Proponent Testimony
In Support of House Bill 271 – The BEST Act
By the Ohio Radiological Society

Before the Ohio House Insurance Committee

Chair Brian Lampton
Presented by: Dr. Natasha Monga, MD
May 27, 2025

Chair Lampton, Vice Chair Craig, Ranking Member Tims, and Members of the House Insurance Committee:

Thank you for the opportunity to provide proponent testimony today on House Bill 271, the Breast Examination and Screening Transformation Act, or the BEST Act. My name is Dr. Natasha Monga. I am a board-certified radiologist and serve as President of the Ohio Radiological Society (ORS), which represents over 1,000 diagnostic and interventional radiologists across the state. Our members are on the front lines of breast cancer detection, diagnosis, and care. I also serve on the board of the American College of Radiology Advocacy Network and have monitored issues related to mammography as states have addressed them across the country.

The Ohio Radiological Society strongly supports House Bill 271 which removes unnecessary cost barriers to imaging, particularly **diagnostic mammograms**, which are vital for detecting breast cancer following abnormal screening results or clinical concerns.

Why HB 271 Matters

Breast cancer remains the most diagnosed cancer among women in the United States. Early detection saves lives. While Ohio law already requires coverage of annual **screening mammograms**, it is the **diagnostic mammogram**—the follow-up imaging when something abnormal is found on a screening mammogram—that determines whether a patient requires a biopsy to identify breast cancer. This examination is the necessary next step when an abnormal finding is identified on a screening mammogram and provides the tools for diagnosing breast cancer.

Supplemental screening is an imaging study that is used in conjunction with a screening mammogram to help identify cancers earlier for those at increased risk for breast cancer, most commonly for patients with dense breast tissue, family history of cancer, or known genetic predispositions.

Unfortunately, **too many patients face cost-sharing burdens like high copays, coinsurance, or deductibles for supplemental screening and diagnostic imaging**. These unexpected costs often cause patients to delay or forgo medically necessary testing. According to a 2021 study published in *Radiology*, more than 1 in 5 women delayed follow-up breast imaging due to out-of-pocket costs. These delays can lead to later-stage diagnoses, more aggressive treatment, and poorer outcomes.

What HB 271 Does

House Bill 271:

- Requires **insurance and Medicaid coverage for supplemental screening and diagnostic breast examinations**, including mammograms, ultrasounds, MRIs, and biopsies, when deemed medically necessary.
- **Prohibits cost-sharing** (i.e., copayments, coinsurance, and deductibles) for these services.
- Applies consistent standards for coverage and accreditation in line with **American College of Radiology (ACR) guidelines**.

Why This Policy Works

Eliminating cost-sharing for supplemental screening and diagnostic breast imaging is not just a matter of fairness—it's a matter of **clinical necessity** and **health equity**. Without this legislation, women most at risk bear the highest financial burdens. As a practicing breast imaging radiologist, I routinely encounter patients at increased risk for breast cancer who decline supplemental imaging due to the associated cost. Furthermore, I consistently have patients decline to return for diagnostic imaging after an abnormal screening mammogram due to the financial burden of additional imaging tests. This failure to return for follow-up can result in a delayed diagnosis of breast cancer, more aggressive treatment, and worse clinical outcomes. Additionally, cost-sharing disproportionately affects lower-income individuals and communities that already face disparities in breast cancer outcomes.

In 2022, this body voted to support House Bill 371 which was signed into law and required insurance providers to cover expenses for supplemental breast cancer screening. However, this law did not include a provision to eliminate patient cost-sharing. Consequently, patients who believed these examinations would be "covered" were still required to pay high copays, coinsurance, and deductibles towards these examinations. In effect, this language created a loophole which still placed the financial burden on patients who most needed these services.

At present, numerous states around the country have passed similar legislation to eliminate cost-sharing for these examinations, including Missouri, Georgia, Maryland, and Massachusetts. Furthermore, the bipartisan federal "Find it Early Act" was recently reintroduced in Congress and aims to eliminate cost-sharing for supplemental screening and diagnostic breast examinations nationally, including patients with Medicare. These legislative actions to protect patients can and should be available to Ohioans.

Final Thoughts

As radiologists, we have a clear clinical imperative: detect cancer early when it is most treatable. House Bill 271 removes financial disincentives that obstruct this goal. It ensures Ohioans can complete the full continuum of breast cancer screening and diagnosis without worrying about whether they can afford the next step.

We commend Chair Schmidt and Representative Williams for championing this legislation, and we urge this committee to advance House Bill 271 without delay.

Thank you for your time and your commitment to improving patient access to life-saving care. I am happy to answer any questions.

Respectfully,

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Ohio Radiological Society, President