

May 27, 2025

Chairman Lampton, Vice Chair Craig, Ranking Member Tims, and esteemed members of the Insurance Committee:

Thank you for the opportunity to submit written testimony in support of Ohio House Bill 271, the Breast Examination Screening Transformation (BEST) Act, to eliminate patient cost-sharing for medically necessary supplemental screening, diagnostic imaging, and biopsies to detect breast cancer early and save lives.

My name is Dr. Annie Brown and I diagnose breast cancer daily. I am a board-certified radiologist specializing in breast imaging and currently serve as the associate section chief of breast imaging at the University of Cincinnati and chair of an expert panel on breast imaging for the American College of Radiology. I am also a mother of three daughters, and I support H.B. 271 not only as a physician but as a parent, deeply committed to protecting the health of women and families across our state.

Breast cancer remains one of the most common cancers affecting women. The number of men affected by breast cancer is also on the rise. Last year, over 500 Ohioans lost their lives to breast cancer. Many of those deaths could have been prevented with earlier detection and diagnosis. Yet, for far too many of my patients, financial barriers stand in the way of that early detection.

In my practice, I frequently care for patients who have a breast finding suspicious for breast cancer — perhaps a lump or an abnormality on a screening mammogram or dense tissue that obscures potential cancers. The next medically necessary step is additional testing, often an ultrasound or an MRI and in rare cases a biopsy, to determine whether cancer is present.

Unfortunately, these additional exams are not always fully covered by insurance. Patients may face hundreds or even thousands of dollars in out-of-pocket costs. Faced with this financial burden, some women choose to delay or decline further testing—despite the potential risk. As a physician, there is no more heartbreaking scenario than knowing a delay in diagnosis could cost a patient their life.

This legislation builds on the success of Ohio House Bill 371, which Representative Jean Schmidt championed and which this body passed in 2022. House Bill 371 expanded access to screening mammography for women with dense breasts, an important step forward. The bill now under consideration takes the next critical step: ensuring that cost does not deter women from completing the diagnostic process when there is clinical concern for breast cancer.

Eliminating cost-sharing for examinations to detect breast cancer will:

- Improve early detection rates and outcomes for breast cancer
- Reduce disparities in care, particularly among low-income, rural, and underserved populations
- Prevent advanced-stage breast cancer diagnoses, which are costlier to treat and have lower survival rates
- Allow women and their families to face fewer financial and emotional burdens during an already frightening time

This is sound health policy. It is also fiscally responsible. Early detection not only saves lives—it saves money by avoiding the high costs of late-stage cancer treatment. And it is profoundly just: no one should be penalized for having dense breasts, a suspicious lump, or a need for more accurate imaging.

Ohio is not alone in addressing this issue. Other states – including Maryland, Missouri, Oklahoma, Pennsylvania, South Carolina, Colorado, Illinois, Arkansas, and Arizona – have recently passed or are actively considering legislation to eliminate cost-sharing for diagnostic and supplemental breast imaging. Along with these states, Ohio can lead the country and ensure that our policies reflect the best available science and the real needs of our patients.

As a physician and on behalf of UC Health, I urge this committee to advance the BEST Act and send a clear message that Ohio prioritizes timely, accessible breast cancer detection for all.

Thank you for your time, your service, and your commitment to the health of Ohioans.

Sincerely,



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