Testimony of Danny Hurley, Lobbyist

House Bill 271 – BEST Act

May 27th, 2025

House Insurance Committee

Chairman Lampton, Vice Chair Craig, Ranking Member Tims, and members of the House Insurance Committee, thank you for the opportunity to provide testimony in support of House Bill 271, legislation that would expand access to supplemental and diagnostic screenings for breast cancer. I have the honor of working with Susan G. Komen as their lobbyist in Ohio.

Unfortunately, nearly everyone on this committee, and even everyone in this hearing room has been impacted by breast cancer. Some may be survivors while others have lost a loved one. You have heard and will hear many stories today from survivors about their personal challenges in battling breast cancer. I want to commend the bill's sponsors for bringing this important legislation forward. Rep. Schmidt has been a tireless advocate for access to breast cancer screenings and treatments while Rep. Williams bravely shared his own story last week. The courage of these advocates and champions is an inspiration for us all.

While I have seen breast cancer take loved ones from my family, my role today is not to share another tragic story, but instead to give you an overview of some data points from states that have enacted similar legislation to HB 271. As you know, this legislation would eliminate patient cost-sharing for health plans regulated by the Ohio Department of Insurance as well as the State Employees Health Plan and Ohio Medicaid.

First, it is important to note that most health plan enrollees would not need the supplemental and diagnostic screenings covered under this bill. Further, this legislation does not enact a new coverage mandate or requirement for new services in the Ohio Revised Code. While HB 271 offers some clarity on the provisions enacted in HB 371 (134th), the primary goal is to eliminate the cost burden for patients seeking these services. Existing state and federal laws already prohibit cost-sharing for an annual mammography screening.

A recent study published in the Journal of Radiology found that 20% of patients with an abnormal mammography would not seek follow-up screenings if they had to pay out of pocket. Additionally, 18% of respondents said the potential for costly out-of-pocket costs for a supplemental screening would be a deterrent to seeking an initial mammography screening. An estimated 11,800 Ohioans will be diagnosed with breast cancer in Ohio this year, and we know that early detection dramatically lowers the total cost of care and improves survival rates.

As has already been noted, 30 states have enacted similar bills to address cost-sharing requirements for supplemental and diagnostic breast cancer screenings. Based on a review of data and fiscal notes from 7 of those states, premium increases have ranged from 0% per member per month (PMPM) to .1% PMPM. To put this into dollars and cents, the highest estimated or reported premium increases have been in Kentucky ($0.57 PMPM) and Massachusetts ($0.33 PMPM). Most states have seen no measurable increase in premiums, and some have projected downstream savings due to earlier detection and intervention.

Having worked on health insurance issues for more than a decade, I know that this committee will hear a number of bills related to health plan coverage and cost-sharing. While all of these bills have merit, I believe HB 271 is the most impactful and life-saving bills that will pass through this committee. As demonstrated in other states, there will be little or no increase in premiums and I am confident that the savings health plans will see from earlier detection will result in HB 271 having a net reduction on health care costs in Ohio.

Thank you for your thoughtful consideration of this important legislation.