prevent the women of Wisconsin from suffering with preventable, late-stage breast cancers. Politics should not get in the way. This bill does not cost the government a single penny. In fact, there is a strong financial case for increasing coverage of essential, lifesaving breast screenings.

A breast screening beyond a mammogram costs, on average, between $350 - $1100. In 2016, the average cost per patient 24 months after breast cancer diagnosis was $71,909 for a stage 0 and $182,655 for a stage 4 cancer. While there are no published numbers, no doubt these figures have risen in the five years since the last study was published. This means that the difference per patient is, on average, $110,746 for an early cancer diagnosis vs a late cancer diagnosis. This number does not even consider the amount it costs for a woman to take months off of work, for her loved-ones to become caregivers (which often requires them to take leaves of absence from their jobs), or the pain and suffering endured during late-stage disease that can be avoided by earlier diagnoses. When the women of Wisconsin are properly screened with modalities beyond mammograms, the healthcare system will save astronomical amounts of money by identifying early-stage cancers before they cost enormous amounts of money to treat and manage. Obviously, finances are not the only reason to pass this bill, but it is a significant and, often overlooked, one.

Even if we put finances aside, there are two other reasons that this bill is desperately needed now. The first reason is medical necessity. There is an overwhelming amount of data consistently showing four things.

1. Dense breast tissue affects about half of women over age 40.
2. Dense breast tissue increases a woman's chances of getting breast cancer by 4-6 times over her lifetime.
3. Dense tissue hides cancers on mammograms but, usually, not on ultrasound or MRI.

4. Mammograms in combination with other screenings, such as ultrasounds and MRI's, in women with dense tissue are 56% more effective at finding earlier, more treatable cancers.

This data speaks for itself. In short, the medical case for opening access to ultrasound and MRI is irrefutable and clear.

The third reason for needing this bill is justice. This may seem curious. Why justice? As the law currently stands, women in Wisconsin are told that they have a strong, independent risk factor for breast cancer. They are told that other tests are effective at finding smaller, more curable breast cancers but then, many of them cannot access those exams. This feels borderline cruel. It's like telling someone they are in grave danger without giving them a way out. But the unfairness doesn't end there. Now, women in higher socio-economic brackets, who can afford essential screenings out of pocket, get the care they need and deserve. Not so for women who cannot afford to pay for the tests outright or who cannot afford high deductibles and co-pays. We do not live in a system where we bifurcate lifesaving, essential care based on socio-economics. When a person comes to an ER care is not determined by whether she can pay. Breast screenings, especially because they affect such a large percentage of the population, should be no exception. If this bill becomes law, we, collectively, will play a crucial role in giving all women – regardless of their socio-economic status – access to the lifesaving screening that they need and deserve. This bill is a critical step in saving women's lives in Wisconsin and in ensuring that health care is equally accessible without asking taxpayers to foot the bill.

As someone who has been impacted personally by this disease and who has dedicated her life to becoming an expert in, and an advocate for, early-detection, I can confidently say that if the Wisconsin Senate passes SB 413 you, as a group, will make one of the most long-lasting and meaningful impacts on the deathrate from breast cancer in Wisconsin. Thank you very much for your consideration.

Andrea Wolf
President & CEO
Brem Foundation to Defeat Breast Cancer
awolf7405@gmail.com

Wisconsin Radiological Society
a chapter of the ACR

TO: Senate Committee on Health

FROM: Dr. Gregg Bogost, Wisconsin Radiological Society

Re: Senate Bill 413

Thank you Senator Testin and members of the committee for the opportunity to testify in favor of SB413.

My name is Dr. Gregg Bogost, and I am the chair of the Wisconsin Radiological Society Government Relations Committee. We are radiologists, the physicians at the front line of breast cancer diagnosis. We interpret the mammograms, ultrasounds and MRI's that allow for the early detection that saves lives. We perform the biopsies for final diagnosis, and work closely with our colleagues in surgery and oncology.

In 2017, this legislature passed a breast density notification bill that gives women more individual control in determining their health care choices by knowing if they have elevated risk due to dense breasts. Unfortunately, the three screenings recommended for women with such elevated risk of cancer—MRI, whole breast

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Michael Blumenfeld, WRS Legislative Liaison, mblumenfeld@mblumenfeld.com

ultrasound and 3D mammography-- are often not covered by insurance. So while we are providing women with more information about their breast cancer risk, they do not always have access to the tools needed to reduce their risk of dying from breast cancer.

Two of these three tests, MRI and whole breast ultrasound, are identified as the so called supplemental screening tests in today's bill. These tests are addressed in the bill since they detect significant numbers of cancers at an early curable stage that mammograms will miss. All of us breast imagers at this table routinely see, and well-designed studies have shown, how such MRI and ultrasounds have saved lives of patients because cancers are detected at any early stage, before it has spread. So we advocate strongly in support of SB413.

Unfortunately, the test that is most used to increase detection of cancers in high risk as well as all women is digital breast tomosynthesis or so called 3-D mammography, but it is not universally covered, despite being a mature well established technology, available now for 10 years, and is the current standard of care screening tool in clinical use today. Through its ability to see through tissue that older mammography technology could not, 3-D mammography finds more invasive cancers earlier. At the same time, the more precise information from 3-D

decreases false alarms that require patients to return for more testing. That decreased need for additional testing decreases the otherwise incurred downstream costs of additional imaging, biopsies and surgeries.

While Medicare and most forward thinking major private insurers recognize this and therefore cover 3-D, a significant proportion of insurance companies have elected to not cover 3-D. For example in my practice in 13 south central Wisconsin hospitals and clinics, I estimate that up to 20% of women are not covered. Indeed, this is consistent with the coverage data we have provided with this testimony showing Wisconsin lagging in 3D coverage relative to nationally. What happens then in the real world for many centers, is that the technologist is put in the awkward position of offering the best test to the patient which is 3-D, but informs the patient that they have to pay out of pocket the additional $30-75. Unfortunately, many women don't have the resources and elect not to receive a 3-D mammogram.

Since the goal of SB413 is to have Wisconsin women have the same access to tests that can detect cancers earlier than the old standard of 2 dimensional mammography, we request the committee look to fill this hole and amend the language to require coverage for 3-D mammography as well as MRI and whole

breast ultrasound. This request for such parity in coverage is not without precedent. For example, this Legislature created parity in coverage for oral chemotherapy in addition to traditional IV chemotherapy.

We are lucky to have experts in breast imaging from both the private and academic spheres to illustrate the power of these technologies and answer your questions. With me to help answer your questions are Dr.'s Mai Elezaby and Dr. Anand Narayan from the University of Wisconsin. And I'd like to first introduce Dr. Jennifer Bergin, a fellowship trained breast radiologist from Radiology Waukesha who will now give us more detail on why these tests are valuable to both individual women and our community at large.

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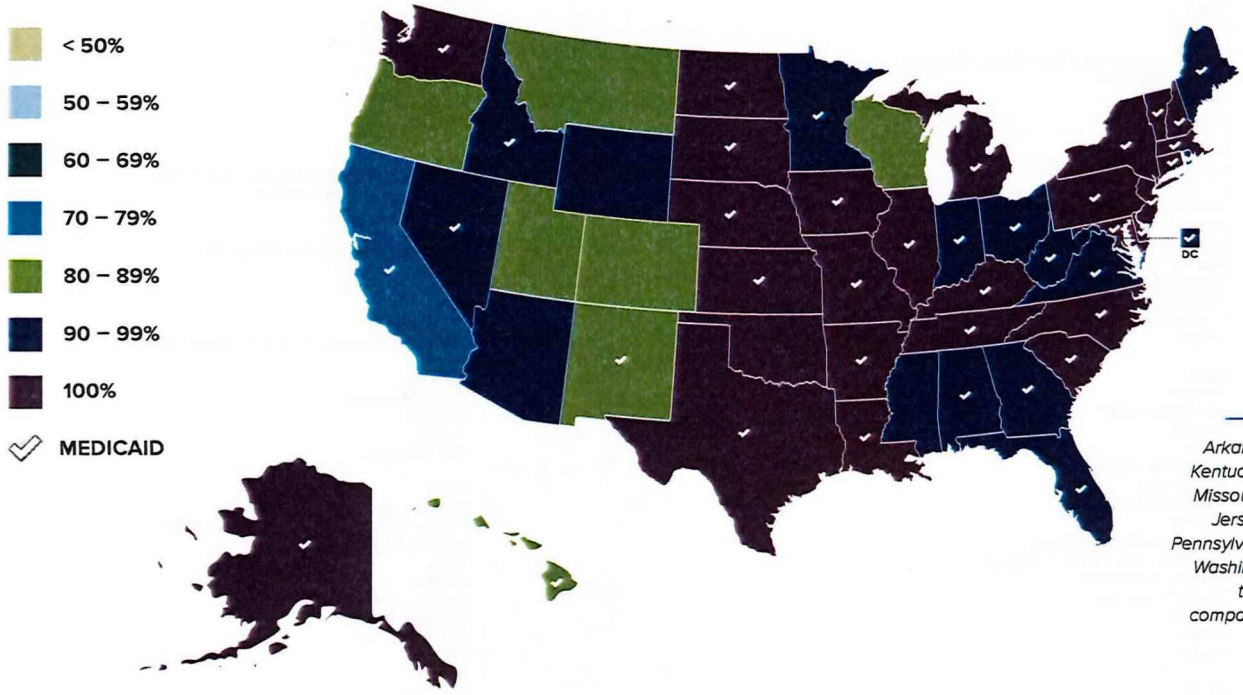

*Arkansas, Connecticut, Illinois, Kentucky, Louisiana** Maryland, Missouri* New Hampshire, New Jersey, New York, Oklahoma, Pennsylvania, Texas, Vermont and Washington enacted legislation that requires all insurance companies to cover Genius™ 3D Mammography™ exams*

Alabama	Aetna Anthem Alabama Medicaid BlueCross BlueShield of Alabama Cahaba Medicare Cigna Humana TRICARE United
Alaska	Aetna Anthem Alaska Medicaid Cigna Noridian Medicare Premera Blue Cross Providence Health Plan TRICARE United
Arizona	Aetna Anthem BlueCross BlueShield of Arizona CareMore Health Centene Cigna Humana Noridian Medicare TRICARE United
Arkansas	Aetna Anthem Arkansas BlueCross BlueShield Arkansas Medicaid Centene Cigna Humana Novitas Medicare TRICARE United WellCare
California	Aetna Anthem BlueCross Altamed Health Services Amerigroup Blueshield California Brandman Centers for Senior Care California Health and Wellness CalOptima CalViva Health Care 1st Health CareMore Health CenCal Health Centene Centers for Elders Independence Central California Alliance for Health Cigna City of Los Angeles Community Health Group County of Orange Gold Coast Health Health Net Health Plan of San Joaquin Health Plan of San Mateo Inland Empire Health Kern Health Systems Medi-Cal Molina Healthcare Noridian Medicare On Lok Partnership Health Plan Providence Health Plan Positive Healthcare San Francisco Health Santa Clara Family SCAN Health St. Paul's PACE TRICARE United UnitedHealthcare Military and Veterans Services
Colorado	Aetna Anthem BlueCross and BlueShield Colorado Cigna Humana Novitas Medicare TRICARE United

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As of May 2020

MISC-04535 Rev 010

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Delaware	Aetna Anthem Cigna Highmark Blue Cross Blue Shield Delaware Novitas Medicare TRICARE United
District of Columbia	Aetna Anthem AmeriHealth Caritas (DC) CareFirst BlueCross BlueShield Cigna District of Columbia Medicaid MedStar Family Choice Novitas Medicare TRICARE Trusted Health United
Florida	Aetna Anthem CareMore Health Centene Cigna First Coast Medicare Florida Blue Florida Medicaid Humana Medica Healthcare (Florida) Preferred Care Partners (Florida) SantaFe Healthcare Simply Healthcare TRICARE United WellCare
Georgia	Aetna Amerigroup BlueCross BlueShield of Georgia Cahaba Medicare Care Improvement Plus Centene Cigna Georgia Medicaid Humana TRICARE United WellCare
Hawaii	Aetna Anthem Cigna Hawaii Medicaid HMSA Noridian Medicare TRICARE United University Health Alliance (HI) WellCare
Idaho	Aetna Anthem Blue Cross of Idaho Cigna Idaho Medicaid Noridian Medicare PacificSource Regence BlueCross BlueShield Select Health TRICARE United
Illinois	Aetna Anthem BlueCross and BlueShield of Illinois Cigna Centene Community Care Alliance (Illinois) Family Health Network Harmony Health Health Alliance (Illinois) Humana IlliniCare Health Illinois Medicaid Meridian Health Plan of Illinois NGS Medicare TRICARE United WellCare
Indiana	Aetna Amerigroup Anthem BlueCross and BlueShield Indiana Centene Cigna Humana Indiana Medicaid Indiana University Health Managed Health Services Physicians Health Plan of Northern Indiana TRICARE United WPS Medicare
Iowa	Aetna Anthem Cigna Humana Iowa Medicaid Medica Medical Associates Clinic and Health Plans Meridian Health Plan of Iowa TRICARE United Wellmark BlueCross and BlueShield WPS Medicare
Kansas	Aetna Anthem Blue Cross and Blue Shield of Kansas City Cigna Humana Kansas Medicaid TRICARE United WPS Medicare
Kentucky	Aetna Amerigroup Anthem BlueCross BlueShield Kentucky CGS Medicare Cigna Humana Kentucky Medicaid Passport Health Plan UK HealthCare TRICARE United WellCare
Louisiana	Aetna AmeriHealth Caritas Louisiana Anthem BlueCross BlueShield of Louisiana Cigna Humana Louisiana HealthCare Connections Louisiana Medicaid Novitas Medicare TRICARE United Vantage Health WellCare
Maine	Aetna Anthem BlueCross and BlueShield Maine Cigna Maine Medicaid NGS Medicare TRICARE United
Maryland	Aetna Anthem CareFirst BlueCross BlueShield Cigna Jai Medical Systems Johns Hopkins Healthcare Maryland Medicaid Maryland Physicians Care MedStar Family Choice Novitas Medicare Priority Partners Riverside Health TRICARE United
Massachusetts	Aetna Anthem BlueCross BlueShield of Massachusetts AnthemBoston Medical Center (HealthNet) Centene Cigna Fallon Health Harvard-Pilgrim Health New England Massachusetts Medicaid Neighborhood Health Plan NGS Medicare TRICARE Tufts Health United

Michigan	Aetna Anthem BlueCross BlueShield of Michigan Cigna HAP Midwest Health HealthPlus of Michigan (HAP) Humana McLaren Health Care Meridian Health Plan of Michigan Michigan Medicaid Priority Health Sparrow Health System Total Health Care TRICARE United WPS Medicare
Minnesota	Aetna Anthem BlueCross BlueShield of Minnesota Cigna Fairview Health Services HealthPartners (MN) Medica Minnesota Medicaid NGS Medicare PreferredOne TRICARE United
Mississippi	Aetna Anthem BlueCross BlueShield of Mississippi Centene Cigna Humana Novitas Medicare TRICARE United WellCare
Missouri	Aetna Amerigroup Anthem BlueCross and BlueShield Missouri Blue Cross and Blue Shield of Kansas City Cigna Humana Missouri Care Missouri Medicaid Missouri State Health TRICARE United WPS Medicare
Montana	Aetna Anthem BlueCross and BlueShield of Montana Cigna Noridian Medicare PacificSource TRICARE United
Nebraska	Aetna Anthem BlueCross BlueShield of Nebraska Cigna Humana Medica Nebraska Medicaid TRICARE United WPS Medicare
Nevada	Aetna Amerigroup Anthem BlueCross and BlueShield Nevada CareMore Health Cigna Humana Nevada Medicaid Noridian Medicare TRICARE United
New Hampshire	Aetna Anthem BlueCross and BlueShield of New Hampshire Centene Cigna NGS Medicare New Hampshire Medicaid TRICARE United
New Jersey	Aetna Anthem CareMore Health Cigna Horizon Blue Cross Blue Shield of New Jersey New Jersey Medicaid Novitas Medicare OptumRx TRICARE United WellCare
New Mexico	Aetna Anthem BlueCross BlueShield of New Mexico Cigna Humana Molina Healthcare New Mexico Medicaid Novitas Medicare TRICARE United
New York	Aetna Blue Shield of Northeastern New York Blue Cross and Blue Shield of Western New York (Health Now) Capital District Physicians' Health Plan CareConnect (NS-LIJ) Cigna Emblem Health Empire BlueCross BlueShield Excellus BlueCross BlueShield Fidelis Care Healthfirst (New York) HealthNow New York Independent Health Lifetime Healthcare MVP Health Care New York State Medicaid NGS Medicare TRICARE United Univera BCBS WellCare
North Carolina	Aetna Anthem BlueCross BlueShield of North Carolina Cigna North Carolina Medicaid Palmetto Medicare TRICARE United
North Dakota	Aetna Anthem BlueCross BlueShield of North Dakota Cigna Medica Noridian Medicare North Dakota Medicaid Sanford Health TRICARE United
Ohio	Aetna Amerigroup Anthem BlueCross and BlueShield Ohio Aultman Health Buckeye Health CareSource CareSources Management Group Centene Cigna CGS Medicare Humana Medical Mutual Molina Healthcare Ohio Medicaid Paramount Health Premier Health ProMedica Health System SummaCare TRICARE United WellCare

genius3D MAMMOGRAPHY EXAM™

State mandates that require insurance coverage for breast tomosynthesis may not apply to self-funded health plans. Hologic Inc. cannot guarantee reimbursement or payment as individual plans and coverage may vary by patient. To verify contracted reimbursement rates, please reach out directly to the health plan.

As of May 2020

Oklahoma	Aetna Anthem BlueCross and BlueShield of Oklahoma Cigna Humana Kinderhook Industries Novitas Medicare TRICARE United
Oregon	Aetna Anthem Cigna Humana LifeWise Health (Oregon) Moda Health Noridian Medicare Oregon BCCP PacificSource Health Premera Blue Cross/Lifewise Providence Health Providence Health Plan Regence BlueCross BlueShield TRICARE United
Pennsylvania	Aetna Albright Care Services AmeriHealth Caritas Family of Companies AmeriHealth Caritas Northeast Anthem Capital BlueCross Cigna Gateway Health Geisinger Health System Grane Healthcare Health Partners (Pennsylvania) Highmark Humana Independence Blue Cross Independence Health Group Keystone First Living Independence for the Elderly Lutheran SeniorLife Lutheran Social Services NewCourtland LIFE Novitas Medicare Pennsylvania Medicaid St. Mary Medical Center The Lutheran Home for the Aged TRICARE United University of Pennsylvania University of Pittsburgh Medical Center UPMC Health Plan Vale-U-Health
Rhode Island	Aetna Anthem Blue Cross Blue Shield of Rhode Island Cigna NGS Medicare Rhode Island Medicaid TRICARE United
South Carolina	Aetna Anthem BlueCross BlueShield of South Carolina Cigna Palmetto Medicare Select Health (South Carolina) South Carolina Medicaid Spartanburg Regional TRICARE United
South Dakota	Aetna Anthem Avera Health Cigna Medica Noridian Medicare Sanford Health Plan South Dakota Medicaid TRICARE United Wellmark and Blue Cross Blue Shield
Tennessee	Aetna Amerigroup Anthem BlueCare BlueCross BlueShield of Tennessee Cahaba Medicare CareMore Health Cigna Humana Tennessee Medicaid TRICARE United UnitedHealthcare Community Plan
Texas	Aetna Amerigroup Anthem BlueCross and BlueShield of Texas CareMore Health Centene Cigna Humana Novitas Medicare Physicians Health Choice Seton Healthcare Family Texas Medicaid TRICARE United WellCare
Utah	Aetna Anthem Cigna Humana Intermountain Healthcare Noridian Medicare Regence BlueCross BlueShield SelectHealth TRICARE United University of Utah
Vermont	Aetna Anthem BlueCross BlueShield of Vermont Cigna MVP Health Care NGS Medicare TRICARE United Vermont Medicaid
Virginia	Aetna Anthem BlueCross and BlueShield Virginia CareFirst BCBS Cigna Palmetto Medicare Sentara Health TRICARE United Virginia Medicaid
Washington	Aetna Anthem Asuris Northwest Health Cambia Health Solutions Centene Cigna Community Health Plan Coordinated Care Humana LifeWise Molina Healthcare Noridian Medicare Peace Health Premera Blue Cross Providence Health Plan TRICARE United Washington State Medicaid & State Employees
West Virginia	Aetna Anthem Cigna Highmark Blue Cross Blue Shield West Virginia Humana Palmetto Medicare UniCare TRICARE United West Virginia Medicaid
Wisconsin	Aetna Anthem BlueCross and BlueShield Wisconsin Cigna Dean Health (SSM Health) Humana Medica Network Health NGS Medicare Physicians Plus Quartz Security Health TRICARE United
Wyoming	Aetna Anthem BlueCross BlueShield of Wyoming Cigna Noridian Medicare TRICARE United

genius3D MAMMOGRAPHY EXAM

State mandates that require insurance coverage for breast tomosynthesis may not apply to self-funded health plans. Hologic Inc. cannot guarantee reimbursement or payment as individual plans and coverage may vary by patient. To verify contracted reimbursement rates, please reach out directly to the health plan.

As of May 2020

Wisconsin Radiological Society
a chapter of the ACR

TO: Senate Committee on Health

FROM: Dr. Jennifer Bergin, Wisconsin Radiological Society and Radiology Waukesha

Re: Senate Bill 413

Dear Senator Testin and members of the Senate Health Committee:

Thank you for the opportunity to speak before you today. My name is Jennifer Bergin and I am a breast imaging radiologist with Radiology Waukesha in southeastern Wisconsin. I am joined by Dr. Mai Elezaby and Dr. Anand Narayan, both breast imaging radiologists at the University of Wisconsin. We are speaking on behalf of the Radiological Society of Wisconsin in support of Senate Bill 413. We also request an amendment to SB 413 to include coverage for screening digital breast tomosynthesis (DBT).

Senate Bill 413 addresses one of the biggest obstacles to necessary breast screenings for thousands of Wisconsin women who have an increased risk of breast cancer by requiring insurance coverage of supplemental screenings like MRI and ultrasound. Nearly 40% of women have dense breast tissue. In Wisconsin, approximately 489,308 women[1] have dense breast tissue which places them at higher risk of breast cancer and also reduces the sensitivity of mammograms. An additional 174,415 Wisconsin women are considered at higher risk of breast cancer based on risk factors like their genetics, family history, and prior biopsies, among other factors.[2]

Women with dense breast tissue are more likely to have a false negative mammogram and experience an interval cancer, meaning that the patient is doing everything "right" by coming for regular screening mammograms, but that a cancer is found in between mammogram visits, usually when the woman feels a lump. Interval cancers are more likely to have aggressive characteristics and worse outcomes.[3] This group of women, along with women at high risk due to other factors, benefit from supplemental screening with breast MRI or breast ultrasound.

Breast MRI detects 14.7 additional cancers beyond those found on mammograms for every 1000 women who undergo screening.[4] Breast ultrasound detects 2-6 additional cancers for every 1000 women. Despite strong evidence that women with dense breasts and higher risks of breast cancer benefit from having an MRI or ultrasound in addition to mammography, less than seven percent of high-risk women undergo supplemental screening.[5,6] The number one obstacle for women is cost. Therefore, we are in strong support of this bill as a means to eliminate this obstacle to necessary care.

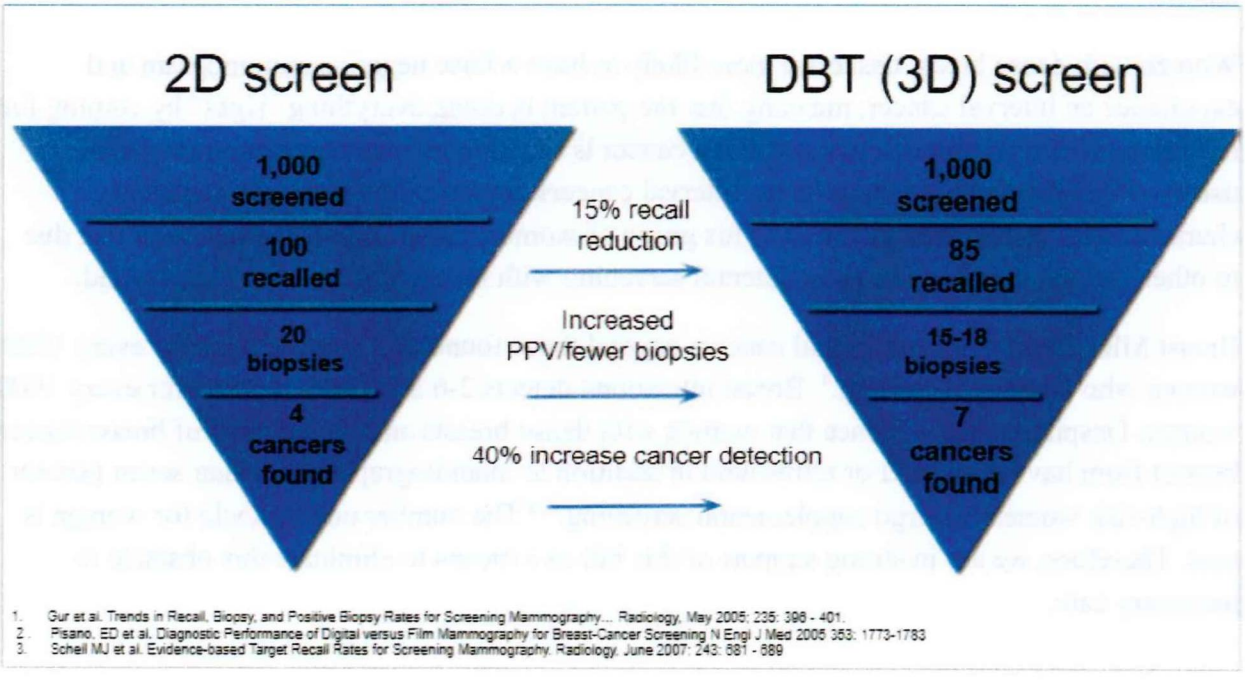
Contact: Dr. Jennifer Bergin, WRS Member, berginjt@gmail.com
Michael Blumenfeld, WRS Legislative Liaison, mblumenfeld@mblumenfeld.com

However, we believe that amending the bill to include insurance coverage of digital breast tomosynthesis for all women would make it even stronger. Such a measure would ensure that all women, regardless of their insurance, socioeconomic status, or breast cancer risk have access to the best mammogram available.

DBT was introduced in 2012. Of the 218 accredited mammography facilities in Wisconsin,[7] the vast majority now offer DBT. The technology took off quickly due to its great advantages over 2D mammography. Conventional 2D mammography produces planar images; typically a total of 4 images in a screening exam. In DBT, the patient is positioned just like conventional mammography, but the x-ray tube makes an arc over the breast, acquiring low-dose pictures from different angles. Those images are then used to create a stack of 1 mm slices, typically a total in the range of 80-320 images, depending on the size of the breast.

Conventional 2D mammography results in overlapping normal tissue. This can result in both unnecessary recalls from screening mammograms (false positive studies) and in missed cancers (false negative studies). Up to 20% of the cases in which a woman is recalled from screening for additional mammographic views and possibly ultrasound are a result of overlapping normal tissue simulating a lesion.[8] These false alarms cause anxiety, inconvenience, and increased cost. In addition, overlapping dense tissue can hide a breast cancer, with as many as 20-30% of cancers missed by conventional 2D mammography.[9]

The use of DBT has been extensively studied and results show a 41% increase in the detection of invasive breast cancers and a 15% reduction in recalls for additional imaging.[10] These benefits are true for all types of breast tissue and hold true for women of both average and higher breast cancer risk.



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The increased cancer detection from DBT, screening MRI, and screening ultrasound results in improved outcomes for women because cancer is detected earlier, at a more treatable time. Women who are diagnosed with breast cancer when it is localized (meaning only in the breast) have a 5-year survival rate of 99%. That number decreases to 86% when the cancer is detected in a regional state, meaning that it has spread to nearby lymph nodes or adjacent tissue. The 5-year survival rate drops to 29% when women are diagnosed with breast cancer that is in the distant stage, meaning it has spread to areas like lung, liver, or bone.[11]

The increased cancer detection also results in significant cost savings. Treating early-stage breast cancer costs significantly less than treating advanced breast cancer. The average costs per patient with advanced breast cancer in the first year after diagnosis were more than twice those of patients with early stage disease. This holds true 24 months after diagnosis as well.[12]

Fortunately, most women who undergo screening do not have breast cancer. When DBT is used for screening, there are social and financial benefits for these healthy women as well. First, there are harms associated with false positive exams. Women with a false positive result are less likely to return for routine screening,[13] resulting in a lost future opportunity to detect a cancer early, should one occur. The use of DBT makes that possibility 15% less likely to occur. False positive exams are expensive, with typical in-network costs in the range of $400 for a diagnostic mammogram and $700 for a breast ultrasound.[14] Again, the use of DBT reduces the likelihood of those expenses by ~15%.

To an individual patient, those statistics are good news. When applied to a population, the financial benefits of using DBT for screening are even greater. Models show that in a typical state Medicaid program, the cost savings of using DBT average $207,000 annually.[15] Another analysis using existing claims in a large private insurance plan showed savings of $2.4 million dollars annually for a plan with one million members.[16] Finally, a study analyzing the cost-effectiveness of DBT in community-based healthcare facilities found the cost per cancer detected was lower in women who utilized DBT. The savings per 100 cancers detected was $3.7 million for private insurers and $900,000 for Medicare insurance.[17]

Earlier detection of breast cancer results in improved quality of life for women and lower overall costs. Supplemental screening has proven to increase the earlier detection of breast cancer and decrease the need for additional imaging beyond the screening exam. We support your efforts to require insurance coverage for essential supplemental screening exams and request that you amend SB 413 to include coverage for digital breast tomosynthesis.

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Wisconsin Radiological Society
a chapter of the ACR

3D MAMMOGRAMS ARE ESSENTIAL BREAST SCREENINGS

The Wisconsin Radiological Society (WRS) strongly supports expanding insurance coverage of essential breast screenings. All Wisconsin women deserve access to the same standard of care, no matter where they live in the state or how they receive health coverage. The American College of Radiology (ACR) recommends coverage of 3D mammography, also known as digital breast tomosynthesis (DBT), as a medically necessary screening. DBT should be recognized as an essential breast screening along with ultrasound and MRI.

WHAT IS 3D MAMMOGRAPHY (DIGITAL BREAST TOMOSYNTHESIS OR DBT)

Digital breast tomosynthesis (DBT) is a mammography-based system that acquires low-dose images of the breast at multiple angles during a short scan time. The individual images are then reconstructed into a series of thin, high-resolution slices. This provides a clearer depiction of the internal architecture of the breast, making breast cancers more easily detectible.

DBT IS MORE EFFECTIVE THAN TRADITIONAL MAMMOGRAMS AND LOWERS COSTS

DBT is not only more effective at detecting cancer compared to traditional 2-D imaging, but it also produces a lower rate of false positives. This means that women screened by DBT are: 1) more likely to receive an early breast cancer diagnosis, allowing earlier, less costly treatment; and 2) less likely to need follow-up imaging, which means lower costs and less anxiety.

Studies have confirmed that DBT screenings lead to:

- **41%** statistically significant **increase** in the **detection** of invasive breast cancers.
- **29%** statistically significant **increase** in the **detection** of all breast cancers.
- **15%** statistically significant **decrease** in women **recalled** for additional imaging.
- An **estimated savings of $2.4 million per year** per health plan

Contact: Dr. Gregg Bogost, WRS Legislative Chair, gbogost@lucidwisconsin.com
Michael Blumenfeld, WRS Legislative Liaison, mblumenfeld@mblumenfeld.com

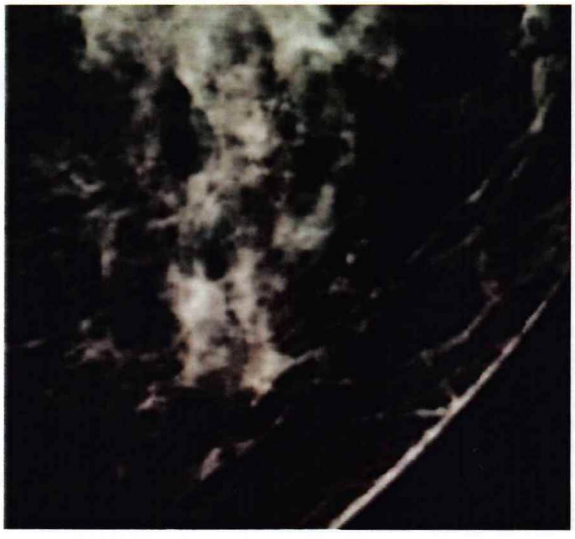
LACK OF WISCONSIN DBT COVERAGE REQUIREMENT CREATES BREAST CANCER SCREENING PARITY ISSUE

While federal payors like TRICARE, Medicare and Medicaid offer coverage of DBT, there is currently no Wisconsin coverage requirement. This has led to a serious breast cancer screening parity issue since it means that not all Wisconsin women are receiving coverage of the best possible screening mechanism.

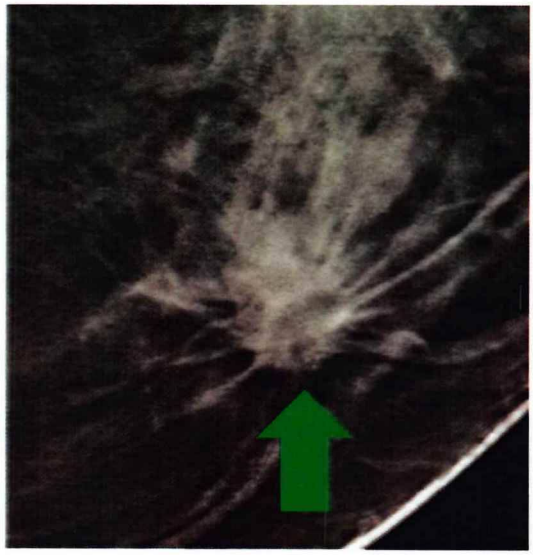
Women whose health plans don't cover DBT are forced to choose between paying more for a better test or going with the less effective option because it has little-to-no cost.

WHY WISCONSIN SHOULD COVER DBT

- Ends a breast cancer screening parity issue by ensuring that all Wisconsin women have access to the most effective type of mammogram, reflecting the standard of care
- DBT is more effective at detecting breast cancer, allowing earlier, less costly treatment
- DBT has less false positives, reducing the need for follow-up imaging, which lowers costs
- 18 other states plus Medicare, Medicaid and TRICARE cover DBT



Digital 2D mammogram with dense breast tissue obscuring tumor



Slice from 3D mammogram showing stellate shaped mass of breast cancer in the same patient

Wisconsin Association of Health Plans

The Voice of Wisconsin's Community-Based Health Plans

Senate Bill 413
Senate Committee on Health
October 12, 2021

Chairman Testin, members of the Committee, thank you for the opportunity to testify today. My name is Tim Lundquist and I am the Director of Government and Public Affairs at the Wisconsin Association of Health Plans. The Association is the voice of 12 Wisconsin community-based health plans that serve employers and individuals across the state in a variety of commercial health insurance markets. Our members are also proud to partner with the state to serve Wisconsin's State Group Health Insurance Program, and the Medicaid Managed Care program.

Community-based health plans agree with the goal of Senate Bill 413, which is to ensure patients have access to needed diagnostic breast screenings. Community-based health plans strongly support access to necessary preventive and diagnostic screenings, and generally cover breast screenings beyond mammography when these screenings are indicated by specific risk factors.

However, we are concerned with the implications of putting the coverage criteria proposed here into law. We also oppose the cost-sharing caps included in this legislation.

Health plan chief medical officers, utilization management staff, and clinical staff, regularly review medical literature and guidelines from a variety of sources to develop and apply coverage criteria. Health plans are required today to provide patients access to medically necessary treatment and are required to provide first-dollar coverage for preventive care. These requirements ensure health plans continually review coverage policies so that patients have access to the right care at the right time. Flexibility and adaptability are key, and insurance providers' coverage policies change with developments in medical science and practice. Placing specific coverage criteria into law is an alternative approach, but one that can inhibit change and promote adherence to what can become a dated set of guidelines. In general, we encourage the legislature to be very cautious when considering this approach.

In addition, putting coverage criteria into law can also have the effect of providing a final answer to questions that are still under debate. For example, SB 413 requires health insurance providers to cover breast screenings beyond mammography when a mammogram has shown dense breast tissue. Presumably, this mandate follows a belief that *all patients in these instances* will benefit from advanced mammography. But there are many experts who disagree.

For example, the American College of Obstetricians and Gynecologists "does not recommend routine use of alternative or adjunctive tests to screening mammography in women with dense breasts who are asymptomatic and have no additional risk factors... Evidence is lacking to advocate for additional testing until there are clinically validated data that indicate improved screening outcomes." Similarly, the United States Preventive Services Task Force "concludes that the current evidence is insufficient to assess the balance of benefits and harms of adjunctive screening for breast cancer using breast ultrasonography, magnetic resonance imaging, DBT, or other methods in women identified to have dense breasts on an otherwise negative screening mammogram."

I also want to address the cost-sharing requirements included in this legislation. Community-based health plans want individuals to be able to access the care they need, and we recognize that costs can sometimes be a barrier. However, when cost-sharing caps are put into statute, these costs do not simply disappear. Instead, they are reflected elsewhere in either rising premiums or rising copays or coinsurance on other services.

Community-based health plans appreciate efforts to ensure patients have access to the care they need and at a price they can afford, but SB 413 takes the wrong approach on this issue. We respectfully request your opposition to this legislation.

AHI
ALLIANCE OF
HEALTH INSURERS

To: Members, Senate Committee on Health
From: Rebecca Hogan
Re: Opposition to SB 413

The Alliance of Health Insurers (AHI) is a nonprofit state trade advocacy organization created to promote essential and effective health insurance industry regulations that serve to foster innovation, eliminate waste, and protect Wisconsin health care consumers. We oppose Senate Bill 413 and appreciate the opportunity to share these concerns with the Senate Committee on Health.

AHI members today provide coverage for breast cancer screenings and, in most cases, provide coverage for essential breast screenings for individuals with dense breasts and have above-average risks for breast cancer. AHI members do not oppose providing coverage of this type of breast cancer screening.

AHI members *do* object to the state-imposed, maximum out-of-pocket cost of $50, what the industry calls "the copayment cap." AHI also objects to ambiguity of the language around risk assessment tools, and ceding to providers wide discretion in determining the medical necessity of the additional screening.

Though a copayment cap may be savings for one individual patient, caps like these only increase the cost of healthcare for all. As already seen in the prescription drug space, when copays are capped at a fixed dollar amount, enrollees see costs go up for other health benefits because a larger share of the actual price of drugs get placed on the overall health insurance marketplace.

In this bill, a copayment cap on essential breast screening beyond mammography means the cost of the enhanced imaging – which can be ten to fifteen times more expensive than a mammogram - will be covered by insurance companies, but, at the end of day, these costs will ultimately be shifted onto the entire insurance marketplace, raising costs for everyone.

In most cases, AHI members companies already cover essential breast screenings beyond mammography as required under Section 7 of Senate Bill 413, however we believe legislating medical best practices is problematic. The practice of medicine is continuously evolving. The requirements in this legislation could be outdated six months after implementation, yet the state mandate would remain. Best practices and risk assessment tools are constantly changing. Including language in statute around a specific technology is not practical and does not make sense. It is a dangerous and slippery slope.

The legislation, at the end of Section 7, also provides too much discretion for the provider to determine additional screening as medically necessary…in accordance with the American College of Radiology. Currently, the United States Preventative Task Force is in the middle of their review for screenings for breast cancer. The Task Force keeps recommendations as current as possible by routinely updating existing recommendations and developing new recommendations. The task force recommendations will be adopted as guidelines by the CDC

and Medicare will follow the CDC guidelines. As previously stated, best practices are always changing and it is possible that after this review, the statutory language under this bill would already be outdated.

Thank you for this opportunity to submit testimony today and we respectfully ask you oppose Senate Bill 413 for the reasons shared here.

Please contact me at 608-256-9506 if you would like to discuss the bill in depth.

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The Recommendation Development Process

The Task Force follows a multistep process when developing each of its recommendations. Use the graphic below to see where this recommendation is in the development process. Learn about our full development process.

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