

## ACS CAN Supports Eliminating Cost Sharing for Breast Cancer Screening and Follow-up Tests

Despite the effectiveness of breast cancer screening, the full benefit of screening has not been achieved because barriers, like cost, still exist. Research shows that required cost sharing – including co-pays, co-insurance, and deductibles – can be a significant barrier for individuals who need preventive services.<sup>1,2</sup> This is especially true among people with limited incomes, for whom these payments can represent a significant percentage of their income.

Out-of-pocket costs for individuals can lead to delayed or missed breast cancer screenings including delays in follow-up tests that are needed after an abnormal initial screening. Any delays in testing or missed screenings can ultimately impact a person's survival. One study showed that even a 3-month delay in follow-up breast cancer screening tests can lead to later stage diagnosis and less favorable outcomes and less life years gained.<sup>3</sup>

Removing cost sharing for preventive services has proven to increase the use of those services. For example, following the removal of cost sharing for preventive services in Medicare, there was a statistically significant uptake in mammography screenings among Medicare enrollees.<sup>4</sup>

### The Importance of Screening

In the U.S., breast cancer is the most diagnosed cancer and the second leading cause of cancer death among women. More than 297,000 women will be diagnosed and 43,000 will die from breast cancer in 2023.<sup>8</sup> Despite a lower incidence rate, Black women have a 40% higher mortality rate than White women. Fortunately, early detection of cancer through screening can improve survival and reduce mortality by detecting cancer at an early stage when treatment is more effective.

### Current Insurance Coverage & Cost Requirements

Federal law requires all ACA-compliant private insurance plans to cover recommended breast cancer screening services starting at age 40 without cost sharing, thereby making it easier for individuals—especially individuals with limited incomes – to access these important services. This provision of the

<sup>1</sup> The Clinical Practice Guideline Treating Tobacco Use and Dependence 2008 Update Panel, Liaisons, and Staff. (2008). A Clinical Practice Guideline for Treating Tobacco Use and Dependence: 2008 Update: A U.S. Public Health Service Report. *American Journal of Preventive Medicine*, 35(2), 158–176. <http://doi.org/10.1016/j.amepre.2008.04.009>

<sup>2</sup> Han X, Robin Yabroff K, Guy GP, Zheng Z, Jemal A. Has recommended preventive service use increased after elimination of cost-sharing as part of the Affordable Care Act in the United States? *Prev Med*. 2015 Sep;78:85-91. doi: 10.1016/j.ypmed.2015.07.012.

<sup>3</sup> Rutter CM, Kim JJ, Meester RGS, Sprague BL, Burger EA, Zauber AG, Ergun MA, Campos NG, Doubeni CA, Trentham-Dietz A, Sy S, Alagoz O, Stout N, Lansdorp-Vogelaar I, Corley DA, Tosteson ANA. Effect of Time to Diagnostic Testing for Breast, Cervical, and Colorectal Cancer Screening Abnormalities on Screening Efficacy: A Modeling Study. *Cancer Epidemiol Biomarkers Prev*. 2018 Feb;27(2):158-164. doi: 10.1158/1055-9965.EPI-17-0378. Epub 2017 Nov 17. PMID: 29150480; PMCID: PMC5809257.

<sup>4</sup> Cooper GS, et al. Changes in Receipt of Cancer Screening in Medicare Beneficiaries Following the Affordable Care Act *JNCI J Natl Cancer Inst* (2016) 108 (5): djv374 doi:10.1093/jnci/djv374

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federal law has increased access and utilization of these life-saving services.<sup>5</sup> Some states have also enacted mandates that require plans to cover breast cancer screening beginning at age 40, but these laws do not often address patient cost.

However, in the absence of federal or state laws that define insurance benefits for screening, payers are determining what does or does not constitute a no-cost preventive service. This has led to individuals being charged when additional screening tests are recommended after an abnormal screening or if supplemental screening is recommended, such as when they are above average risk.

For a person being screened for breast cancer, this can include a charge for an imaging test after an initial abnormal mammogram. One study found that the out-of-pocket costs for follow-up screening image tests can average \$234 for a diagnostic mammogram and \$1,021 for a breast MRI.<sup>6</sup> Another study found women were less likely to undergo follow-up screening tests as the costs of those tests increased.<sup>7</sup> The costs associated with follow-up testing as part of screening undermines the progress of screening in reducing death from breast cancer, leaving people unscreened for cancer and having the potential to delay a diagnosis of cancer.

## ACS CAN Position

ACS' "Position Statement on the Elimination of Patient Cost-Sharing Associated with Cancer Screening and Follow-up Testing<sup>8</sup>" states that screening is a "continuum of testing rather than a single recommended screening test, and that irrespective of individual risk, screening is a process that includes a recommended screening test and all follow-up tests described as diagnostic and judged to be integral and necessary to resolve the question of whether an adult undergoing screening has cancer." The statement makes clear that these "tests should be covered without any patient cost-sharing."

ACS CAN supports comprehensive insurance coverage and the elimination of cost sharing by all payers for recommended breast cancer screening and follow-up testing for asymptomatic individuals, regardless of risk.

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<sup>5</sup> Office of Health Policy: Assistant Secretary for Planning and Evaluation, Access to Preventive Services without Cost-Sharing: Evidence from the Affordable Care Act, U.S. Dep't of Health and Hum. Serv., at 8 (Jan. 11, 2022), <https://aspe.hhs.gov/sites/default/files/documents/786fa55a84e7e3833961933124d70dd2/preventive-services-ib-2022.pdf>

<sup>6</sup> Susan G Komen & Martec. Understanding Cost & Coverage Issues with Diagnostic Breast Imaging. January 2019.

<sup>7</sup> Hughes DR, Espinoza W, Fein S, Rula EY, McGinty G. Patient Cost-Sharing and Utilization of Breast Cancer Diagnostic Imaging by Patients Undergoing Subsequent Testing After a Screening Mammogram. *JAMA Netw Open.* 2023;6(3):e234893. doi:10.1001/jamanetworkopen.2023.4893

<sup>8</sup> American Cancer Society. *Cancer Facts & Figures 2023.* Atlanta: American Cancer Society; 2023.

<sup>8</sup> American Cancer Society. Position Statement on the Elimination of Patient Cost-Sharing Associated with Cancer Screening and Follow-up Tests. 2023. Accessed October 20, 2023. <https://www.cancer.org/health-care-professionals/american-cancer-society-prevention-early-detection-guidelines/overview/acs-position-on-cost-sharing-for-screening-and-follow-up.html>