



***Written Testimony Supporting House Bill 230***  
***Submitted to the House Appropriations Compensation and Retirement Subcommittee***  
***February 5, 2024***  
***By Susan G. Komen***

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Chairman Willett, and Members of House Appropriations Compensation and Retirement Subcommittee. My name is Genise Smith-Watkins, and I am the State Policy & Advocacy Manager at Susan G. Komen®. Thank you for the opportunity to provide testimony in support of House Bill 230, which will eliminate cost-sharing for medically necessary diagnostic and supplemental breast imaging. To provide clarity of the bill, we have included the definitions of Diagnostic and Supplemental breast examinations according to the National Comprehensive Cancer Network (NCCN) guidelines.

Komen is the world's leading nonprofit breast cancer organization representing the millions of people who have been diagnosed with breast cancer. Komen has an unmatched, comprehensive 360-degree approach to fighting this disease across all fronts—we advocate for patients, drive research breakthroughs, improve access to high quality care, offer direct patient support and empower people with trustworthy information. Komen is committed to supporting those affected by breast cancer today, while tirelessly searching for tomorrow's cures. We advocate on behalf of the estimated 7,810 people in Virginia who were diagnosed with breast cancer and the estimated 1,150 who died from the disease in 2023 alone.

Widespread access to preventive screening mammography is available to millions of women as a result of the Affordable Care Act (ACA). Unfortunately, most individuals at a higher risk of breast cancer or those requiring follow-up imaging due to an abnormal mammogram result face hundreds to thousands of dollars in patient cost sharing for this required imaging – all before they are even potentially diagnosed with breast cancer. Mammography is only the initial step in the early detection process and is not able to alone diagnose cancer. Early detection of breast cancer is not possible without the medically necessary diagnostic follow-up or additional supplemental imaging required to rule out breast cancer or confirm the need for a biopsy. An estimated 12 percent of women screened with modern digital mammography will require follow-up imaging.

The use of breast cancer screening and follow-up diagnostics have led to significant increases in the early detection of breast cancer in the past 30 years. However, this is not true across demographics. Evidence shows that commercially insured Black breast cancer patients were diagnosed at a later stage and had a higher mortality rate when compared with their white counterparts with the same insurance status. Additionally, Hispanic women tend to be diagnosed with later stage breast cancers than non-Hispanic white women which may be due to delays in follow-up after an abnormal mammogram.

A Komen-commissioned study found the out-of-pocket costs for patients to be high, with much variation for diagnostic breast imaging. For example, the average patient cost for a mammogram is \$234, and for a breast MRI, \$1,021. The study also found that the inconsistency in cost and coverage is a recognized concern among patients, and health care providers. Which leads to additional stress and confusion for patients who are already dealing with the daunting possibility of a breast cancer diagnosis.

Unfortunately, we often receive calls and emails from individuals who are unable to afford the out-of-pocket costs for their recommended breast imaging. Without assistance, many will simply delay or forego these medically necessary tests. This delay can mean that patients will not seek care until the cancer has spread making it much deadlier and much more

costly to treat. Breast cancer can be up to five times more expensive to treat when it has spread beyond the breast to other parts of the body.

As committed partners in the fight against breast cancer, we know how deeply important it is for all cancer patients to have fair and equitable access to breast imaging that may save their lives. As such, we support HB 230 and urge you to pass this critical legislation, which will eliminate burdensome out-of-pocket costs for patients.

**Thank you for your consideration.**