DENSE® BREAST-info
DenseBreast-info.org

An Education Coalition

May 24, 2025

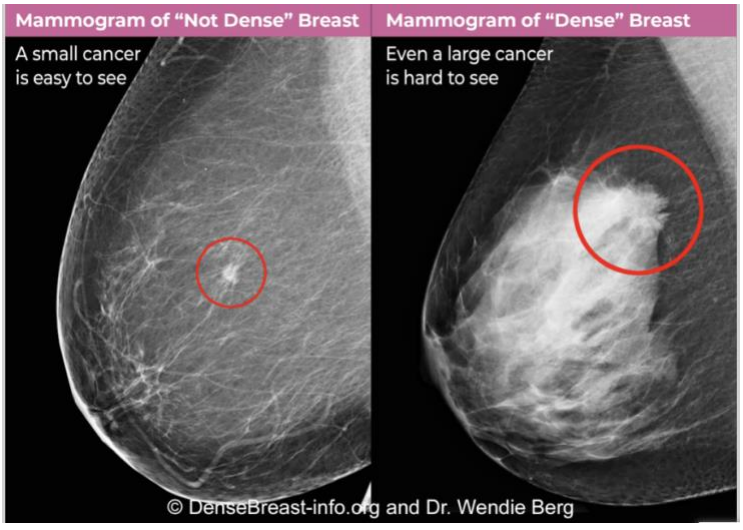
Chairman Brian Lampton
House Insurance Committee
Ohio House of Representatives
[via email]

Re: HB 271, Testimony in Support

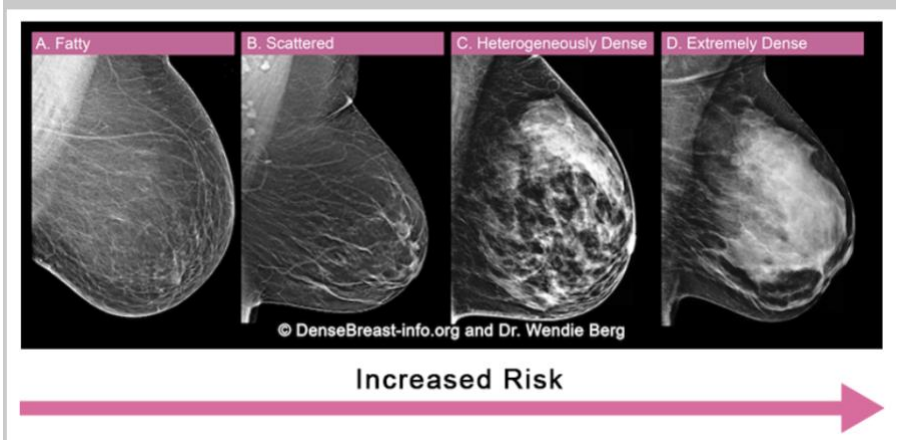
Dear Chair Lampton, Ranking Member Tims, and members of the House Insurance Committee,

DenseBreast-info, Inc. is in support of insurance bill HB271 which expands and enhances breast screening coverage of HB371, which was signed into law in the 134th General Assembly. That law marked a significant step forward in ensuring access to vital breast cancer screening and diagnostic service for Ohio patients. HB271 would expand access by eliminating out-of-pocket costs for additional tests for women with dense breasts or at increased risk of developing breast cancer in accordance with American College of Radiology guidelines and when deemed necessary by a treating health care provider to diagnosis breast cancer.

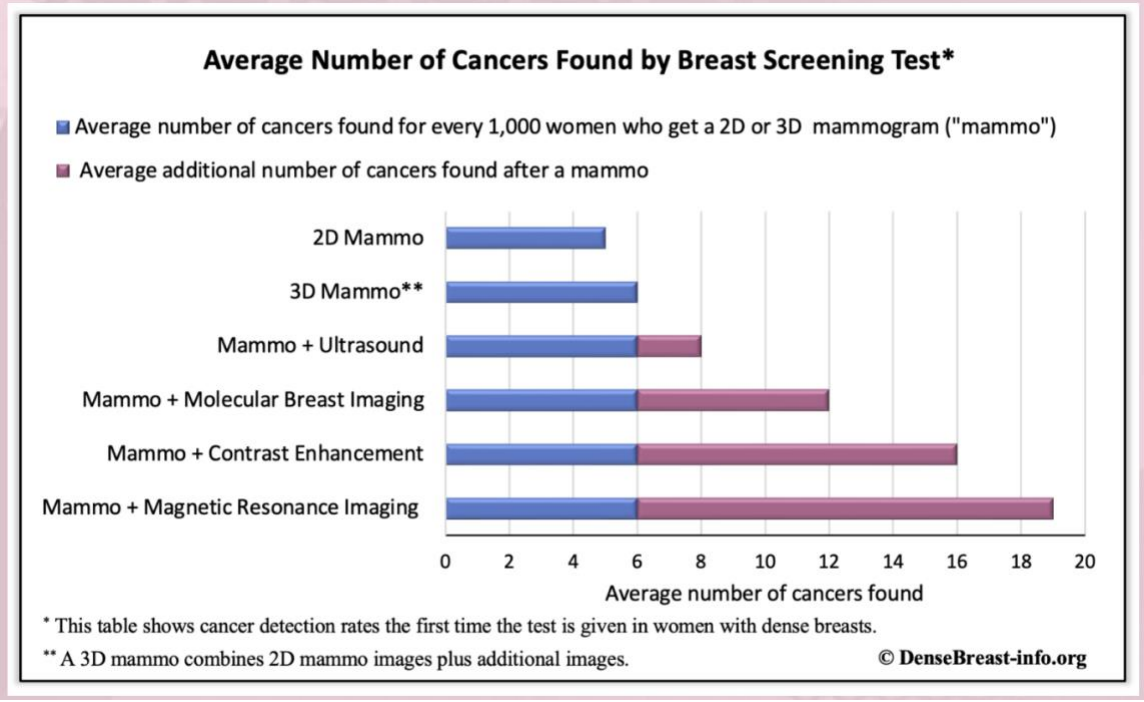
Mammography facilities are now required, through an FDA ruling that went into effect on September 10, 2024, to report to a patient whether their breasts are "dense." This notification is important because dense breasts hide cancers as both cancers and dense tissue display as white on a mammogram (see below). The number of cancers missed is sobering. In women with densest breasts, a mammogram will miss about half of the cancers present. As mammograms are less sensitive for patients with dense breasts, this often leads to a health provider's recommendation for additional screening tests.



Beyond hiding cancers, dense breast tissue is also an independent risk factor for the development of breast cancer. The the denser the breasts, the higher the risk. Patients with densest breasts (extremely dense) are at a 4-6-fold risk of developing breast cancer compared to women with the least dense breasts (fatty), (below).



The addition of supplemental screening tools can drastically increase cancer detection. In the table below, the blue bars represent the number of cancer detected in dense breasts per thousand women screened by mammograms (5-6/thousand). The maroon bars represent the *additional* number cancers detected, by screening test, if the woman has supplemental screening. As an example, on the bottom bar, we see that the addition of an MRI after a mammogram, results in an additional *13 cancers found* per thousand women screened – tripling the number of cancers found by mammogram alone.



Research shows that the additional cancers found as a result of supplemental screening are overwhelming early-stage, invasive, and lymph node negative. Invasive cancers are those that have begun to spread beyond the original tumor or tissue and that, left on their own, will grow, spread, and if not treated, prove fatal. A lymph node negative cancer is one that is still contained within the breast and has not begun to spread. Finding it early

matters; a cancer found at early stage has a 5-year survival rate of 99%, while a later stage cancer that has spread to other parts of the body has a 5-year survival rate of less than 30%. Cancer found when invasive, but early-stage, and node-negative is a dangerous cancer now found when most treatable, survivable, and least costly to treat[1,2,3].

Per federal law, when patients are notified that they have dense breasts, they are instructed to ask their provider if more screening tests might be useful. If a provider recommends additional screening for a patient with dense breasts (or based on an assessment of the patient's overall risk profile), a patient should be able to access it. And, for these patients, out-of-pocket costs which may range from $200 to more than $1,000, should not be a deterrent to skip or postpone the testing.

Currently, 27 other states have enacted laws that require insurers to cover expanded breast imaging with no out-of-pocket costs. We respectfully urge the Committee to advance this legislation that would cover supplemental screening and diagnostic imaging with no out-of-pocket costs when recommended by a health provider in line with American College of Radiology guidelines. This legislation will help ensure that when a woman is told that her mammogram might not be enough – she will not have to struggle to pay for additional imaging, or choose between household bills and a recommended test, or spread the cost of a test over one year and skip the next year because the cost of the exam has strained her budget.

We strongly support this timely legislation, which will ensure Ohio patients can access life-saving examinations, when recommended to do so.

Respectfully,

JoAnn Pushkin
JoAnn Pushkin
Executive Director

[1] Wilkinson AN, Seely JM, Rushton M, Williams P, Cordeiro E, Allard-Coutu A, Look Hong NJ, Moideen N, Robinson J, Renaud J, et al. Capturing the True Cost of Breast Cancer Treatment: Molecular Subtype and Stage-Specific per-Case Activity-Based Costing. *Current Oncology*. 2023; 30(9):7860-7873. https://doi.org/10.3390/curroncol30090571

[2] Blumen H, Fitch K, Polkus V. Comparison of Treatment Costs for Breast Cancer, by Tumor Stage and Type of Service. Am Health Drug Benefits. 2016;9(1):23-32.

[3] Franklin M, Pollard D, Sah J, et al. Direct and Indirect Costs of Breast Cancer and Associated Implications: A Systematic Review. Adv Ther. 2024;41(7):2700-2722. doi:10.1007/s12325-024-02893-y