RACHAEL A. CABRAL-GUEVARA

STATE SENATOR • 19TH SENATE DISTRICT

Testimony before the Assembly Committee on Health, Aging and Long-Term Care

Senator Rachael Cabral-Guevara

January 10, 2024

Thank you committee members for allowing me to testify today on Assembly Bill 117. The bill in front of us today will save money, it will lead to better outcomes, and most importantly, it will save lives. I'm proud to be here today with so many advocates for protecting women's health.

This bill was actually one of the first ideas a constituent contacted me about when I was first elected to the State Assembly, and she shared her heartbreaking story. Under no circumstance should cancer be allowed to spread undetected after receiving a screening. This bill would close a critical loophole for so many patients.

Over forty percent of all women have dense breast tissue, meaning breast cancer may not be detected with standard screenings. Mammograms are so vitally important for early detection, and we still want to encourage all women to receive those screenings. We are simply here to make sure those who need more advanced screenings through ultrasounds can get them.

This legislation will be building on the notification required in 2017 Act 201 and ensure that women, regardless of their breast cancer risk and economic background not only receive the information necessary for them to advocate for their own health, but also access the lifesaving screenings they need and deserve.

We've built a strong coalition of folks inside and outside of the capital to get this critical bill across the finish line and signed into law. I want to thank the folks standing behind me and those who couldn't make it today for their input and support. Currently, insurance policies are required to provide two mammographic screenings for women aged 45-49 and one annual screening for those over the age of 50. There is no required coverage for advanced screenings for those with dense breast tissue. Wisconsin ranks among the top five most expensive states of average screening cost per person.

In America, 1 out 8 women will get breast cancer and 1 out of 39 women will die from breast cancer. Early detection, at an affordable price, will reduce the number of women who succumb to breast cancer. Pre-emptive screenings using mammography and breast ultrasound can increase detection of cancer.

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Early detection leads to better outcomes, but it also reduces costs for insurers and patients. Our bill allows women who otherwise wouldn't know whether they have breast cancer or not, to find out at an affordable price. The bill caps the costs of advanced breast screenings for those who have dense breast tissue to a co-pay of $0. Treating this disease as early as possible literally saves lives. While that should be enough, the fact that it can save money for everyone involved makes it a no-brainer.

I'm proud to lead the fight for this critical women's health initiative because it's time to remove the hurdles preventing so many women from getting the life-saving cancer screenings they need. Early detection leads to better outcomes, and it reduces costs in the long run. As amended, this bill is a huge opportunity to deliver a win for those who need it.

State of Wisconsin
Department of Health Services
Tony Evers, Governor
Kirsten L. Johnson, Secretary

TO: Members of the Assembly Committee on Health, Aging, and Long-Term Care

FROM: HJ Waukau, Legislative Director

DATE: January 10, 2024

RE: AB 117 relating to: coverage of breast cancer screenings by the Medical Assistance program and health insurance policies and plans

The Wisconsin Department of Health Services (DHS) would like to thank the Committee for the opportunity to submit written testimony for information only on Assembly Bill 117 (AB 117) regarding the coverage of breast cancer screenings without cost sharing for individuals with increased risk of breast cancer as determined by applicable guidelines, for both private insurance and Wisconsin Medicaid.

DHS's mission is to protect and promote the health and safety of the people of Wisconsin. In order help women obtain access to needed health screenings, the Wisconsin Well Woman Program helps women with little or no health insurance pay for clinical breast exams, mammograms, diagnostic testing, and other specified tests and screens.[1] It is currently estimated that 5,460 women in Wisconsin will get breast cancer in 2023,[2] and although it's more rare, men are also diagnosed with breast cancer.[3] As such, DHS recommends that all individuals have access to the coverage of breast cancer screenings as medically appropriate.

Current evidence supports the use of advanced imaging such as ultrasound or magnetic resonance imaging (MRI) for individuals at higher risk for breast cancer.[4] Although national guidelines do not currently support the use of advanced imaging for the screening of breast cancer in individuals with an average risk, scientific literature does recognize individual circumstances where advanced imaging is appropriate following a mammogram for individuals with dense breast tissue.[5]

Like many other health issues, disparities also exist for breast cancer. According to the American College of Radiology, prior to age 50 minority women are: 127 percent more likely to die of

[1] "The Well Woman Program," Wisconsin Department of Health Services, last revised May 9, 2023, https://www.dhs.wisconsin.gov/wwwp/index.htm.
[2] American Cancer Society, Cancer Statistics Center, last accessed on July 11, 2023, https://cancerstatisticscenter.cancer.org/#!/state/Wisconsin.
[3] "Breast Cancer in Men," Centers for Disease Control and Prevention, last updated on September 26, 2022, https://www.cdc.gov/cancer/breast/men/index.htm.
[4] "New ACR Breast Cancer Screening Guidelines call for earlier and more-intensive screening for high-risk women," American College of Radiology, May 3, 2023, https://www.acr.org/Media-Center/ACR-News-Releases/2023/New-ACR-Breast-Cancer-Screening-Guidelines-call-for-earlier-screening-for-high-risk-women.
[5] "What Is Breast Cancer Screening," Centers for Disease Control and Prevention, last updated on September 26, 2022, https://www.cdc.gov/cancer/breast/basic_info/screening.htm.

breast cancer, 72 percent more likely to be diagnosed with breast cancer, and 58 percent more likely to be diagnosed with advanced-stage breast cancer.[6] Further, black women are 42 percent more likely to die from breast cancer despite roughly equal incidence rates, and while they are less likely to be diagnosed with stage I breast cancer, they are twice as likely to die of early breast cancers.[7] AB 117 could be another tool that helps address early detection of breast cancer for those at a higher risk and help address health disparities.

Regarding the fiscal implications of AB 117, DHS was not asked to provide a fiscal estimate on the bill. Wisconsin Medicaid currently covers ultrasound screening without prior authorization when determined to be medically appropriate by a provider and MRIs with prior authorization when a person is at an increased risk. Under AB 117 it could be anticipated that DHS would experience an increase in utilization of screening services. However, similar to the analysis provided by the Office of the Commissioner of Insurance, the magnitude of such an increase is indeterminant at this time.

DHS thanks the Committee for the opportunity to provide written testimony for information only on AB 117 and we offer ourselves as a resource for Committee members for any follow up or additional information that may be needed.

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[6] "New ACR Breast Cancer Screening Guidelines call for earlier and more-intensive screening for high-risk women," American College of Radiology.
[7] Ibid.

Hearing on Breast Cancer Screening and Diagnostics Act
January 10, 2024
1:30 pm
Wisconsin Capital

Linda Hansen

- Advocate for Wisconsin Breast Cancer Coalition

- Thank you for your time.
- Here to support AB 117, the Breast Cancer Screening and Diagnostics Act
    - This bill is truly a matter of life and death for women across Wisconsin
- Here because I have experience that I think will be helpful to you as you consider this bill

I have Metastatic – Stage 4 – Terminal Breast Cancer – there is no cure – **but it didn't have to be that way**

Instead of having MBC, with its life long expensive, debilitating and exhausting treatment – I could have been diagnosed much earlier, when it was still curable, and far cheaper to treat

- MBC means
    - By the time my breast cancer was discovered
        - It had gotten into my lymph nodes
        - Traveled through my body, and
        - Began to grow in my liver
        - It can't be cured
        - **It's going to kill me**

How did this happen?

- I started getting my annual mammogram when I turned 40 – as recommended
    - I got one every year
    - Every year it was "clear" – which simply meant that they didn't see any breast cancer
    - Every report mentioned that I had dense breast tissue
        - When I asked about that comment, I was told it wasn't important
        - THEY WERE WRONG! IT WAS IMPORTANT!

Although I have MBC, I'm Lucky

More than 13 ½ years since diagnosis
Even today, the life expectancy of someone with MBC is less than 3 years
Every 13 minutes someone in this country dies of MBC

Who's **not lucky** in my case?
First 7 years - My **Insurance company**
Past 6 years - **Medicare**
Why?
$750,000 to $1 million each year to keep me alive
Treatment until die
More than $12 million so far

Age 40 annual mammogram
Every year clear
No family history
Decent diet, exercise
Self-exams
Not worried

I didn't realize that **1 in 8 women** will be diagnosed with breast cancer at some point in her life
And the vast majority of breast cancer is not genetic

Spring of 2010
I noticed a slight pain and a dent in one of my breasts
Clear mammogram just 5 weeks earlier
I wasn't worried

Set up appointment with breast cancer specialist
She examined me and **ordered an MRI**
- Hospital said needed preauthorization from my insurer
  - Or a $5,000 payment from me

My insurance company said "NO"
Just had a clear mammogram 5 weeks ago

This would have stopped a lot of people who didn't have an extra $5,000
After nearly a month of arguing with my insurer, I decided to pay it myself
The day I showed up for the MRI I found out that my insurer had finally agreed to authorize it

Soon after

Metastatic Breast Cancer

I had about 18 – 24 months to live – I am one of the 10% of women with breast cancer who was diagnosed with MBC at the time they found out they had breast cancer

So far

Dozens and dozens of tests and doctor's appointments
Many Weeks in the hospital
6 surgeries
300 treatments with IV chemotherapy – that's not an estimate – it's exactly 300
Continue rest of my life

My cancer has responded so amazingly well to treatment that my oncologist thinks I could live another 25 years or more like this.

If I live another **25 years**,

- that could easily bring my cancer-related health care to well over **$35 million**

How did I manage to get to diagnosed with stage 4 breast cancer **5 weeks** *after a clear* mammogram?

- As always, Annual mammogram results said they didn't see any evidence of cancer
- That's what I cared about
- But I didn't know that I had **Dense breasts** – just like 50% of women over 40 – when they start getting mammograms

I was diagnosed in May 2010

Before Wisconsin enacted Wis Stat s. 255.065 in April 2018

- Not only does that law require the facility performing the mammogram to tell the patient if they have dense breasts
- They must also tell the patient that:
- If they have dense breasts

    - Cancer is more **difficult to see** using a mammogram
        - Because both dense breast tissue and cancer look white on mammograms
        - they may need additional testing such as an **ultrasound or MRI** to know if they have cancer
        - They have an **increased risk** of breast cancer

If I had known that
I would have talked to my doctor about **my risk** of breast cancer

And I would have gotten an ultrasound or MRI – because **I could pay for it**

But many women with dense breasts don't have that kind of money

Can't pay for the test, or even a deductible or co-pay

MBC, and the treatments for it, have disabled me. I was forced to retire early from my career as a patent lawyer. My retirement gave me more time, and my education gave me the skills to use a computer to research. Here are some of the things I've found:

- According to a study by Deloitte, and reported in articles in both Forbes and Fortune on September 26 of 2023, women and men, ages 19-64, pay the same price for health insurance premiums
- BUT, women with health insurance pay $15.4 billion more than similarly insured men for out-of-pocket medical costs such as copays and deductibles every single year – and that's without including the costs related to pregnancy.
- The actuarial value of employer-sponsored health insurance for women is $1.34 billion less, annually, than for men of the same age

- Both cited a report by Deloitte: https://www2.deloitte.com/us/en/pages/life-sciences-and-health-care/articles/womens-health-equity-disparities.html?utm_source=newsletter&utm_medium=email&utm_campaign=newsletter_axiosvitals&stream=top

Source: Kulleni Gebreyes, Andy Davis, et al., Hiding in Plain Sight: The Health Care Gender Toll

I also found some other things:

- Research funding for diseases that primarily affect men is nearly twice as high as research funding for diseases that primarily affect women. That was from a report called "Gender Disparity in the Funding of Diseases" by the U.S. National Institutes of Health (NIH) published in the J Womens Health (Larchmt), 2021 Jul;30(7):956-963. doi: 10.1089/jwh.2020.8682.Epub 2020 Nov 27.

I've testified twice before the Senate Health Committee on this bill. Both times the Insurance lobby opposed the bill. Let me take a moment to comment on the arguments they made.

First –

Despite the fact that an MRI is the best way to screen for breast cancer in women with dense breast tissue – half of all women over 40 – the insurance lobby apparently thinks that I'm just a weak, emotional woman, and can't handle the stress of a false positive test for breast cancer. That we can't handle the truth.

Let me set the record straight:

- We can handle the truth. One in eight of us will be strong enough to handle finding out that we have breast cancer. Certainly strong enough to handle a false positive. I suspect that every woman here today, whether on the committee or

testifying, would agree that we women are strong enough to handle a positive MRI result, whether or not it's false.

- The insurance lobby's argument also ignores the huge benefit for all of the women for whom the positive MRI result is accurate. Women who otherwise would not know they had breast cancer until it was no longer curable. It can literally save their lives.

In prior testimony, the insurance lobby argued that there isn't sufficient data to show the benefit of eliminating the deductibles and co-pays associated with secondary screening for women with dense breast tissue when recommended by a physician.

- That may be true right now, but there will be data once the deductibles and co-pays are eliminated and more women will be able to access the necessary secondary screening tools.
- The insurance lobby isn't saying that the data shows MRIs are unnecessary, but rather, that there is not enough data right now to quantify the benefit of MRI scans and other secondary screening tools when used to screen for breast cancer.
- The insurance lobby ignores that the 10% of women diagnosed with breast cancer who were diagnosed metastatic *de novo* – stage 4 when first found out that we had breast cancer – have dense breasts and our cancer was easily seen on an MRI, but wasn't seen at all on our annual mammograms. These are some of the lives that will be saved by using secondary screening tool.
- The American Cancer Society recommends that all women with heterogeneously dense breasts receive an annual breast MRI in addition to a mammogram. American Cancer Society Guidelines for Breast screening with MRI as an Adjunct to Mammography, https://acsjournals.onlinelibrary.wiley.com/doi/10.3322/canjclin.57.2.75
- The same report stated that payment should not be a barrier to breast MRI, and that more data was expected soon – meaning that more women are getting screening MRIs for breast cancer, so more data will soon be available
- A report published by the American Cancer Society on June 12, 2023, the same exact day that the Wisconsin State Senate Health Committee held their hearing on this bill, stated that for women with dense breast tissue, "A clinically significant proportion of women undergoing mammography screening alone were at high mammography screening failure risk."

https://doi.org/10.1002/cncr.34768

- A report in Missouri Medical mentioned that for women determined to be at higher-than-average risk of breast cancer, "recommendations from the American College of Radiology[27] and the American Society of Breast Surgeons Position Statement[28] released in April 2019, women deemed to be at higher risk should begin yearly mammography (3D modality preferred) no sooner than age 30 and also consider supplemental screening with yearly breast MRI no sooner than age 25." Mo Med. 2020 Mar-Apr; 117(2): 133–135.

Medical organizations in the field of breast cancer diagnosis and treatment agree: Supplemental screening should be done for women with dense breast tissue, for whom mammography is at high screening failure risk. While ultrasounds can find some additional breast cancers, MRIs are the best screening test to find and diagnose breast cancer.

The purpose of screening for breast cancer is to find cancer early when that cancer is easier to cure. Ultimately, that will save lives.

For those of us with dense breast tissue, the medical community agrees that secondary screening with an MRI is the best way to save lives. Secondary screening with an ultrasound may also save lives.

But the lives of women who can't afford a deductible or co-pay for an MRI or ultrasound won't be saved unless this bill is passed.

That's why I'm here today

I don't want anyone else – and any other family to go through this

If this bill doesn't pass

We're creating a **two-tier system**

- Those **with money** –
  - who can afford to pay for tests and copays will be **diagnosed earlier** when a cure is far more likely
  - those without enough money – who can't afford the secondary tests Or **deductible or co-pay**
    - Will be more likely to be **diagnosed later** when a **cure may not be possible**

I'm asking you to pass this bill so that all women are more likely to **catch their breast cancer early**

When it's **more likely to be curable**

When it **won't cost an insurer $35 million to keep them alive**

Imagine how many of those needed secondary screening tests could be paid for with $35 million my insurers may pay to keep me alive.

Wisconsin Radiological Society

TO: Assembly Committee on Health, Aging and Long-term Care

FROM: Dr. Jennifer Bergin, Wisconsin Radiological Society, berginjt@gmail.com

RE: Support for Assembly Bill 117/Senate Bill 121

Good Afternoon Chair Moses and Committee Members,

My name is Dr. Jennifer Bergin and I am a breast imaging radiologist with Radiology Waukesha. Thank you for the opportunity to testify in support of Assembly Bill 117 on behalf of the Wisconsin Radiological Society, the statewide association of radiologist physicians. And thank you, Representative Gustafson and Senator Cabral-Guevara and the many bill co-sponsors, for your leadership on this important piece of legislation.

As breast imaging radiologists, we know that access to supplemental screening and diagnostic exams is critical for early diagnosis. Advocating for risk-appropriate screening and accessible diagnostic imaging has been a passion throughout my career. Less than 6 months ago, my passion became personal when my screening mammogram was abnormal. That led to a diagnostic mammogram, a biopsy, an MRI, and a diagnosis of breast cancer. Like all women with this history, I face some future risk of recurrence, but due to the early diagnosis, I was optimally treated with surgery and endocrine therapy with no need for radiation or chemotherapy. No one is ever "lucky" to have breast cancer, no matter how small, but my wish is that every patient with breast cancer could have the same experience as I did, free of hesitation and delay in pursuing necessary diagnostic tests and with the least invasive and life-disrupting treatment required. Assembly Bill 117 goes a long way in making my wish reality.

The tools and technologies are in place to detect breast cancer at its early and curable stages, we simply need to make them available to patients. For this reason, we are testifying in strong support of Assembly Bill 117. Additionally, we respectfully request that an amendment be adopted to correct a technical error in the diagnostic coverage section of the bill to ensure that all patients who need diagnostic imaging exams can receive them without cost-sharing. I will spend the next couple of minutes discussing why these steps are so important for our patients in Wisconsin.

Supplemental Screening

As you know, Governor Walker signed 2017 Act 201 that requires facilities that perform mammograms to notify patients if they have dense breast tissue.

We are grateful to Governor Walker and the legislature for this important first step. Women in Wisconsin now know whether or not they have dense breast tissue. Dense breast tissue impacts breast cancer risk in two ways. First, dense tissue increases a woman's risk for developing breast cancer. Second, it can make it harder to detect breast cancer on a screening mammogram.

The supplemental screening case study in our handout illustrates the challenges of detecting cancer on a traditional screening mammogram. These images are of a 40-year-old female with dense breast tissue and increased lifetime risk of developing breast cancer. Her mammogram had no abnormalities.

However, she underwent a supplemental screening breast MRI and was found to have a small early-stage breast cancer (bright spot on the breast MRI image with arrow). She was treated successfully with lumpectomy, radiation, and endocrine therapy and is doing well 2 years after treatment. Sitting in a patch of dense breast tissue, this cancer cannot be detected on her mammogram.

We have heard concerns that if AB 117 were to become law, it would encourage the over-utilization of breast imaging. I want to emphasize that to receive supplemental screening tests, patients must receive an order from their health care provider. Clinical practice guidelines emphasize shared decision making with careful discussion of the benefits and risks of supplemental screening examinations, tailored to the needs and preferences of individual patients.

Patients who receive the breast density notification letter and later an order to undergo supplemental screenings are often surprised to learn that they are not covered without cost-sharing, unlike screening mammograms. Depending on which exam is used and where the patient lives, these exams can cost anywhere between $300 and $3,000.

AB 117 builds on the current breast density notification law and requires Wisconsin health plans to cover—without cost-sharing-- supplemental breast imaging exams, like ultrasound or breast MRI, for patients who either have dense breasts or who meet National Comprehensive Cancer Network increased risk criteria. Patients for whom supplemental screening exams are medically necessary would continue to need an order from their medical provider to receive these exams.

The coverage requirement created by AB 117 is consistent with guidance issued by every major medical organization for high-risk women. The American Cancer Society, the National Comprehensive Cancer Network, and the American College of Radiology **all** recommend supplemental screening examinations for women at higher-than-average risk; specifically, screening using breast MRI. As a woman with extremely dense breasts and higher risk, I chose to have supplemental screening with MRI six months after my annual screening mammogram. I decided on MRI because it can find an additional 25 cancers for every 1000 women screened

above and beyond what the mammogram detects in patients with dense breasts. Additionally, an economic evaluation of a randomized control trial evaluating breast MRI in the Netherlands found that breast MRI was cost-effective. Breast MRIs caught cancers at earlier stages leading to improved quality of life, longer life spans, and less costly treatment.

Diagnostic Imaging Examinations

Now let's talk about diagnostic imaging exams, which are separate and distinct from supplemental screenings.

Screening mammograms are covered without co-pays or deductibles. This has been an important tool to help women get screening mammograms for patients who don't have any signs or symptoms of breast cancer. However, when patients display signs and symptoms of breast cancer, health care providers order diagnostic examinations.

This happens when:

1. The patient's screening mammogram or supplemental screening exam is abnormal.
2. The patient contacts their physician's office with a physical symptom, such as a lump, pain, nipple discharge, etc.

Diagnostic evaluations include additional mammograms, ultrasounds, and biopsies that can cost patients close to $1,000 or more, even with health insurance. Research studies have found that patients with cost related concerns are less likely to not only pursue diagnostic tests but also screening examinations.

Prior economic modeling studies conducted in the Maryland legislature to evaluate the impact of covering diagnostic examinations found that diagnostic coverage without co-pays or deductibles would only cost $0.07 cents per member per month. These low costs were attributed to the fact that it is much easier and cheaper to treat someone with an early-stage cancer compared with a late stage cancer. Seven cents per member per month would go a long way in ensuring that more women have an experience with breast cancer similar to mine.

There appears to have been a technical error in AB 117 which incorrectly ties diagnostic coverage to the criteria used for supplemental screenings—having dense breasts or meeting NCCN increased risk. Diagnostic coverage should be based on clinical findings. We respectfully request a technical fix to AB 117 to ensure that all patients who need diagnostic imaging exams can receive them without cost-sharing.

Conclusion

As radiologists, we know that we have the tools and technologies in place to prevent women from being diagnosed with advanced cancers. The only way that we can take full advantage of these tools is if we remove barriers that prevent patients from accessing these lifesaving technologies. We hope that the committee will support AB 117 and request an amendment to

AB 117 to ensure appropriate coverage for both supplemental and diagnostic breast imaging examinations.

Thanks once again to Representative Moses and the committee for the opportunity to speak. I am happy to answer any questions you may have.

Wisconsin Radiological Society

Every Major Medical Organization that Issues Breast Cancer Screening Guidelines for High-Risk Women Recommends Supplemental Screening

SB 121/AB 117 would ensure high-risk women can access recommended screenings without copays.

Who is High-Risk: Many factors contribute to a woman's risk of developing breast cancer. This includes age, family history, genetic mutations, and dense breast tissue. Women with a cumulative lifetime breast risk greater than 20% are considered high-risk.

How is High-Risk Determined: All women should work with their health provider to have a risk assessment conducted by age 25. Providers use a statistical model that takes the factors described above, as well as others, into consideration to calculate whether a woman has a lifetime risk of 20% or higher of developing breast cancer.

Screening Guidelines for High-Risk Women: Every major medical organization that issues screening guidelines for high-risk women supports supplemental breast cancer screening; specifically, breast MRI. Breast MRIs should be in addition to, not instead of, a screening mammogram. While an MRI is more likely to find cancer than a mammogram, it may still miss some cancers that a mammogram would find.

	Screening Guidelines for High Risk Women
American College of Radiology and the Society of Breast Imaging	Annual mammography screening starting by age 30 (age 25 for women who've received chest radiation). Annual breast MRI starting between age 25 and 30
American Cancer Society	Annual mammography screening starting by age 30 Annual breast MRI starting by age 30
American Society of Breast Surgeons	Annual mammography (3D preferred modality) starting at age 35 (recommend starting at 30 if prior chest radiation or genetic mutation) Access to supplemental imaging (MRI preferred modality) starting at age 35 (recommend starting at 25 if prior chest radiation or genetic mutation)
National Comprehensive Cancer Network	Annual mammogram starting at age 25 to 40 Annual breast MRI starting at age 25 to 40

Contact: Dr. Gregg Bogost, gbogost@lucidwisconsin.com or Erin Fabrizius, efabrizius@mblumenfeld.com

Wisconsin Radiological Society

Understanding Breast Imaging Exams

Breast cancer remains the most common nonskin cancer, the second leading cause of cancer deaths, and the leading cause of premature death in US women. Mammography screening has been proven effective in reducing breast cancer deaths in women age 40 years and older. A mortality reduction of 40% is possible with regular screening. There is risk in not being screened. Treatment advances cannot overcome the disadvantage of being diagnosed with an advanced-stage tumor.

	Screening Mammogram	Supplemental Screening	Diagnostic Mammogram
What:	An X-ray examination of the breast of a patient who has no signs or symptoms of breast cancer.	An additional imaging exam provided to a patient who has no signs or symptoms of breast cancer.	An imaging exam of the breast of a patient who has signs or symptoms of breast cancer.
Who:	All women age 40 and above. Women at high risk may benefit from starting earlier.	Women who have dense breast tissue or who are at increased risk for breast cancer compared to the general population.	• Screening mammogram reveals concern • Physical exam reveals concern (lump, pain, nipple discharge, etc.)
Why:	Screening mammography detects cancers at an earlier stage, reducing breast cancer deaths.	Mammography can miss cancers at a higher rate in patients with dense breasts. Additional imaging can improve cancer detection.	A health care provider is concerned that the patient or their imaging shows signs of breast cancer. Early detection is critical.
How:	• Digital breast tomosynthesis (DBT)-- 3D mammography • 2D mammogram	• DBT • Ultrasound • MRI	• DBT or specialized mammogram • Ultrasound • MRI
Cost:	Provided without cost-sharing for women of screening age.	Subject to co-pays and deductibles. Costs range from $300 to $3,000. [1]	Subject to co-pays and deductibles. Costs range from $300 to $3,000.

[1] https://www.wipricepoint.org/Home

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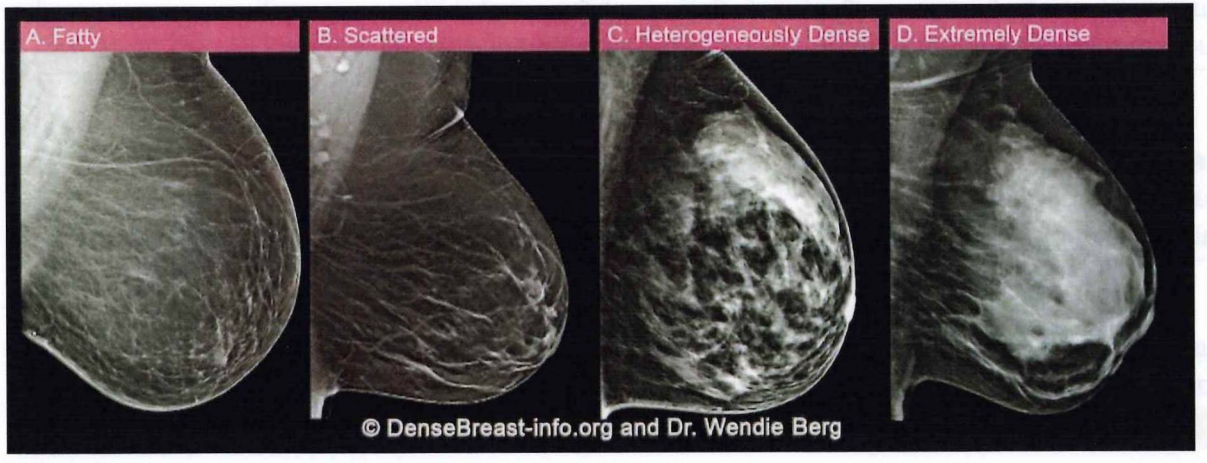
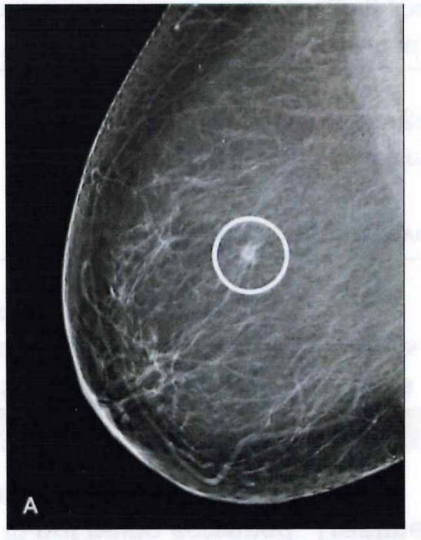
Wisconsin Radiological Society

The Challenges of Detecting Breast Cancer in Dense Breasts

These images illustrate what breast density looks like on a mammogram from least dense to most dense.



The white spot on this image of a breast that is not overly dense is cancer. Imagine trying to see this spot in an extremely dense breast.



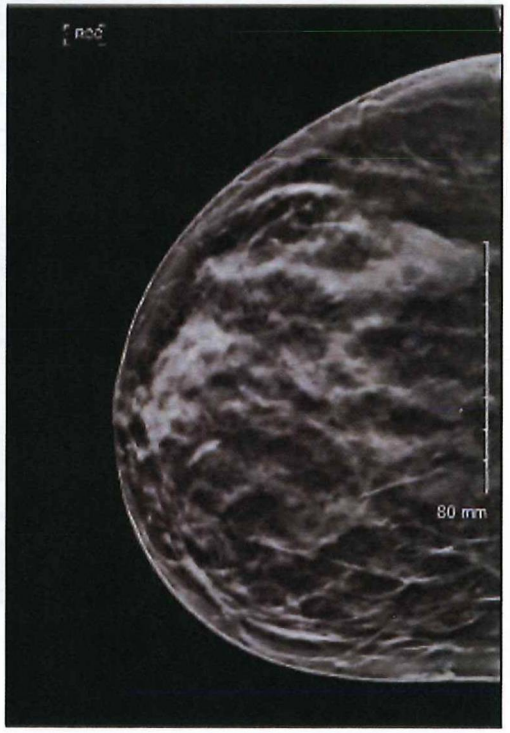
Contact: Erin Fabrizius, efabrizius@mblumenfeld.com

Wisconsin Radiological Society

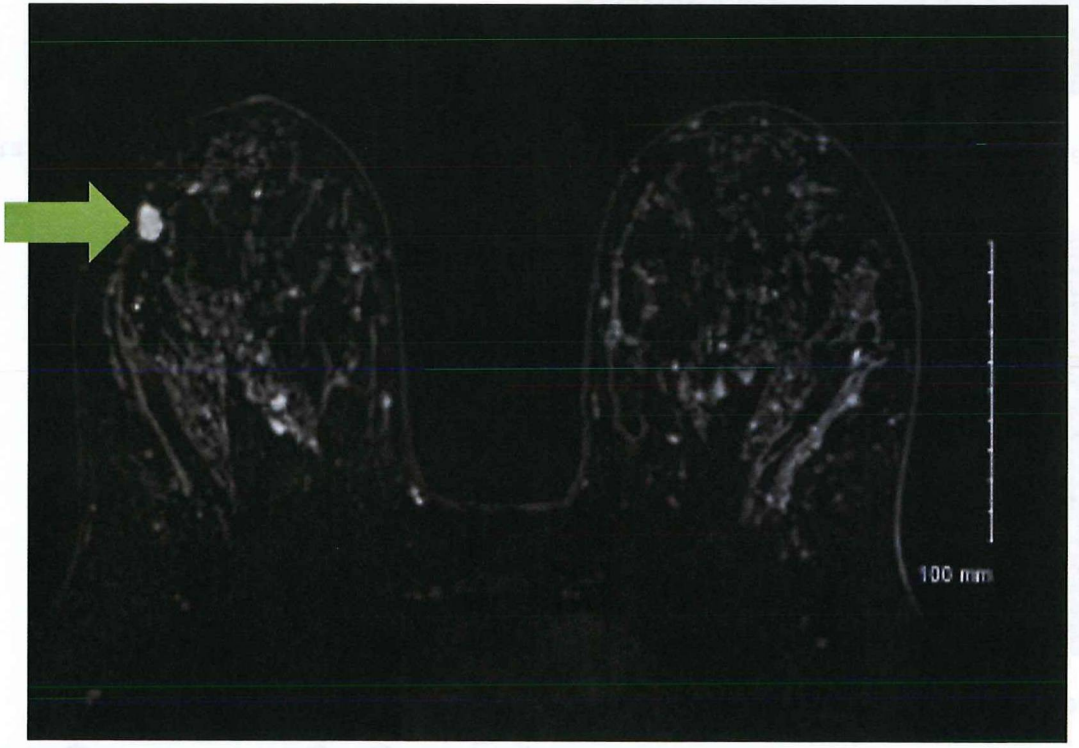
Supplemental Screening Case Study

40-year-old Female with family history of breast cancer (mother) and heterogeneously dense breasts. Lifetime risk of breast cancer greater than 20% (high risk).

Screening Mammogram—Normal



Screening MRI (supplemental screening)— invasive ductal carcinoma found

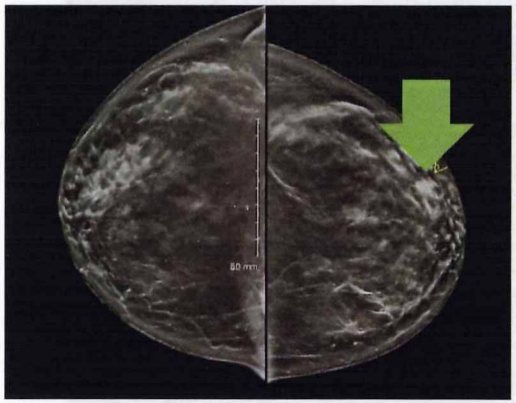


Contact: Erin Fabrizius, efabrizius@mblumenfeld.com

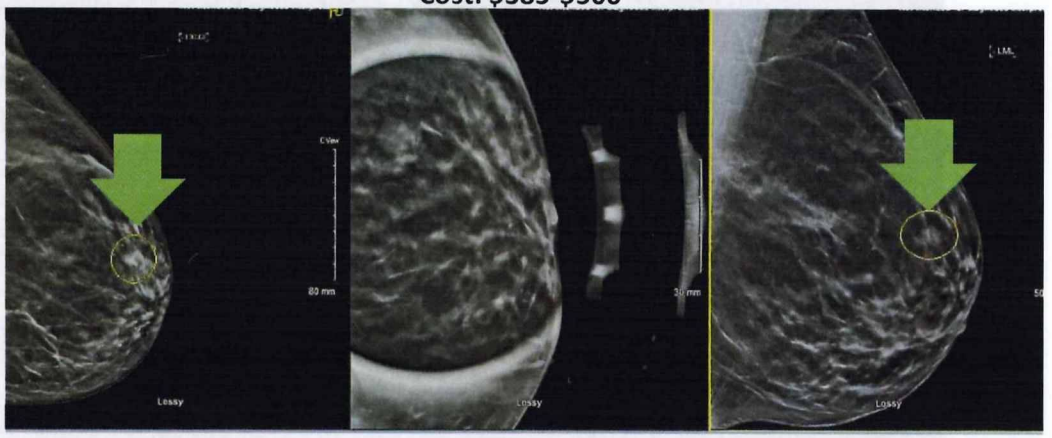
Wisconsin Radiological Society

Diagnostic Imaging Example

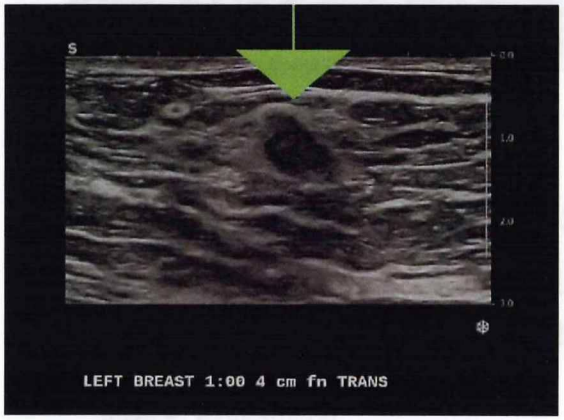
1. **Screening Mammogram—Abnormal**
   Cost: $0



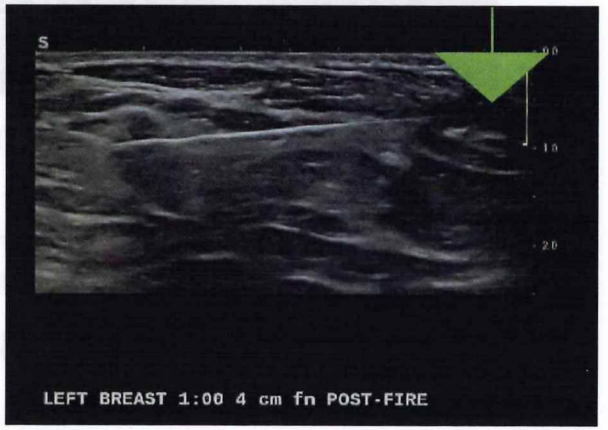
2. **Diagnostic Mammogram—Confirms Tumor**
   Cost: $385-$500



3. **Diagnostic Ultrasound—Confirms/More Detailed View of Tumor**
   Cost: $385-$500



4. **Biopsy with ultrasound—Confirms Cancer**
   Cost: $4,000



Contact: Erin Fabrizius, efabrizius@mblumenfeld.com

WNA
WISCONSIN NURSES ASSOCIATION

January 10, 2024

State Representative Clint Moses, Chair
Assembly Committee on Health, Aging and Long-Term Care
Room 12 West
State Capitol
Madison, WI 53708

RE: Wisconsin Nurses Association support of
Assembly Bill 117 and Companion Senate Bill 121, relating to coverage of breast cancer screenings by the Medical Assistance program and health insurance policies and plans.

Dear Chairperson Moses and members of the Assembly Committee on Health, Aging and Long-Term Care,

My name is Gina Dennik-Champion, I am a registered nurse and the Executive Director of the Wisconsin Nurses Association. Thank you for providing me with the opportunity to share the WNA members' support for AB 117 and the companion bill SB 121. WNA thanks you, Representative Gustafon for your Assembly sponsorship of AB 117 and Senator Cabral Guevara sponsorship of SB 121. We also thank the members of this Committee who have signed on as co-sponsors. Throughout our one hundred and fifteen-year history, WNA has been the collective and collaborative voice advocating for Wisconsinite's access to equitable, economical, safe, quality, ethical, and innovative healthcare for all. This includes the utilization of an educated and competent nursing and healthcare workforce to support this activity.

One in eight women in the United States will be diagnosed with breast cancer in her lifetime. In 2023, an estimated 297,790 women and 2,800 men will be diagnosed with invasive breast cancer. The national incidence rate of breast cancer in women was 126.9 per 100,000. The rate in

Wisconsin was higher: 132.9 per 100,000. The incidence rate for both the US and Wisconsin is rising. For Wisconsin's female licensed registered and licensed practical nurses 1 in 8 or 12,438 will be diagnosed with breast cancer in her lifetime. This is another reason why WNA cares about this issue.

Screening for breast cancer has been a standard of care for health care prevention for women. Wisconsin State Statute 632.895(8) *"requires health insurance plans to provide women between the ages of 45 and 49 with two examinations by low-dose mammography. However, insurers may refuse this coverage if an examination has been performed within the previous two years. Insurers may apply any mammogram obtained during that age period toward the two mandated examinations, even if obtained prior to coverage under the policy. Women who are age 50 to 65 must be covered for annual mammograms. Coverage is required regardless of whether the woman shows any symptoms."*

What is not required benefit in the health insurance plan is the need for a supplemental breast cancer screening utilizing radiologic-related methods for those women with dense breast tissue. The statute has not kept up with the technology. About 50 percent of women have dense breast tissue which means they can be more at risk for breast cancer. Research demonstrates that dense breast tissue that fall into a rating scale category of "C" or heterogeneously dense and "D" extremely dense, can block visualization of a tumor or other issues. Advanced screening methods are available that can view dense-tissue breasts and include digital breast tomosynthesis (DBT)/three-dimensional mammography (3D), breast magnetic resonance imaging (MRI), or ultrasound.

The average cost nationally for a 3D mammogram for an uninsured woman is around $560, for an MRI the cost is $633 to $1,170 and for an ultrasound $170 to $800. These costs are worth the adoption of insurance coverage when you compare the cost of the treatment for breast cancer. Evidence also shows that populations with low social determinants of health are more likely to be diagnosed with breast cancer. Health disparities result in delays in seeking preventative screening due to cost of

services. Women eligible for Medicaid will also delay seeking further screening for breast cancer if the costs of the procedures are not covered.

Nurses are the health care providers that work most closely with women who are being treated for breast cancer. They are also the care provider during end-of-life care when treatment no longer works. They repeatedly hear the stories from women and their families that are overwhelmed with their medical debt, quality of life, and mental health issues including depression. Early screening could have made a difference in the health outcomes for this woman and her family.

WNA wants all women and men in Wisconsin to be covered for supplemental preventative breast cancer screenings based on nationally established guidelines. The cost of payment for these radiologic procedures as a preventative screening tool can result in cost savings for the insurance company paying for the treatment of breast cancer.

On behalf of WNA I want to thank you for allowing me to testify on AB 117, and I thank Representative Gustafs for your sponsorship and the other the Committee members who have signed on in support. WNA asks that AB 117 be voted out of committee and forwarded to the full Assembly as soon as possible.

Sincerely,

Gina Dennik-Champion, MSN, RN, MSHA
Wisconsin Nurses Association Executive Director

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Wisconsin Association of Health Plans

Assembly Bill 117
Assembly Committee on Health, Aging and Long-Term Care
January 10, 2024

Chair Moses, members of the Committee, thank you for the opportunity to testify today. My name is Tim Lundquist and I am the Senior Director of Government and Public Affairs at the Wisconsin Association of Health Plans. The Association is the voice of 14 Wisconsin community-based health plans, with members serving employers and individuals across the state in a variety of commercial health insurance markets. Our members are also proud to partner with the state to serve Wisconsin's State Group Health Insurance Program, and the Medicaid Managed Care program.

Community-based health plans agree with the goal of Assembly Bill 117, which is to ensure patients have access to needed diagnostic and supplemental breast screenings. Community-based health plans strongly support access to necessary breast screenings—whether preventive, supplemental, or diagnostic—and these screenings are generally covered by Association member health plans in accordance with nationally recognized guidelines.

However, we are concerned with the implications of putting the coverage criteria proposed by Assembly Bill 117 into law. We also oppose the cost-sharing caps included in this legislation.

Health plan chief medical officers, utilization management staff, and clinical staff, regularly review medical literature and guidelines from a variety of sources to develop and apply coverage criteria. In addition, health plans are required today to provide patients access to medically necessary treatment, including first-dollar coverage for preventive care.

These requirements ensure health plans continually review coverage policies so that patients have access to the right care, at the right time. Flexibility and adaptability are key, and insurance providers' coverage policies change with developments in medical science and practice. Placing specific coverage criteria into law is an alternative approach, but one that can inhibit change and promote adherence to what can become a dated set of guidelines. In general, we encourage the legislature to be very cautious when considering this approach.

In addition, putting coverage criteria into law can also have the effect of providing a final answer to questions that are still under debate. For example, Assembly Bill 117 requires health insurance providers to cover certain advanced screening modalities when a mammogram has shown dense breast tissue. Presumably, this mandate follows a belief that *all patients in these instances* will benefit from these screening modalities. But there are many experts who disagree.

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For example, the American College of Obstetricians and Gynecologists "does not recommend routine use of alternative or adjunctive tests to screening mammography in women with dense breasts who are asymptomatic and have no additional risk factors.

More research is needed to identify more effective screening methods that will enhance meaningful improvements in cancer outcomes for those with dense breasts and minimize false-positive screening results."[1]

Similarly, the United States Preventive Services Task Force released in May of 2023 a draft update to its most recent breast cancer screening guidelines, noting the Task Force "again finds that the evidence is insufficient to assess the balance of benefits and harms of supplemental screening for breast cancer using breast ultrasonography or MRI in women identified to have dense breasts on an otherwise negative screening mammogram."[2]

I also want to address the cost-sharing requirements included in this legislation. Community-based health plans want their members to be able to access needed care, and we recognize that costs can sometimes be a barrier. However, when cost-sharing limitations are put into statute, those costs do not disappear. Instead, costs are simply borne elsewhere—in either rising premiums, or via copays or coinsurance on other services.

Community-based health plans appreciate efforts to ensure patients have access to the care they need and at a price they can afford, but Assembly Bill 117 takes the wrong approach. We respectfully request your opposition to this legislation.

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[1] *Practice Advisory: The U.S. Food and Drug Administration Requires Notification of Breast Density in Mammography Reports.* April 2023. https://www.acog.org/clinical/clinical-guidance/practice-advisory/articles/2023/04/us-food-drug-administration-requires-notification-of-breast-density-in-mammography-reports

[2] *Draft Recommendation Statement. Breast Cancer: Screening.* U.S. Preventive Services Task Force. May 9, 2023. https://www.uspreventiveservicestaskforce.org/uspstf/draft-recommendation/breast-cancer-screening-adults#fullrecommendationstart

AHI
ALLIANCE OF
HEALTH INSURERS

To: Members, Assembly Committee on Health, Aging, and Long-Term Care
From: Rebecca Hogan
Re: Statement on Assembly Bill 117 as amended

The Alliance of Health Insurers (AHI) is a nonprofit state trade advocacy organization created to promote essential and effective health insurance industry regulations that serve to foster innovation, eliminate waste, and protect Wisconsin health care consumers. We wanted to share the following information for the committee.

AHI members cover breast cancer screenings for all women following evidence-based guidelines. This includes appropriate breast cancer screenings for average risk individuals as well as individuals with dense breasts and with above-average risks for breast cancer. AHI members do not oppose providing continued coverage of this type of breast cancer screening.

Last session AHI testified in front of this committee on a version of this bill and shared that the United States Preventative Services Task Force (USPSTF) was in the process of updating their guidelines for breast cancer screening. While the latest recommendations for breast cancer screening do include moving to biennial screening mammography for women starting at age 40, what it found inconclusive was the following:

"The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of supplemental screening for breast cancer using breast ultrasonography or magnetic resonance imaging (MRI) in women identified to have dense breasts on an otherwise negative screening mammogram."

Dr. Carol Mangione, the immediate past chair of the USPSTF, recently wrote an opinion piece that shared her concern with the lack of research available to suggest how women with dense breasts should get additional testing. Specifically, "the research doesn't show whether the right answer is an ultrasound, an MRI, or something else entirely. And it doesn't tell us how often these additional screenings should happen...No matter how much we may want to, the Task Force can't make a recommendation on any additional tests for women with dense breasts without that evidence. We simply can't be confident that what we're recommending will help women get and stay healthy." In her conclusion Dr. Mangione issues an urgent call for more research and begs research funders to make this research their top priority.

This bill and the amendment introduced by the authors now only requires an ultrasound for additional screening. AHI continues to believe evidence-based guidelines should be the method in determining necessary standards of care, not legislative policy.

Thank you for your consideration.

AHI works to improve the health and well-being of individuals, families, and communities in Wisconsin.

American Cancer Society Cancer Action Network
Sara Sahli, WI Government Relations Director
608.215.7535
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fightcancer.org/wisconsin

January 10, 2024

To: Assembly Committee on Health, Aging and Long–Term Care
From: The American Cancer Society Cancer Action Network
Re: Testimony in Favor of Assembly Bill 117

Thank you, Chairman Moses, and honorable members of the Assembly Committee on Health, Aging and Long-Term Care, for holding a public hearing today on Assembly Bill 117 relating to coverage of breast cancer screenings by the Medical Assistance program and health insurance policies and plans.

Thank you for this opportunity to provide testimony in support of Assembly Bill 117. I am Sara Sahli, Wisconsin Government Relations Director with the American Cancer Society Cancer Action Network (ACS CAN). ACS CAN is the nonprofit, nonpartisan advocacy affiliate of the American Cancer Society advocating for evidence-based public policies to reduce the cancer burden for everyone. On behalf of our constituents, many of whom have been personally affected by cancer, we urge your support of Assembly Bill 117.

Most individuals now have access to screening mammography, thanks to its inclusion as a free preventive service under federal health care law. However, if the results of that screening mammogram suggest the need for a follow-up imaging test for additional evaluation, individuals may be faced with hundreds to thousands of dollars in out-of-pocket costs. One study found that the out-of-pocket costs for follow-up imaging tests can average $234 for a diagnostic mammogram and $1,021 for a breast MRI.[1] As a result, several states have enacted legislation to eliminate cost-sharing for the follow-up imaging needed after an abnormal mammogram.

In Wisconsin, 5,460 women will be diagnosed with breast cancer in 2023 and 720 will die from the disease.[2] Despite the fact that breast cancer death rates have been declining for several decades, not all people have benefited equally from the advances in prevention, early detection, and treatment that have helped achieve these lower rates. Breast cancer is the most commonly diagnosed and leading cancer killer of Black women. Despite a lower incidence rate, Black women have a 40% higher mortality rate than white women.[3]

Costs are a known barrier to health care generally and cancer screening specifically and the elimination of cost-sharing is associated with increased cancer screening. Cost is also a barrier to completion of follow-up tests that are recommended after an abnormal cancer screening. Unexpected and unaffordable costs may cause individuals to delay or forego additional imaging tests to rule out or confirm a breast cancer diagnosis. And delayed follow-up is associated with later stage disease at diagnosis.

The implementation of no-cost preventive services under federal law has paved the way for more people to get regular, age-appropriate cancer screenings. However, cost barriers to completing the continuum of screening are undermining the desired outcome of determining whether the patient has cancer. Without resolution following an abnormal screening test, the promise of cancer screening cannot be realized.

Given the evidence that patient cost-sharing, whatever the source, diminishes the timely uptake of essential cancer care associated with the full continuum of screening, ACS CAN supports legislation to eliminate cost-sharing associated with recommended cancer screening, including supplemental and follow-up testing through the diagnosis of cancer. We urge your support of Assembly Bill 117.

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[1] Susan G Komen & Martec. Understanding Cost & Coverage Issues with Diagnostic Breast Imaging. January 2019.
[2] American Cancer Society. Cancer Facts and Figures 2023. Retrieved from https://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/annual-cancer-facts-and-figures/2023/2023-cancer-facts-and-figures.pdf
[3] American Cancer Society. Breast Cancer Facts & Figures 2022-2024. Atlanta: American Cancer Society, Inc. 2022. Retrieved from https://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/breast-cancer-facts-and-figures/2022-2024-breast-cancer-fact-figures-acs.pdf

RE: AB 117 – SUPPORTING ACCESS TO BREAST CANCER SCREENING

Dear Chairman Moses and Members of the Committee on Health, Aging and Long-Term Care:

On behalf of RAYUS Radiology, a network of multi-modality diagnostic imaging centers, that operates nine advanced imaging centers across Wisconsin, I am writing you today in strong support of the provision of AB 117 which looks to expand access to health care services regarding the diagnosis of breast cancer by prohibiting cost-sharing requirements for follow-up diagnostic mammography.

Breast cancer is the most commonly diagnosed cancer among women and, if not caught and treated early, is deadly. Due to restrictions on elective procedures and the following delays in screening, nearly one third of women missed their annual screening mammography during the COVID-19 pandemic. (Lowry KP, 2022)

Now, studies from oncologists have shown patients are presenting with more advanced-stage cancers – one showed that 1.9% of patients presented with stage IV breast cancer in 2019, 6.2% did in 2020, a threefold increase. Further, studies have shown patients who may have received an initial abnormal screening did not receive follow-up screenings ranged from nearly a 25% to over 70%. (Zhou JZ, 2022) (Reece, 2021)

Cost remains the largest factor in missed follow-up care - A Komen-commissioned study found the costs to patients for diagnostic tests range from $234 for a diagnostic mammogram to $1,021 for a breast MRI. The disparity in follow-up was found to be higher in disadvantaged and underserved communities. This additional cost can be especially onerous for patients who are breast cancer survivors, as higher modalities of screening are recommended over regular mammography. (Susan G. Komen Foundation, 2019)

Further, we want to address points made by opposition groups during the hearing on AB 117 that points to guidance from the United States Preventative Services Task Force (USPSTF) regarding breast cancer screening. Just this summer, the USPSTF updated their guidance to recommended 3D mammography, this is after this type of screening being the gold standard of care for over a decade across government and commercial plans. In addition to being behind on current best practices, no member of this task force is an oncologist or qualified to read a mammogram. Wisconsin has the opportunity to join a myriad of states to take action now and save lives.

This legislation to ensure patient access to diagnostic mammography, like breast MR and ultrasound are strongly supported by our radiologist partners.

Sincerely yours,

Zachary Brunnert
Senior Director, State Legislative Policy

Works Cited

Lowry KP, B. M. (2022). Breast Biopsy Recommendations and Breast Cancers Diagnosed during the COVID-19 Pandemic. *Radiology*, 287-294.

Reece, J. N. (2021). Delayed or failure to follow-up abnormal breast cancer screening mammograms in primary care: a systematic review. *BMC Cancer*, 21.

Susan G. Komen Foundation. (2019). *Understanding Cost & Coverage Issues with Diagnostic Breast Imaging.* Dallas: Martec.

Zhou JZ, K. S. (2022). Comparison of Early- and Late-Stage Breast and Colorectal Cancer Diagnoses During vs Before the COVID-19 Pandemic. *JAMA Open Network*, 5.

Written Testimony Supporting AB 117
Submitted to the Assembly Health Committee
January 9, 2024
By Susan G. Komen

Chair Moses, Vice Rozar, and Members of the Committee, thank you for the opportunity to provide testimony in support of AB 117 which relates to coverage of medically necessary breast imaging. My name is Dana Carter, and I am the Regional Manager of State Policy 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 5,460 people in Wisconsin who were diagnosed with breast cancer and the 720 who died 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 diagnose cancer alone. 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 percent of women screened with modern digital mammography will require follow-up diagnostic imaging.

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. Additionally, Hispanic women tend to be diagnosed with later stage breast cancers than non-Hispanic white women which may be due to delays in follow-up after an abnormal mammogram.

A Komen-commissioned study found the out-of-pocket costs for patients to be high, with much variation for diagnostic breast imaging. For example, the 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. Additionally, a recent study published in *Radiology* found that 1 in 5 patients said they would not go in for recommended follow-up imaging if they had to pay a deductible.

Unfortunately, we often receive calls and emails from individuals who are unable to afford the out-of-pocket costs for their recommended follow-up 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 the 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.

While the legislation defines both diagnostic and supplemental breast imaging, as drafted, AB 117 will only eliminate the out-of-pocket costs for supplemental breast examinations, when an individual is at a higher risk of breast cancer or has heterogeneously or extremely dense breast. Unfortunately, individuals requiring a follow-up diagnostic breast examination, due to an abnormality seen or suspected on their screening mammogram, will still be faced with hundreds to thousands of dollars in out-of-pocket costs.

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. Susan G. Komen encourages you to support AB 117 with an amendment that will eliminate cost-sharing for ALL medically necessary breast imaging services. We hope Wisconsin will join Georgia, Minnesota, Missouri, Montana, Oklahoma, and Texas as well as 14 other states that have passed this vital legislation.

Thank you for your consideration.

Dana Carter
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