



The Ohio Senate
Senate Health Committee
Senator Steve Huffman, Chair

HOUSE BILL 371
PROPONENT WRITTEN TESTIMONY

Chairman Huffman, Vice-Chair Antani, Ranking Member Antonio, and members of the Senate Health Committee, thank you for the opportunity to provide written testimony in support of HB 371, which would require tomosynthesis and supplemental breast cancer screenings for patients to be covered under Medicaid and commercial plans. In addition, HB 371 also requires coverage of supplemental breast cancer screening and revises the letter that is required to be sent to patients with dense breast tissue. HB 371 has the potential to be lifesaving legislation.

University Hospitals (“UH”) is a Cleveland-based super-regional health system that serves more than 1.2 million patients in 16 Northeast Ohio counties with over 30,000 caregivers. The hub of our 23-hospital system is University Hospitals Cleveland Medical Center, a 1,032-bed academic medical center known for advanced care. Included on UH’s main campus are University Hospitals Rainbow Babies & Children’s Hospital, among the nation’s best children’s hospitals; and University Hospitals Seidman Cancer Center, part of the National Cancer Institute-designated Case Comprehensive Cancer Center at Case Western Reserve University (the nation’s highest designation). UH strives to strengthen the health care needs of our community by providing outstanding service, the highest quality physicians and nurses, and using innovative techniques. UH often uses tomosynthesis because it improves breast cancer screening through modernized technology, which is why we support HB 371.

Tomosynthesis or “3D” mammography is a type of digital X-ray mammogram which creates 2D and 3D-like pictures of the breasts. During a “3D” exam, an X-ray arm sweeps in a slight arc over the breast, taking multiple low dose X-ray images. Then, a computer produces synthetic 2D and “3D” images of the breast tissue. The images include thin one millimeter slices, enabling the radiologist to scroll through images of the entire breast like flipping through pages of a book, and providing more detail than previously possible. The “3D” images reduce the overlap of breast tissue, and make it possible for a radiologist to better see through the breast tissue on the mammogram¹.

The resulting advantages of tomosynthesis include:

- **Easier detection:** By reducing the effects of overlapping breast tissue which can hide small tumors, tomosynthesis can make a breast abnormality easier to see.
- **Fewer callbacks:** Tomosynthesis can help radiologists reduce false alarms. For example, a three-dimensional view can prove that a spot that looked questionable in a mammogram screening is really no cause for concern. This leads to fewer callbacks, additional scans and biopsies. With fewer call backs, the patient suffers much less anxiety that stem from getting a call back for follow up testing, plus the insurance companies can ultimately save money on these often expensive follow up tests.
- **Earlier detection:** With tomosynthesis, additional images of the breast are taken and synthesized into a 3D data set, much like a CT scan. This finer detail works to detect cancers earlier than standard mammography.

¹ <https://stanfordhealthcare.org/medical-tests/m/mammogram/tomosynthesis-3d-mammography.html>

- **Better visualization:** Three-dimensional images help radiologists see the size, shape and location of an abnormality. In a 2D mammogram, it could be hidden.
- **More comprehensive care:** When cancer is detected in one breast, 15 percent of women have another tumor in the same breast or in the other breast. Tomosynthesis screens the whole breast, not just the problem area.

Many insurance policies already list tomosynthesis as medically necessary and include it in the screening mammography benefit. However, other policies deny coverage of this technology, despite its use being the same type of screening as a covered screening using standard 2D technology. Studies show that breasts with >75% dense tissue are four to six times more likely to develop cancer compared to those with <10% dense tissue.² This is concerning given that using 2D imaging alone decreases the ability to accurately detect breast cancer in dense breast tissue.^{3,4} UH frequently performs screening mammography using tomosynthesis, and we believe that our patients deserve improved access to the evidence-based benefits of tomosynthesis.

HB 371 will also ensure access to supplemental breast cancer screening, including ultrasound and magnetic resonance imaging (MRI). While tomosynthesis can be more effective than 2D mammography at detecting breast cancer, breast MRI detects an average of 10 additional cancers per thousand women screened, even after mammography has been performed.⁵ Specifically, this legislation further increases access to appropriate screening by ensuring there is coverage for supplemental screening for women who meet certain criteria, such as having dense breast, personal or family history of breast cancer, ancestry, genetic predisposition, or other reasons as determined by the woman's health care provider.

Importantly, this bill will also update the patient notification letter guidelines for women who have been classified to have dense breast tissue. By updating this patient letter, women will not only be made aware of the potential risk of undiagnosed breast cancer because of dense breast tissue, but they will also be encouraged and enabled to seek out supplemental screenings that can be vital to the early detection of breast cancer. Early detection, proper information, and action are all key to addressing breast cancer.

The Centers for Disease Control and Prevention (CDC) defines health disparities as “preventable differences in the burden of disease, injury, violence, or opportunities to achieve optimal health that are experienced by socially disadvantaged populations.”⁶ Although advancements in cancer screening, such as tomosynthesis, have led to a decline in cancer-related mortality, these advancements have not benefited women equally across all ages, socioeconomic backgrounds, geographic regions, and races.⁷ Disparities persist, namely among Black women as barriers to mammographic and supplemental screening, including lack of insurance coverage, have led to disparate access to tomosynthesis among Black women.⁸ Black women experience delays in diagnosis and treatment initiation, are more likely to be diagnosed at a younger age with a later stage of cancer, and are more likely to die as a result of breast cancer compared to other races.⁹ The American College of Radiology recommends that all women, but especially Black women, should be evaluated for breast cancer no later than age 30, and given the early onset of later-stage cancer among Black women who often have dense breast tissue, tomosynthesis is recommended.¹⁰ Given the disparate access to appropriate insurance coverage and high prevalence of dense breast tissue among Black women, the provision of supplemental screening provided by this legislation could enable Black

² <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4207156/#b4>

³ <https://link.springer.com/article/10.1186/s12885-018-4263-3>

⁴ <https://www.jacr.org/action/showPdf?pii=S1546-1440%2821%2900006-5>

⁵ <https://densebreast-info.org/screening-technologies/breast-mri/>

⁶ <https://www.cdc.gov/healthyyouth/disparities/index.htm#1>

⁷ <https://www.jacr.org/action/showPdf?pii=S1546-1440%2821%2900006-5>

⁸ *Id.*

⁹ <https://www.sciencedirect.com/science/article/pii/S1546144017315247>

¹⁰ *Id.*

women to access medically necessary screening and treatment services, if applicable. By expanding coverage to include 3D mammography and supplemental screening, UH, as well as other hospital systems across the state, can ensure improved access to breast cancer screenings to reduce these disparities.

Using tomosynthesis and supplemental screening has the potential to save both insurer and patients from the additional expenses, hassles, and stresses of unnecessary or avoidable imaging and care. Importantly, it could save the lives of many Ohioans. Among women in the U.S., breast cancer is the most commonly diagnosed cancer¹¹, and breast cancer is the second leading cause of cancer death in women. (Only lung cancer kills more women each year.) The chance that a woman will die from breast cancer is about 1 in 39 (about 2.6%)¹². Early detection of breast cancer is so very important to improve the rate of survival and save lives of Ohioans.

We urge you to support HB 371 because, when it comes to breast cancer, early detection and treatment can make a significant difference in patient outcomes. Thank you Chairman Huffman, Vice-Chair Antani, Ranking Member Antonio, and members of the Senate Health Committee for the opportunity to provide feedback on this important legislation.

Theodoros Teknos, M.D.

President and Scientific Director, Seidman Cancer Center
Jane and Lee Seidman Chair of Cancer Innovation
University Hospitals Cleveland Medical Center
11100 Euclid Avenue
Cleveland, OH 44106

Chesley Cheatham, M.Ed., MCHES

Manager, Community Outreach & Patient Education
University Hospitals Seidman Cancer Center
11100 Euclid Avenue
Cleveland, OH 44106

¹¹ <https://www.cancer.gov/types/common-cancers>

¹² [https://www.cancer.org/cancer/breast-cancer/about/how-common-is-breast-cancer.html#:~:text=Breast%20cancer%20is%20the%20second,in%2039%20\(about%202.6%25\).](https://www.cancer.org/cancer/breast-cancer/about/how-common-is-breast-cancer.html#:~:text=Breast%20cancer%20is%20the%20second,in%2039%20(about%202.6%25).)