

To ND Representatives considering HB 1283:

As you likely know, breast cancer is the most common cancer diagnosed among women. Appropriately, screening mammography, the most proven tool to find breast cancer, is currently well covered by insurers. Thanks to this coverage, many asymptomatic women in North Dakota will have a screening mammogram, be told there is an early cancer, and be successfully treated without the need for chemotherapy or other aggressive treatment...without the loss of life. These are the success stories we often celebrate.

But what if a woman has a screening mammogram and is told there could be a cancer in her breast but that it would cost her \$500 or more to find out, even with insurance? To be diagnosed, this woman must pay what feels to some like not only an obstacle to good health, but a ransom. And for those women, this is where early detection fails.

As a radiologist on the front lines of breast cancer detection, every day I see the impact of the large out of pocket costs that many women incur as a result of diagnostic breast imaging. Although we as a medical community have been reasonably successful in promoting screening mammography to detect early breast cancers, we have faced the challenge of getting women to follow through with the additional important imaging, such as diagnostic mammography, ultrasound and MRI needed to diagnose these cancers. We frequently deal with patients who are either hesitant or refuse to move forward with needed tests due to cost.

As a result of large out of pocket costs we see several common scenarios:

- 1) Patients do not come for their screening mammogram because they fear that something will be detected and that they will not be able to afford the additional testing that follows.
- 2) Patients intentionally omit important information or symptoms when they come for their screening mammogram, knowing that this may result in the need for a diagnostic mammogram that will not be covered under their health plan. This may limit our ability to find a subtle cancer. Note: We are required to code mammograms done for a symptom or for a follow up of a finding as a diagnostic procedure, not a screening exam.
- 3) Patients fail to return for a diagnostic test when an abnormality is found on their screening mammogram.
- 4) Patients fail to return for a follow up evaluation on findings that we are not going to biopsy. FDA/MQSA and our protocols require us to either biopsy suspicious findings right away or follow up findings which are new but not suspicious enough for biopsy every 6 months for 2 years. This is standard across the country. These follow up exams result in significant out of pocket cost for patients, typically requiring the patient to meet her deductible in 2 subsequent years before insurance shares the cost.
- 5) Patients with symptoms or who are in a follow up category seek care at another facility, hoping that these issues that cause them to be categorized as a diagnostic evaluation, won't be discovered. This has the potential to lead to a missed cancer diagnosis if the finding is subtle or seen on ultrasound only.

As you can see, all of these behaviors limit our ability to detect and diagnosis breast cancer. These limitations in turn may delay cancer diagnoses by several years and negatively impact survival.

The high out of pocket costs experienced by many insured women limit our ability to detect breast cancer when it is most treatable. In addition to decreasing survival, delays in diagnosis lead to more aggressive and costly treatment.

We have entered a time when women are increasingly willing to share openly about their healthcare experiences. This is a good thing. But when a woman tells her friends that her paycheck went towards diagnostic breast imaging, there is pause. Some of those friends will decide to forgo screening mammograms altogether, fearing the need for additional imaging and procedures.

Thank you for your willingness to consider improving breast imaging coverage in North Dakota. I feel that passage of this bill would both save lives and protect those with limited resources from being faced with an impossible choice. Every North Dakotan deserves coverage for early detection.

Sincerely,

Dr. Christina Tello-Skjerseth, MD

A handwritten signature in black ink, consisting of a large, stylized 'C' followed by a long horizontal stroke that tapers to the right.

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