



***Written Testimony Supporting HB 271
Submitted to the Insurance Committee
5-27-2025
By Susan G. Komen***

Chair Lampton, Vice Chair Craig and members of the Insurance Committee, thank you for the opportunity to provide testimony in support of HB 271, which relates to insurance coverage of lifesaving diagnostic breast imaging. My name is Julie McMahon and I am the Director of Community Health Programs at Susan G. Komen.

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 11,800 people in Ohio who will be diagnosed with breast cancer and the 1,400 who will die from the disease in 2025 alone.

Widespread access to preventive screening mammography is available to millions of women as a result of the Affordable Care Act (ACA). Unfortunately, if the results of that screening mammogram require a follow-up diagnostic exam (such as an MRI, ultrasound, or diagnostic mammogram) to rule out breast cancer or confirm the need for a biopsy, the patient will likely face hundreds to thousands of dollars in out-of-pocket costs – all before they even begin treatment. Aside from follow-up testing, diagnostic imaging is also often recommended as primary breast imaging for breast cancer survivors, women at high-risk for breast cancer and those who have undergone a lumpectomy followed by radiation therapy.

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

An estimated 16 percent of women screened with modern digital mammography require follow-up imaging. A screening mammogram would not be considered successfully completed if the follow-up diagnostic imaging were not preformed to rule out breast cancer or confirm the need for a biopsy.

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, 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.

Unfortunately, we often receive calls and emails from women who are unable to afford the out-of-pocket costs for their follow-up diagnostic imaging services. Without some assistance, many of these women will simply delay or forego their follow-up screenings, leading to later diagnoses. This delay can mean that woman 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 the breast imaging that may save their lives. As such, we support HB 271 and urge you to pass this critical legislation.

Thank you for your consideration.