



Facing Hereditary Cancer EMPOWERED

March 15, 2025

RE: Proponent HB 1283

Coverage for Diagnostic and Supplemental Breast Examinations

Dear Chairman Barta, Vice Chairman Boehm and Esteemed Members of the Senate Industry and Business Committee,

I am writing to ask for your support of HB 1283 which would expand access to life-saving breast cancer screenings and diagnostic imaging in North Dakota. HB 1283 will be discussed in the upcoming Industry and Business Committee Hearing on 3/18. The House has already given its full support to the bill.

FORCE (Facing Our Risk of Cancer Empowered) is a national nonprofit that advocates for people facing hereditary cancers. The majority of our constituents carry an inherited genetic mutation that significantly increases their risk of cancers including breast, ovarian, prostate, pancreatic and colorectal cancer. Our organization and the North Dakota constituents we serve strongly support HB 1283.

Hereditary cancers often occur at younger ages and can be very aggressive. Members of our community also face a greater risk of recurrence and additional primary cancers. Accordingly, national medical guidelines recommend that high-risk individuals undergo more intensive, more frequent cancer screenings starting at younger ages than the general population.

For example, women who carry a BRCA1 genetic mutation have up to a 70% lifetime risk of breast cancer—versus a 13% risk in the general population. National Comprehensive Cancer Network (NCCN) guidelines recommend that these individuals start screening with annual breast MRIs at age 25. Yearly mammograms (3D mammography, if available) should commence at age 30, alternating with MRIs every 6 months. This regimen is advised until age 75 when screening is considered on an individual basis.

The only other option for those at high risk of breast cancer is prophylactic mastectomy. But surgery is never something to be taken lightly and isn't a feasible or desirable option for everyone.

These evidence-based options enable high-risk individuals to be proactive with their health, detecting cancer earlier when it is easier to treat, or preventing it altogether. Unfortunately, many of the

guideline-recommended screenings and risk-reduction measures are not viewed as essential care by health insurers, and coverage policies vary. The cost of high-risk screenings is often applied to a person's deductible or denied altogether.

As a result, these patients face a dilemma: forgo the expert-recommended health services or shoulder the cost of tests such as annual breast MRIs—which can cost thousands of dollars—and mammograms before the age of 40 (when they are covered with no cost-sharing under the ACA). Ultimately, this exacerbates health disparities because the least financially stable individuals can't afford the recommended interventions. It also costs the health system more money due to later-stage cancer diagnoses.

Similarly, for individuals with any level of cancer risk, a suspicious mammogram can lead to a myriad of diagnostic tests. Once again, many patients face significant out-of-pocket costs for this imaging. Studies show that individuals facing high cost-sharing are less likely to have the recommended follow-up care. This leads to delayed cancer diagnoses, which are more challenging to treat and more expensive for our healthcare system.

Breast cancer is the most common cancer in North Dakota, exceeding the national average for disease incidence. We don't know why most people get cancer. However, with advances in the field of genetics about 10% of Americans learn that they have an inherited genetic mutation that increases their cancer risk. These are the ideal candidates for prevention and early detection.

We must ensure that those at high risk of breast cancer can be proactive with their health. It will save lives and money by providing greater access. This is why we strongly support HB 1283 and urge you to bring the legislation to a floor vote before the session closes. With the passage of this bill, we can ensure that North Dakota women have access to the breast screenings and diagnostic exams they need.

If you have any questions or would like to discuss this bill further, please contact me.

Sincerely,



Lisa Peabody
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