

Testimony on HB 1283 – January 27, 2025

House IBL Committee by Bobbie Will

Good afternoon, Chair Warrey and Members of the Committee,

I am Bobbie Will, Policy and Advocacy Manager with Susan G. Komen. I am here to testify in support of HB 1283 advocating for the women who call or email Komen due to the financial barrier to continue or start their yearly breast screening.

In 2010, the Affordable Care Act (ACA) set a floor for preventative coverage at no cost share. The ACA only considers people at average risk, therefore mammography. In HB 1283, we are looking at a medically necessary continuum of breast screening exams for average-risk patients and breast screenings for high-risk patients.

The bill creates a new code in ND century code for medically necessary diagnostic and supplemental examinations at no cost share.

These tests are requested by providers under two scenarios:

- 1) **Diagnostic:** The radiologist sees an abnormality in the screening mammogram and needs a better look, so a continuum of tests rather than a single mammography is recommended
- 2) **Supplemental:** The patient is high risk because of family or personal history with breast cancer or because of a genetic tie to breast cancer (payment parity to no cost mammography)

The ND Essential Health Benefits benchmark plan already includes coverage of these tests, HB 1283 isn't about covering services it is eliminating cost sharing for the tests. This bill is for state employees only, our end goal is to impact the state-regulated individual, small, and large group plans (approximately 20-25% of the ND health-insured population). The commercial market insured are the patients we hear from who forgo breast screenings.

I passed out a one-page, two-sided sheet labeled Diagnostic and Supplemental Imaging Fiscal Note-Premium Increases along with my talking points for this afternoon's verbal testimony. (A map of the 28 states that have enacted this legislation, and a fact sheet were uploaded online.)

- 1) Nineteen states do not have a fiscal note, also listed are the states with a fiscal note showing the premium increases they expect.

- 2) The NovaRest Report provided by ND LC, which is attached to your bill draft shows pages 3, and 10 per member per month (PMPM) increase for NDPERS at \$1.10-2.40 and HB 1283 fiscal note from Deloitte shows a \$7.48 PMPM cost to the NDPERS plan.
- 3) On page 11 of the NovaRest report, it states that having better access to breast cancer exams would likely catch the development of breast cancer sooner, which could have health savings in the long run. Cost-effectiveness studies have shown that although costs may rise initially for increased screening, there will be cost savings by avoiding more costly cancer treatment.

Please vote in favor of HB 1283 and join the 28 states that have already passed this life-saving early detection legislation which will save our families, communities, health systems, and businesses costs. I available for questions.

Bobbie Will

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DIAGNOSTIC AND SUPPLEMENTAL BREAST IMAGING FISCAL NOTE – PREMIUM INCREASES

				States with no fiscal notes or reports show no premium increase.	
				Alaska, Arkansas, Colorado, Connecticut (none when passed will be reviewed in 2025), Delaware, Georgia, Illinois, Maine, Minnesota, Missouri, Montana, Nevada, New Hampshire, New Mexico, New York, Pennsylvania, Texas, Vermont	19 States with no Fiscal Impact
				States with a fiscal note or reports show a premium increase.	
State	Year	Bill Status	Fiscal Analysis Premium Increase	Link	
CA	2022	Not passed	Among DMHC-regulated plans, CHBRP estimates that post mandate, premiums will increase by \$0.5343 per member per month (PMPM) for large-group plans. Among small-group and individual DMHC plans, premiums will increase by an estimated \$0.6719 PMPM and \$1.0437 PMPM , respectively. Among CDI regulated policies, CHBRP estimates that post mandate, premiums will increase by \$0.6114 PMPM for large-group policies . Among small-group and individual CDI policies, premiums will increase by an estimated \$0.9243 PMPM and \$0.9364 PMPM, respectively .	CHBRP Fiscal Analysis	
KS	2024	Passed	The Department of Administration estimates enactment of the bill would increase expenditures to the State Employee Health Benefits Program by \$75,477 in FY 2025 (\$150,954 annually X 50.0 percent of the calendar year). For FY 2026, the agency assumes the growth in medical costs will be approximately 5.5 percent, resulting in increased expenditures totaling approximately \$159,257.	KS Division of the Budget	
KY	2024	Passed	Our estimated increase in premiums for health benefit plans, not including state employee plans, is approximately \$0.00 to \$0.57 per member per month (PMPM) . This represents an increase of approximately 0.0% to 0.1%	Fiscal Note	
LA	2019	Passed	PMPM totaling \$0.04-\$0.06 ; Based upon the aforementioned assumptions, the estimated annual cost increases for insurance providers associated with claims are as follows: FY 21 - \$138,600 (550K members * \$0.04 PMPM * 6 months * 1.05) - \$207,900 (550K members * \$0.06 PMPM * 6 months * 1.05)	Fiscal Note	

DIAGNOSTIC AND SUPPLEMENTAL BREAST IMAGING FISCAL NOTE – PREMIUM INCREASES

MA	2022	Passed	<p>Requiring coverage for diagnostic examinations for breast cancer would result in an average annual increase, over five years, to the typical member's monthly health insurance premium of \$0.19 and \$0.33 per member per month (PMPM), or between 0.03% and 0.06% of premium.</p> <p>The total cost PMPM is \$0.33 on a cost basis. Assuming an 85% loss ratio, this translates to a \$0.39 premium increase or 0.06% of the total. *This effect is small in comparison to the increased utilization of diagnostic screening because only one to two in 1,000 screening mammograms will result in a diagnosis of breast cancer at an estimated savings of \$15,000 per detected cancer. The net savings is \$0.02 on a cost basis.</p>	<p>CHIA Fiscal Report</p> <p>MHCC Study</p>
MD	2022	Passed	<p>The projection assumes a 6.5% annual claims growth trend for medical claims, a 10.0% trend for pharmacy claims, a 7.0% trend for pharmacy rebates, benefit provisions and member-paid premiums as adopted by the Board for 2023, and 4% employer premium increases in FY 2023-24.</p>	<p>Actuarial Note</p>
NC	2023	In progress	<p>Aon, estimates the annual cost impact to be \$1.3 million, which is less than 0.25% increase in total premium cost.</p>	<p>Fiscal Analysis</p>
OK	2023	Passed	<p>Based on input provided by PEBB's and OEBC's actuaries, OHA estimates that premiums for plans offered by both Boards will increase by an average of 0.9% under the measure. For PEBB, this increase would result in additional costs of \$862,793 in 2023-25, and \$1,150,391 in 2025-27. For OEBC, the premium increase would result in additional costs of \$582,469 in 2023-25, and \$1,553,251 in 2025-27.</p>	<p>Fiscal Note</p>
OR	2023	Passed	<p>Such legislation will result in an increase in the cost of health insurance premiums to cover the patient's share of the cost of procedures and treatments covered by plans. It is estimated that the increase to each individual's total premium will be less than one percent.</p>	<p>TN General Assembly</p>
TN	2023	Passed	<p>No fiscal impact, changes that require inclusion of this health care benefit in qualified health plans offered in the Exchange marketplace are not expected to require significant operational or Healthplanfinder system changes. There is an administrative fee.</p>	<p>Fiscal Note Summary</p>
WA	2023	Passed		