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**Proponent Testimony**  
**Senate Bill No. 409**  
**Financial Institutions and Insurance Committee**  
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Madam Chair and Members of the Committee:

Thank you for the opportunity to present written testimony on behalf of women living in the state of Kansas in support of Senate Bill 409, pertaining to the requirement of insurance coverage for diagnostic examinations for breast cancer. I am a physician who specializes in breast imaging, currently working and living in Wichita, Kansas. I offer this testimony not only as someone who takes care of women at risk for breast cancer, but also as someone who has lost a loved one to the dreaded disease. I have seen what breast cancer does to women, including my mother, who was a breast cancer survivor for over 15 years before ultimately losing her battle with the disease.

According to the American Cancer Society, breast cancer is the most commonly diagnosed cancer in the United States, accounting for 30% of all newly diagnosed cancer cases in our nation. It is second only to lung cancer in the amount of deaths it causes and is responsible for 15% of all cancer deaths. Survival rates for women diagnosed with invasive breast cancer in America are excellent (5- and 10-year survival rates of 90% and 84%, respectively), largely due to continued improvement in early detection and treatment methods. However, disparities in health care remain, with a 9%-10% lower survival rate for black women than for white women and for advanced-stage disease (1). It is imperative to not only find cancers as early as possible to minimize morbidity and mortality, but also increase access to screening in order to close the gap caused by inequities in health care coverage.

Mammography is the best and most cost-effective tool we currently have to screen for breast cancer. About 10% of the time, an abnormality is seen on screening mammogram that requires further evaluation with a diagnostic breast imaging exam (mammography, ultrasound or magnetic resonance imaging [MRI]). In that regard, diagnostic breast exams are really an extension of the screening exam and are essential to rule out a breast cancer diagnosis. Additionally, diagnostic breast imaging is used to more closely follow patients with a history of breast cancer and further evaluate an abnormal finding on clinical breast exam.

At present, these exams are not covered by insurance at the same level as screening mammography. Thus, women called back from screening mammography or referred for diagnostic breast imaging to rule out cancer will typically be faced with hundreds to thousands of dollars in out-of-pocket costs to cover these exams. As a point of comparison, screening for colon cancer is performed with colonoscopy and it is also covered by insurance at no cost to the patient. When patients are found to have an abnormality such as a polyp during this screening exam, a biopsy is performed on the spot and pathologic analysis will confirm the presence or absence of disease. These additional evaluative and diagnostic features of colonoscopy are covered at no additional cost to the patient under the Affordable Care Act. We should be providing the same

level of coverage for women facing a potential breast cancer diagnosis, especially when considering it is a more common and deadly form of cancer.

In caring for and speaking with patients, I have witnessed firsthand the frustration and confusion caused by out-of-pocket costs associated with diagnostic breast imaging. Many of these women who are unable to afford diagnostic breast exams will often decide to delay, or worse yet, forego the exam altogether. It has been well established that treatment of late-stage breast cancer is more costly than treating early-stage breast cancer. Along the same lines of reasoning, the expense involved in covering a diagnostic breast exam is ultimately less costly than a delayed or missed cancer diagnosis, that could have been avoided by proper and complete screening, to include said diagnostic breast exams. Although it is difficult to gather statistics related to the consequences of patients who decline screening or diagnostic breast exams, research from the Henry J Kaiser Family Foundation (KFF) has shown that women with insurance coverage are about two times more likely to report having had a mammogram in the past two years compared to their uninsured counterparts (2). From this data, it is reasonable to assume that women with insurance coverage are also more likely to undergo diagnostic breast exams. Considering additional facts related to breast cancer, although white women in the United States have the highest incidence of breast cancer, black women have a higher mortality rate from breast cancer. There are many potential reasons for this disparity, some of which are related to factors that are difficult to control, like genetics. Access to screening, follow up evaluation and treatment are additional factors that also likely contribute to this inequity, and ensuring coverage of diagnostic exams would likely help bridge this health care gap.

Additional research by KFF from 2014-2016 shows a very favorable rate of mammography among women in Kansas, with about 80% of women in our state reporting to have had a mammogram in the previous two years, one of the highest rates in the nation (2). We have a unique opportunity to build on this encouraging statistic and serve as a model for other states in our country. Passing this bill will allow us to lead by example and remain at the forefront of women's health, all while helping to improve the disparities in health care we currently face in our society. It is for these reasons I ask you to support SB 409. Thank you for your consideration of my testimony.

Respectfully Submitted,



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REFERENCES:

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2. Henry J Kaiser Foundation. Women's Health Policy. (2019, September 26). *Coverage of Breast Cancer Screening and Prevention Services*. <https://www.kff.org/womens-health-policy/fact-sheet/coverage-of-breast-cancer-screening-and-prevention-services/>