2023 SENATE HUMAN SERVICES

SCR 4009

2023 SENATE STANDING COMMITTEE MINUTES

Human Services Committee
Fort Lincoln Room, State Capitol

SCR 4009
2/13/2023

A concurrent resolution directing the Legislative Management to consider studying whether health insurance should provide coverage for diagnostic and supplemental breast examinations without imposing cost-sharing requirements.

9:00 AM **Madam Chair Lee** called the hearing to order. **Senators Lee, Cleary, Clemens, K. Roers, Weston, Hogan** were present.

Discussion Topics:

- Public Education
- Early detection program
- Screening mammogram
- Committee action

9:01 AM **Senator Tim Mathern District 11,** introduced SCR 4009 and amendment testimony verbally.

9:03 AM **Bobbie Will, Policy and Advocacy Manager, Susan G. Komen,** testified in favor of proposed an amendment LC 23.3044.01001. #20460, #20461, #20591

9:12 AM **Chris Jones**, **Commissioner, North Dakota Department of Health and Human Services,** testimony in favor verbally.

9:12 AM **Senator Lee** closed the hearing.

9:13 AM **Senator Lee** reconvened the meeting.

Senator Hogan moved to adopt amendment LC 23.3044.01001.

Senator Cleary seconded the motion.

Roll call vote.

Senators	Vote
Senator Judy Lee	Y
Senator Sean Cleary	Y
Senator David A. Clemens	Y
Senator Kathy Hogan	Y
Senator Kristin Roers	Y
Senator Kent Weston	Y

Motion passed 6-0-0.

Senator Hogan moved **DO PASS** as **AMENDED.**

Senator Cleary seconded the motion.

Roll call vote.

Senators	Vote
Senator Judy Lee	Y
Senator Sean Cleary	Y
Senator David A. Clemens	Y
Senator Kathy Hogan	Y
Senator Kristin Roers	Y
Senator Kent Weston	Y

Motion passed 6-0-0.

Senator Hogan will carry SCR 4009

Additional written testimony:
Cori Brothers in favor #20535
Carla Barrios, President, North Dakota Society of Radiologic Technologists, in favor #20544
Sharon Taylor in favor #20549
Michelle Swanson in favor #20557

9:17 AM **Madam Chair Lee** closed the hearing.

Patricia Lahr, Committee Clerk

Prepared by the Legislative Council staff for
Senator Mathern
January 25, 2023

AG 2-13-23 (1-1)

PROPOSED AMENDMENTS TO SENATE CONCURRENT RESOLUTION NO. 4009

Page 1, after line 3, insert:

"**WHEREAS**, cost-sharing requirements mean deductible, coinsurance, copayment, and any maximum limitations on the application of the deductible, coinsurance, copayment, or similar out-of-pocket expenses; and

WHEREAS, diagnostic breast examinations are medically necessary and clinically appropriate examinations of the breast, including examinations using diagnostic mammography, breast magnetic resonance imaging, or breast ultrasound, which are used to evaluate an abnormality seen or suspected from a screening examination for breast cancer, or used to evaluate an abnormality detected by another means of examination; and

WHEREAS, supplemental breast examinations are medically necessary and appropriate examinations of the breast, including examinations using breast magnetic resonance imaging or breast ultrasound, which are used to screen for breast cancer when there is no abnormality seen or suspected, and based on personal or family medical history or on additional factors that may increase the individual's risk of breast cancer; and"

Page 1, line 4, after "diagnostic" insert "and supplemental"

Page 1, line 4, replace "is an" with "are"

Page 1, line 4, replace "tool" with "tools"

Page 1, line 6, replace "2" with "12 to 16"

Page 1, line 9, replace "applies" with "requirements apply"

Page 1, line 9, after "diagnostic" insert "and supplemental"

Page 1, line 11, replace "the primary reason" with "a contributing factor in why"

Renumber accordingly

REPORT OF STANDING COMMITTEE

SCR 4009: Human Services Committee (Sen. Lee, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** (6 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). SCR 4009 was placed on the Sixth order on the calendar. This resolution does not affect workforce development.

Page 1, after line 3, insert:

"**WHEREAS**, cost-sharing requirements mean deductible, coinsurance, copayment, and any maximum limitations on the application of the deductible, coinsurance, copayment, or similar out-of-pocket expenses; and

WHEREAS, diagnostic breast examinations are medically necessary and clinically appropriate examinations of the breast, including examinations using diagnostic mammography, breast magnetic resonance imaging, or breast ultrasound, which are used to evaluate an abnormality seen or suspected from a screening examination for breast cancer, or used to evaluate an abnormality detected by another means of examination; and

WHEREAS, supplemental breast examinations are medically necessary and appropriate examinations of the breast, including examinations using breast magnetic resonance imaging or breast ultrasound, which are used to screen for breast cancer when there is no abnormality seen or suspected, and based on personal or family medical history or on additional factors that may increase the individual's risk of breast cancer; and"

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Page 1, line 9, replace "applies" with "requirements apply"

Page 1, line 9, after "diagnostic" insert "and supplemental"

Page 1, line 11, replace "the primary reason" with "a contributing factor in why"

Renumber accordingly

2023 HOUSE HUMAN SERVICES

SCR 4009

2023 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee
Pioneer Room, State Capitol

SCR 4009
3/21/2023

A concurrent resolution directing the Legislative Management to consider studying whether health insurance should provide coverage for diagnostic and supplemental breast examinations without imposing cost-sharing requirements.

Chairman Weisz called the meeting to order at 9:03 AM.

Chairman Robin Weisz, Vice Chairman Matthew Ruby, Reps. Karen A. Anderson, Mike Beltz, Clayton Fegley, Kathy Frelich, Dawson Holle, Dwight Kiefert, Carrie McLeod, Todd Porter, Brandon Prichard, Karen M. Rohr, Jayme Davis, and Gretchen Dobervich. All present.

Discussion Topics:

- Additional medical coverage
- Risk of breast cancer
- Benefit delivery method
- Health outcomes

Sen. Murphy introduced SCR 4009 with supportive testimony.

Bobbie Will, NDSRT, NDNPA, NDNA, Susan G. Komen, supportive testimony #25996, #25997

Rep. McLeod moved a do pass on SCR 4009 and be placed on the consent calendar.

Seconded by Rep. Davis.

Roll Call Vote:

Representatives	Vote
Representative Robin Weisz	Y
Representative Matthew Ruby	Y
Representative Karen A. Anderson	Y
Representative Mike Beltz	Y
Representative Jayme Davis	Y
Representative Gretchen Dobervich	Y
Representative Clayton Fegley	Y
Representative Kathy Frelich	Y
Representative Dawson Holle	Y
Representative Dwight Kiefert	Y
Representative Carrie McLeod	Y
Representative Todd Porter	Y
Representative Brandon Prichard	Y
Representative Karen M. Rohr	Y

Motion carries 14-0-0.

Carried by Rep. Holle.

Additional written testimony:
Michele Swanson, citizen, #25809
Cori Brothers, Radiologist Technologist in ND, #25761

Chairman Weisz adjourned the meeting at 9:21 AM.

Phillip Jacobs, Committee Clerk

REPORT OF STANDING COMMITTEE

SCR 4009, as engrossed: Human Services Committee (Rep. Weisz, Chairman) recommends **DO PASS** and **BE PLACED ON THE CONSENT CALENDAR** (14 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). Engrossed SCR 4009 was placed on the Tenth order on the calendar.

TESTIMONY

SCR 4009

Diagnostic and Supplemental Imaging

Fact Sheet – January 2023

Widespread access to preventive screening mammography, without cost sharing, is available to millions of women as a result of the Affordable Care Act (ACA). Unfortunately, some individuals at a higher risk of breast cancer or those requiring follow-up imaging due to an abnormal mammogram result face hundreds to thousands of dollars in patient cost sharing – all before they are even potentially diagnosed with breast cancer.

DIAGNOSTIC AND SUPPLEMENTAL BREAST IMAGING

- Mammography is only the initial step in the early detection process and is not alone able to diagnose cancer. Early detection of breast cancer is not possible without the medically necessary diagnostic follow-up or additional supplemental imaging required to rule out breast cancer or confirm the need for a biopsy.
- An estimated 12-16 percent of women screened with modern digital mammography require follow-up imaging.
- Eliminating out-of-pocket costs for diagnostic and supplemental imaging would improve access and likely result in more patients receiving an earlier diagnosis.
- Out-of-pocket costs are particularly burdensome on those who have previously been diagnosed with breast cancer, as diagnostic tests are recommended rather than traditional screening.
- The delays in screening due to COVID-19 created delays in screening and experts have warned that the “missed” cancers might be larger and more advanced once ultimately detected, often requiring additional imaging.

FAIR AND EQUAL COVERAGE

- In 2023 alone, more than 600 individuals will be diagnosed with breast cancer and more than 70 will die of the disease in North Dakota.
- The use of breast cancer screening and follow-up diagnostics have led to significant increases in the early detection of breast cancer in the past 30 years. However, this is not true across all demographics. Evidence shows that commercially insured Black breast cancer patients were diagnosed at a later stage and had a higher mortality rate when compared with their white counterparts with the same insurance status.
- Studies show that individuals facing high out-of-pocket costs associated with diagnostic and supplemental imaging are less likely to have the recommended follow-up imaging. This can mean that the person will delay care until the cancer has spread to other parts of the body making it much deadlier and much more costly to treat.
- A Susan G. Komen-commissioned study found the out-of-pocket costs for patients to be high, with much variation for breast imaging. For example, the average patient cost for a diagnostic mammogram is $234 and $1,021 for a breast MRI.
- The study also found that the inconsistency in cost and coverage is a recognized concern among patients and health care providers and leads to additional stress and confusion for women who are already dealing with the possibility of a breast cancer diagnosis.

Susan G. Komen encourages legislators to support legislation, which increases access to medically necessary diagnostic and supplemental breast imaging by eliminating burdensome patient cost sharing.

Written Testimony Supporting SCR 4009
Senate Human Services Committee - February 13, 2023
By Susan G. Komen

Madam Chair Lee, Vice Chair Cleary, and Members of the Senate Human Services Committee thank you for the opportunity to provide testimony in support of SCR 4009. My name is Bobbie Will and I am the State Policy and Advocacy Manager at Susan G. Komen®.

Komen is the world's leading nonprofit breast cancer organization representing the millions of people who have been diagnosed with breast cancer. Komen has an unmatched, comprehensive 360-degree approach to fighting this disease across all fronts—we advocate for patients, drive research breakthroughs, improve access to high-quality care, offer direct patient support and empower people with trustworthy information. Komen is committed to supporting those affected by breast cancer today, while tirelessly searching for tomorrow's cures. We advocate on behalf of the estimated 600 people in North Dakota who will be diagnosed with breast cancer and 70 who will die from the disease in 2023 alone.

Widespread access to preventive screening mammography is available to millions of women as a result of the Affordable Care Act (ACA). Unfortunately, most individuals at a higher risk of breast cancer or those requiring follow-up imaging due to an abnormal mammogram result face hundreds to thousands of dollars in patient cost sharing for this required imaging – all before they are even potentially diagnosed with breast cancer. Mammography is only the initial step in the early detection process and is not able to alone diagnose cancer. Early detection of breast cancer is not possible without the medically necessary diagnostic follow-up or additional supplemental imaging required to rule out breast cancer or confirm the need for a biopsy. An estimated 12-16 percent of women screened with modern digital mammography will require follow-up imaging.

A Komen-commissioned study found the out-of-pocket costs for patients to be high, with much variation for diagnostic breast imaging. For example, average patient cost for a mammogram is $234, and for a breast MRI, $1,021. The study also found that the inconsistency in cost and coverage is a recognized concern among patients and health care providers. Which leads to additional stress and confusion for patients who are already dealing with the daunting possibility of a breast cancer diagnosis.

Unfortunately, we often receive calls and emails from individuals who are unable to afford the out-of-pocket costs for their recommended breast imaging. Without assistance, many will simply delay or forego these medically necessary tests. This delay can mean that patients will not seek care until cancer has spread making it much deadlier and much more costly to treat. Breast cancer can be up to five times more expensive to treat when it has spread beyond the breast to other parts of the body.

Additionally, screening delays and cancellations during the COVID-19 pandemic have raised concerns about associated increases in "missed' and late-stage cancer diagnoses and mortality. Although we don't know the full impact of the pandemic, emerging data in the two years since the pandemic has reinforced these concerns. The potentially "missed" cancers could be larger and more advanced once ultimately detected, often requiring the use of diagnostic imaging.

As committed partners in the fight against breast cancer, we know how deeply important it is for all cancer patients to have fair and equitable access to breast imaging that may save their lives. As such, we support SCR 4009 and urge you to pass this resolution. Thank you for your consideration.

Susan G. Komen Center for Public Policy
Bobbie Will, State Policy and Advocacy Manager
bwill@komen.org I **C:701-202-5840**

Madam Chair Lee and members of the Senate Human Services Committee:

I appreciate the opportunity to share my perspective on SCR 4009. My name is Cori Brothers. I am Radiologist Technologist, currently working at a CT technologist and a Mammographer in Bismarck, North Dakota. I like to say that working as a mammography is not just my profession but it is a my passion. My motivation to work every day as a radiology technologist comes from being a woman, a mother and a daughter. My mother lost her battle 8 years ago in February to Ovarian cancer, that we now know was caused by the BRACA 1 gene, a gene that causes breast cancer. My maternal Grandmother and my Maternal Aunt also had breast cancer, as well as my maternal grandfather having prostate cancer. All cancers directly linked to breast cancer. So I know first had the importance of screening and early diagnosis. My prayer is that no other daughter will have to hold their moms hand as they take their last breaths on this earth.

I get to go work and preform a lifesaving exam knowing that the best chance of surviving breast cancer is early detection. However, only screening mammograms are currently cost free under the Affordable Care Act. This leaves diagnostic breast imaging, as well as supplemental imaging subject to cost sharing requirements. As an mammographer, I have witnessed recommendations for women to have further diagnostic and supplemental imaging exams after undergoing a screening mammogram, yet too many refuse further testing due to the out of pocket expenses and do not complete these critical imaging exams.

As a patient with a long family history of breast cancer it is the current recommendation that I receive 1 screening mammogram and 1 breast MRI yearly. The breast MRI is preventative but is not covered as a screening exam there for subject to cost sharing requirements. Usually costing me around $1500 out of pocket every year. Please stop making women choose between their health and feeding their families.

I fully support SCR 4009 as amended, regarding SCR 4009 studying whether health insurance should provide coverage for diagnostic and supplemental breast examinations without cost sharing requirements.

Thank you for your time and the opportunity to share my testimony in support of SCR 4009.

Respectfully Submitted,
Cori Brothers RT (R) (CT) (M) (BD) (ARRT)

North Dakota Society of Radiologic Technologists

NDSRT

www.northdakotasrt.com

Madam Chair Lee and members of the Senate Human Services Committee:

I appreciate the opportunity to share my perspective on SCR 4009. My name is Carla Barrios. I am a Radiologist Assistant in ND. I am submitting testimony on behalf of the North Dakota Society of Radiologic Technologists. The North Dakota Society of Radiologic Technologists is a professional society representing medical imaging and radiation therapy professionals across the state of North Dakota. We are an affiliate of the American Society of Radiologic Technologists with nearly 157,000 members nationally, 756 of which are residents of North Dakota. Our mission is to serve as advocates for the imaging profession by providing education, networking and communication. Our main goal is to promote quality imaging and patient care.

The North Dakota Society of Radiologic Technologists supports SCR 4009 as amended, regarding SCR 4009 studying whether health insurance should provide coverage for diagnostic and supplemental breast examinations without cost sharing requirements.

Early detection of breast cancer leads to the greatest chance of survival. However, only screening mammograms are currently cost free under the Affordable Care Act. This leaves diagnostic breast imaging, as well as supplemental imaging subject to cost sharing requirements. As an imaging professional, I have witnessed women be referred to receive further diagnostic and supplemental imaging exams after undergoing a screening mammogram, yet too many refuse further testing due to the coverage disparity and do not receive these critical imaging exams. This is especially true in lower and middle income patients. Many times this lack of diagnostic imaging results in cancerous lesions going unnoticed until cancer has progressed to more advanced stages.

The North Dakota Society of Radiologic Technologists is always happy to be a resource for more information regarding medical imaging and radiation therapy. Thank you for your time and the opportunity to share testimony in support of SCR 4009.

Respectfully Submitted,

Carla Barrios, MS BSRT RRA, RPA (R) (M)

President

NDSRT North Dakota Society of Radiologic Technologist

Written Testimony Supporting SCR 4009
Senate Human Services Committee
February 13, 2023, 9:00 AM

Madam Chair Lee, Vice Chair Cleary, and Members of the Senate Human Services Committee,

Thank you for the opportunity to provide testimony in support of SCR 4009. Breast cancer has or will likely touch someone near you. Diagnosis is a process that begins with the standard screening tool- a mammogram. Thankfully many are fortunate to have medical insurance or access to options to complete the mammogram.

My recent experience with a routine screening put me on a path to a repeat image. My annual screening came back with a statement of 'requires further imaging'. The repeat mammogram came back with a recommendation for an ultrasound. Thankfully I received a clear report from the ultrasound. But what followed the ultrasound- was receiving a medical bill for $440 because though the screening was covered at no cost- the diagnosis was not.

Many friends and family have not been so fortunate to receive a clear report. They received a breast cancer diagnosis which requires additional imaging and came with worry about the costs. Some have gone through breast cancer treatment once, then second-time questionable areas were discovered during a screening mammogram which led to another cancer diagnosis years later. The costs associated were very concerning.

One very small step to help encourage women to follow up and seek a timely diagnosis is to eliminate the cost barrier of co-pay/co-insurance that is now required. I am in support of SCR 4009 and believe the small step to study eliminating the copay for diagnostic imaging will go a long way to help more women find an early diagnosis and offer better options for survival.

Sincerely,

Sharon Taylor

Dear Chair Lee, and Members of the Senate Human Services Committee,

Thank you for this opportunity to share my testimony regarding SCR 4009. When treating breast cancer, we know that early detection is key, which is why the added diagnostic imaging is recommended, the earlier that breast cancer is found the more treatment options there are and the better chance for survival for the women impacted.

In 2017, I went in for an annual mammogram, after which an ultrasound was recommended and then also an ultra sound guided biopsy which showed I had Atypical lobular hyperplasia. My doctor informed me that almost half of all women with this lesion will develop breast cancer at some point in their lives. At the time, my husband was active duty military and for several years, all my mammograms and annual MRI's were fully covered and I had no problem keeping up with the recommended imaging. Unfortunately, I was divorced after 28 years of marriage and am having to start over at age 54. As such, my insurance coverage has changed, and now I have not had a MRI screening that is recommended in the past 2 years due to the cost that I know I will incur. It would be wonderful to be able to have my screenings and live my life having peace of mind that I'm free of breast cancer, as opposed to worrying about how can I make this happen financially and the consequences of not having the imaging done.

I am in support of SCR 4009 because I feel that it would allow many more women become compliant with the screening recommendations of their doctors by removing expensive copays/co insurance costs, which are currently a barrier. In addition to providing financial peace of mind, mothers, daughters, sisters, and wives would also have peace of knowing the state of their health and be empowered to make the best choices for themselves, and to live their best lives.

Sincerely,

Michele Swanson

23.3044.01001

Sixty-eighth
Legislative Assembly
of North Dakota

SENATE CONCURRENT RESOLUTION NO. 4009

Introduced by

Senators Mathern, Hogan

Representatives Conmy, Dobervich, Karls, Weisz

A concurrent resolution directing the Legislative Management to consider studying whether health insurance should provide coverage for diagnostic and supplemental breast examinations without imposing cost-sharing requirements.

WHEREAS, cost-sharing requirements mean deductible, coinsurance, copayment, and any maximum limitations on the application of the deductible, coinsurance, copayment, or similar out-of-pocket expenses; and

WHEREAS, diagnostic breast examinations are medically necessary and clinically appropriate examinations of the breast, including examinations using diagnostic mammography, breast magnetic resonance imaging, or breast ultrasound, which are used to evaluate an abnormality seen or suspected from a screening examination for breast cancer, or used to evaluate an abnormality detected by another means of examination; and

WHEREAS, supplemental breast examinations are medically necessary and appropriate examinations of the breast, including examinations using breast magnetic resonance imaging or breast ultrasound, which are used to screen for breast cancer when there is no abnormality seen or suspected, and based on personal or family medical history or on additional factors that may increase the individual's risk of breast cancer; and

WHEREAS, diagnostic and supplemental imaging ~~is~~are an essential ~~tool~~tools in the screening and diagnosis of breast cancer; and

WHEREAS, approximately ~~2~~12 to 16 percent of patients undergoing a screening mammogram are referred by their radiologist for diagnostic testing; and

WHEREAS, screening mammograms are cost-free under the federal Affordable Care Act, cost-sharing ~~applies~~requirements apply to diagnostic and supplemental imaging procedures under private insurance plans, ranging in cost from the hundreds to the thousands of dollars per procedure; and

WHEREAS, cost is ~~the primary reason~~a contributing factor in why patients skip diagnostic testing and do not follow up after their initial screening mammogram; and

WHEREAS, the current coverage disparity is most evident by income level and race, with lower and middle-income patients, insured but unable to pay higher costs for additional testing, often forgoing testing and potential treatment until cancer has progressed to a more advanced stage; and

WHEREAS, early detection of breast cancer leads to the greatest chance of survivability;

NOW, THEREFORE, BE IT RESOLVED BY THE SENATE OF NORTH DAKOTA, THE HOUSE OF REPRESENTATIVES CONCURRING THEREIN:

That the Legislative Management consider studying whether health insurance should provide coverage for diagnostic and supplemental breast examinations without imposing cost-sharing requirements; and

BE IT FURTHER RESOLVED, that the Legislative Management report its findings and recommendations, together with any legislation required to implement the recommendations, to the Sixty-ninth Legislative Assembly.

Chairman Weisz and members of the House Human Services Committee:

I appreciate the opportunity to share my perspective on SCR 4009. My name is Cori Brothers. I am Radiologist Technologist, currently working at a CT technologist and a Mammographer in Bismarck, North Dakota. I like to say that working as a mammography is not just my profession but it is a my passion. My motivation to work every day as a radiology technologist comes from being a woman, a mother and a daughter. My mother lost her battle 8 years ago in February to Ovarian cancer, that we now know was caused by the BRACA 1 gene, a gene that causes breast cancer. My maternal Grandmother and my Maternal Aunt also had breast cancer, as well as my maternal grandfather having prostate cancer. All cancers directly linked to breast cancer. So I know first had the importance of screening and early diagnosis. My prayer is that no other daughter will have to hold their moms hand as they take their last breaths on this earth.

I get to go work and preform a lifesaving exam knowing that the best chance of surviving breast cancer is early detection. However, only screening mammograms are currently cost free under the Affordable Care Act. This leaves diagnostic breast imaging, as well as supplemental imaging subject to cost sharing requirements. As an mammographer, I have witnessed recommendations for women to have further diagnostic and supplemental imaging exams after undergoing a screening mammogram, yet too many refuse further testing due to the out of pocket expenses and do not complete these critical imaging exams.

As a patient with a long family history of breast cancer it is the current recommendation that I receive 1 screening mammogram and 1 breast MRI yearly. The breast MRI is preventative but is not covered as a screening exam there for subject to cost sharing requirements. Usually costing me around $1500 out of pocket every year. Please stop making women choose between their health and feeding their families.

I fully support SCR 4009 as amended, regarding SCR 4009 studying whether health insurance should provide coverage for diagnostic and supplemental breast examinations without cost sharing requirements.

Thank you for your time and the opportunity to share my testimony in support of SCR 4009.

Respectfully Submitted,
Cori Brothers RT (R) (CT) (M) (BD) (ARRT)

Dear Chairman Weisz, and Members of the House Human Services Committee,

Thank you for this opportunity to share my testimony regarding SCR 4009. When treating breast cancer, we know that early detection is key, which is why the added diagnostic imaging is recommended, the earlier that breast cancer is found the more treatment options there are and the better chance for survival for the women impacted.

In 2017, I went in for an annual mammogram, after which an ultrasound was recommended and then also an ultra sound guided biopsy which showed I had Atypical lobular hyperplasia. My doctor informed me that almost half of all women with this lesion will develop breast cancer at some point in their lives. At the time, my husband was on active duty military and for several years, all my mammograms and annual MRI's were fully covered and I had no problem keeping up with the recommended imaging. Unfortunately, I was divorced after 28 years of marriage and am having to start over at age 54. As such, my insurance coverage has changed, and now I have not had a MRI screening that is recommended in the past 2 years due to the cost that I know I will incur. It would be wonderful to be able to have my screenings and live my life having peace of mind that I'm free of breast cancer, as opposed to worrying about how can I make this happen financially and the consequences of not having the imaging done.

I am in support of SCR 4009 because I feel that it would allow many more women to become compliant with the screening recommendations of their doctors by removing expensive copays/co-insurance costs, which are currently a barrier. In addition to providing financial peace of mind, mothers, daughters, sisters, and wives would also have peace of knowing the state of their health and be empowered to make the best choices for themselves and to live their best lives.

Sincerely,

Michele Swanson

701-390-6140

North Dakota Society of Radiologic Technologists

NDSRT

www.northdakotasrt.com

Written Testimony Supporting SCR 4009
House Human Services Committee – March 21, 2023

Chair Weisz, Vice Chair Ruby, and Members of the House Human Services Committee,

We encourage your support of SCR 4009, which would eliminate out-of-pocket costs for medically necessary diagnostic breast imaging. Studies show that individuals facing high out-of-pocket costs associated with diagnostic imaging are less likely to have their recommended follow-up imaging. This can mean that the person will delay care until cancer has spread to other parts of the body making it much deadlier and much more costly to treat.

Access to preventive screening mammography is available at no cost as a result of the Affordable Care Act (ACA). Although, if the results of that screening mammogram require a follow-up diagnostic exam (such as an MRI, ultrasound, or diagnostic mammogram) to rule out breast cancer or confirm the need for a biopsy, the patient will likely face hundreds to thousands of dollars in out-of-pocket costs – all before they even begin treatment.

An estimated 12-16% of women screened with modern digital mammography require follow-up imaging. A screening mammogram would not be considered successfully completed if the follow-up diagnostic imaging were not performed to rule out breast cancer or confirm the need for a biopsy. Diagnostic imaging is also often recommended as the primary breast imaging for breast cancer survivors, women at high-risk for breast cancer, and those who have undergone a lumpectomy followed by radiation therapy.

Furthermore, the COVID-19 pandemic caused women to delay screenings and has financially impacted millions of Americans, especially those who are most vulnerable. The cost burden of diagnostic imaging leads to longer delays or forgone testing, later-stage diagnoses, and more difficult and expensive treatments for patients.

As committed partners in the fight against breast cancer, we know how deeply important it is for all cancer patients to have fair and equitable access to breast imaging that may save their lives. As such, we support SCR 4009 and urge you to pass this resolution. Thank you for your consideration.

Carla Barris, RRA, RPA, President NDSRT
Sherri Miller, RN, Executive Director, NDNA
Mylynn Tufte, MBA, MSIM, BSN, RN, President NDNA
Tara Bradner, NP, Legislative Liaison, NDNPA
Bobbie Will, Susan G. Komen

SCR 4009

Diagnostic and Supplemental Imaging

Widespread access to preventive screening mammography, without cost sharing, is available to millions of women as a result of the Affordable Care Act (ACA). Unfortunately, some individuals at a higher risk of breast cancer or those requiring follow-up imaging due to an abnormal mammogram result face hundreds to thousands of dollars in patient cost sharing – all before they are even potentially diagnosed with breast cancer.

DIAGNOSTIC AND SUPPLEMENTAL BREAST IMAGING

- Mammography is only the initial step in the early detection process and is not alone able to diagnose cancer. Early detection of breast cancer is not possible without the medically necessary diagnostic follow-up or additional supplemental imaging required to rule out breast cancer or confirm the need for a biopsy.
- An estimated 12-16 percent of women screened with modern digital mammography require follow-up imaging.
- Eliminating out-of-pocket costs for diagnostic and supplemental imaging would improve access and likely result in more patients receiving an earlier diagnosis.
- Out-of-pocket costs are particularly burdensome on those who have previously been diagnosed with breast cancer, as diagnostic tests are recommended rather than traditional screening.
- The delays in screening due to COVID-19 created delays in screening and experts have warned that the “missed” cancers might be larger and more advanced once ultimately detected, often requiring additional imaging.

FAIR AND EQUAL COVERAGE

- In 2023 alone, more than 600 individuals will be diagnosed with breast cancer and more than 70 will die of the disease in North Dakota.
- Studies show that individuals facing high out-of-pocket costs associated with diagnostic and supplemental imaging are less likely to have the recommended follow-up imaging. This can mean that the person will delay care until the cancer has spread to other parts of the body making it much deadlier and much more costly to treat.
- A Susan G. Komen-commissioned study found the out-of-pocket costs for patients to be high, with much variation for breast imaging. For example, the average patient cost for a diagnostic mammogram is $234 and $1,021 for a breast MRI.
- The study also found that the inconsistency in cost and coverage is a recognized concern among patients and health care providers and leads to additional stress and confusion for women who are already dealing with the possibility of a breast cancer diagnosis.

Susan G. Komen encourages your support by asking for a do pass for SCR 4009, a study to increase access to medically necessary diagnostic and supplemental breast imaging by eliminating burdensome patient cost sharing.

Susan G. Komen Center for Public Policy
Bobbie Will, State Policy and Advocacy Manager
bwill@komen.org | C:701-202-5840