RACHAEL A. CABRAL-GUEVARA

STATE SENATOR • 19TH SENATE DISTRICT

Testimony before the Senate Committee on Health

Senator Rachael Cabral-Guevara

July 12, 2023

Thank you committee members for allowing me to testify today on Senate Bill 121. 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 that 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. On top of that, those same women may face co-pays over $1000 to receive the life-saving screenings they need. This is simply wrong, and we are hoping to change that with this piece of legislation.

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 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 capitol 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. Costs for advanced breast screening ultrasounds and MRIs can begin at $250 and even exceed $1000.

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, breast ultrasound, and MRI can increase detection of cancer in dense tissue by 25 to 56 percent. Only 39 percent of Americans can afford a $1000 out-of-pocket emergency.

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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. This is an opportunity to deliver a big win for those who need it.

July 12th, 2023

Wisconsin State Health Committee

Written remarks of Gail Zeamer, Breast Cancer patient and advocate

Dear Legislators:

You may be asking why SB 121 is so important. I would answer that I am the reason why this bill is so important. There are also thousands more Wisconsin women who would also say that THEY are the reason it is important and therefore need this bill supported and passed. I have lived with breast cancer and its effects since 2016. I was diagnosed with Stage 3 breast cancer after NEVER missing a mammogram. I felt a lump, but it was dismissed as a cyst by my medical providers for over a year and a half. The reason? I had dense breast tissue, which is a normal finding in almost 50% of women, but shows up as white on a mammogram. Unfortunately, so do tumors. At that last Mammogram, I received a callback from the breast screening center because they were concerned about a suspicious lymph node under my left arm, but no concern about my left breast. The cancer was discovered at a subsequent ultrasound but as you can guess it had already begun to spread, which led to the advanced stage 3 diagnosis. My cancer was hiding behind the white breast tissue. My radiologist eventually told me that finding my tumor was like "finding a polar bear in a snowstorm". This was terrifying news, and it began my journey of chemotherapy, mastectomy surgery and radiation. It also made me focused on making sure no other woman (or man) would have to go through a late diagnosis just because of the normal makeup of their body.

The next step of my journey was to make sure that women with dense breasts were notified of the issue, and after working tirelessly with my State Representative, the Wisconsin Breast Density Notification bill was signed into law in 2018. This law has been crucial in opening up the lines of communication between patients and medical caregivers. But a piece of the early detection puzzle was missing. That being a screening mammogram for a person with dense breast tissue is NOT a complete cancer screening tool. Even a 3D mammogram, such as the one I had and paid for out of pocket, misses some cancerous tumors. Patients like me need MORE when it comes to screening for cancer, they need other modalities such as ultrasound and breast MRI. These necessary screening modalities are currently not covered by insurance companies. Patients are forced to make a decision about getting the needed screening and paying out of pocket or foregoing the screening and taking a chance with potentially life changing later stage diagnoses.

This bill would provide EQUITY to all patients by allowing access to the proper breast screening protocols, regardless of their ability to pay.

Early detection is absolutely essential to survival rates in breast cancer patients. Because I was diagnosed too late, I am now fighting Stage 4 cancer, with recent metastasis to my bones, uterus and brain. This bill unfortunately will not save my life, but I know it is so important in saving the

lives of thousands of Wisconsin patients who will be diagnosed after me. It is not too bold to say that this bill is a matter of life and death.

Thank you for the opportunity to express my thoughts on this extremely important health care issue.

Gail Zeamer, Neenah Wisconsin

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

TO: Members of the Senate Committee on Health

FROM: HJ Waukau, Legislative Director

DATE: July 12, 2023

RE: SB 121 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 Senate Bill 121 (SB 121) 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] SB 121 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 SB 121, 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 SB 121 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 SB 121 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 Density Bill
July 12, 2023

Linda Hansen

- Here to support SB 121, the Breast Cancer Screening and Diagnostics bill that was introduced February 21, 2023.
- Here because I have a point of view that I think will be helpful to you as you consider this bill
- Thank you for your time today. This bill is truly a matter of life and death for women all across Wisconsin

I have Metastatic – Stage 4 – Terminal Breast Cancer – **but it didn't have to be that way**

Instead of having MBC, with its life long expensive 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**

  - 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!

I'm Lucky

13 ½ years since diagnosis
Even today, the life expectancy of someone with MBC is less than 3 years
Still - 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 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**
Took almost a month to happen
Waiting for authorization from my health insurer
Finally got results
"I think you have breast cancer"

Soon after
Metastatic Breast Cancer
The stage that's **terminal – there is no cure**
It's the stage that kills

So far
Dozens of tests and doctor's appointments
Weeks in the hospital
6 surgeries
293 treatments with IV chemotherapy
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 **$30 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**

I was diagnosed in May, 2010
Before April, 2018 when Wisconsin enacted Wis Stat s. 255.065
Requires the place performing the mammogram to
tell the patient if they have dense breasts
And if they do – (by age 40, when mammograms start, 50% of women do) that means
Cancer is more **difficult to see** using a mammogram –
Because both dense breast tissue and cancer look white on mammograms
and they need an **ultrasound of 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**

How can I say that I would have paid for more testing?
Because I almost did

- When I noticed the concern that caused me to seek help for something with my breasts,
- I saw my OB-GYN, who referred me to a breast specialist
- My breast specialist examined me and recommended I get an MRI (a $5,000 MRI)
- My insurance company refused to pay for it BECAUSE
- I had just had a "clear" mammogram 5 weeks earlier, so there was no need for an MRI – Many other women hear the exact same response
- After a month of arguing I decided to pay the bill myself – and keep arguing with the insurance company after the MRI

But many women don't have that kind of money
Can't pay for the test, or even a deductible or co-pay

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 will be **diagnosed earlier**

F those without enough money – who can't afford the secondary tests

Or **deductible or co-pay**

Who 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 $30 million to keep them alive**

I am here to support the Breast Cancer Screening and Diagnostics bill SB 121 / AB 117.

In 2018, when I was 45 years old, a friend who was diagnosed with breast cancer encouraged me to get my first mammogram. Great news, No cancer! I received a letter in the mail that informed me that I had dense breast tissue. I followed up with my doctor just as the letter recommended. I learned from my doctor that the diagnostic mammograms were not covered by insurance. She continued to counsel me that based on my age, family history, and excellent health habits the likelihood of me having breast cancer was almost none. Weighing out the expenses in my family of four, the out of pocket costs combined with my minimal risk factors seemed like it was not necessary. A diagnostic mammogram or ultrasound was not completed.

On Friday the 13th of May, 2022, I was diagnosed with breast cancer. I was that statistical improbability. I was scared and angry. The anger only intensified when I learned that standard mammography misses up to 40% of cancers in dense breasts. (https://www.operationbreastdensity.org/) I became angry when I learned that "finding cancer in dense breast tissue (on a standard mammogram) is like trying to find a snowball in a snowstorm". (https://www.operationbreastdensity.org/) AND, most angry, when I learned that 85% of breast cancers occur in women with no risk factors (https://www.breastcancer.org/facts-statistics).

My surgeon removed a 1.2 centimeter tumor with over 5 centimeters of pre-cancerous growth. I was fortunate to have a slow growing tumor. Based on the tumor's slow growth rate and 5 centimeters of pre-cancerous growth, it is highly likely an abnormality would have been detected on a diagnostic mammogram in 2018. If detected in 2018, what could have been diagnosed as a Stage 0 cancer with a much simpler treatment plan turned into three surgeries (two of those surgeries due to complications) and over $200,000 of medical bills over the past year. And I didn't even need radiation or chemotherapy. How exactly is this saving insurance companies money?

My breast cancer diagnosis and subsequent surgeries added anxiety and stress to our already hectic lives. I had to take extensive time off from work. Vacations were canceled. I was unable to help with basic chores after ALL three surgeries due to lifting restrictions. This is on top of the physical pain and emotional distress that comes with the surgeries and treatments to manage this diagnosis.

I am grateful that the Notification Law was passed in 2018 but, I am an example of why that alone CANNOT be the final step in the process. My hope is that with the passage of the Breast Cancer Screening and Diagnostics Bill, women diagnosed with dense breast tissue will not turn down diagnostic imaging because they are intimidated by the out of pocket costs or cannot afford it. That the diagnostic imaging will then detect any cancer or abnormalities in the earliest most treatable and cost effective stages possible. And, stories like mine will have a happier ending in the future.

Ann Zietlow

AHI
ALLIANCE OF
HEALTH INSURERS

To: Members, Senate Committee on Health
From: R.J. Pirlot, Executive Director
Re: Opposition to SB 121

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 oppose Senate Bill 121 and appreciate the opportunity to share these concerns with the Senate Committee on Health.

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 similar legislation 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 final version has not been released, the draft recommendations have been shared publicly. While the latest recommendations for breast cancer screening did 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."

In the practice considerations section of the draft report, it specifically states:

"There is insufficient evidence about the effect of supplemental screening using breast ultrasonography or MRI on health outcomes such as breast cancer morbidity and mortality in women with dense breasts who have an otherwise normal screening mammogram. Dense breasts are associated with both reduced sensitivity and specificity of mammography and with an increased risk of breast cancer. However, increased breast density itself is not associated with higher breast cancer mortality among women diagnosed with breast cancer, after adjustment for stage, treatment, method of detection, and other risk factors."

Additionally, the report shared, "Potential harms for screening mammography include false-positive results, which may lead to psychological harms, additional testing, and invasive follow-up procedures; overdiagnosis and overtreatment of lesions that would not have led to health problems in the absence of detection by screening; and radiation exposure."

Unfortunately, the legislation before you suggests that by simply having heterogeneously or extremely dense breast tissue, a woman should have supplemental breast screening or a diagnostic breast examination. The latest science simply does not support this.

The National Cancer Institute states that 40% of women have heterogeneously dense breast tissue. We know that 40% of women do not get breast cancer and of the women who do, not all of them have dense breast tissue.

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.

AHI also strongly opposes the removal of any cost-sharing for or copayment by the patient. In this bill, prohibiting any cost-sharing on essential breast screening beyond mammography means the cost of the enhanced imaging – which can be ten to fifteen times more expensive than a mammogram - will be paid for by all insured, raising costs for everyone. The legislation encourages overutilization of imaging without the necessary research to show actual benefits for all women with dense breast tissue.

AHI also has a concern that Section 15 gives too much discretion to the American College of Radiology. Their current recommendation is for women with dense breasts who DESIRE supplemental screening, breast MRI is recommended. Yet this group also acknowledges that whether having dense tissue alone would warrant additional surveillance with MRI has not been studied widely. AHI is satisfied with the reference to the National Comprehensive Cancer Network as they keep their recommendations as up to date as possible and defer to the USPSTF.

Thank you for this opportunity to submit testimony today. We respectfully ask that you oppose Senate Bill 121.

Wisconsin Association of Health Plans

Senate Bill 121
Senate Committee on Health
July 12, 2023

Chair Cabral-Guevara, 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 12 Wisconsin community-based health plans that serve 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 Senate Bill 121, 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 Senate Bill 121 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, Senate Bill 121 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 advanced mammography. 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 Senate Bill 121 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

Testimony Supporting SB 121
Senate Health Committee
July 12, 2023
By Susan G. Komen

Chair Cabral-Guevara, Vice Chair Testin and Members of the Committee, thank you for the opportunity to provide testimony in support of SB 121 which relates to coverage of medically necessary breast imaging. My name is Nikki Panico, and for the past 13 years, I have been the Executive Director at Susan G. Komen® Breast Cancer Foundation in Wisconsin.

Susan G. Komen is committed to supporting those affected by breast cancer today, while tirelessly searching for tomorrow's cures.

Even before I started working at Komen, I was no stranger to breast cancer. My mom and her sister, my aunt, both died from metastatic (stage 4) breast cancer within a month of each other.

I was diagnosed with breast cancer within a year of their deaths. Yet I was fortunate; when I was diagnosed 14 years ago, insurance coverage was very different. The follow-up tests I need to receive my diagnosis were covered 100% by insurance. That is NOT the case currently, in our state.

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. 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.

We often hear from individuals who are unable to afford their recommended follow-up breast imaging due to high out-of-pocket costs. Unfortunately, many 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 currently drafted, SB 121 will only eliminate the out-of-pocket costs for supplemental breast examinations, when an individual is at a higher risk of breast cancer or if they have 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 face hundreds to thousands of dollars in out-of-pocket costs. Which could lead to a later stage diagnosis and more costly treatments.

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 SB 121 with an amendment that will eliminate cost-sharing for ALL medically necessary breast imaging services. We hope Wisconsin will join Arkansas, Georgia, Louisiana, Montana, Oklahoma, Tennessee and Texas as well as 11 other states that have passed this vital legislation.

Thank you for your consideration.

Wisconsin Radiological Society

TO: Senate Committee on Health

FROM: Dr. Anand Narayan, Wisconsin Radiological Society

RE: Support for Senate Bill 121

Good Afternoon Senator Cabral-Guevara and Committee Members,

My name is Dr. Anand Narayan and I am a breast imaging radiologist at the University of Wisconsin and the current treasurer of the Wisconsin Radiological Society. Thank you, Senator Cabral-Guevara, for your leadership on this important piece of legislation and for the opportunity to testify on behalf of the Wisconsin Radiological Society, the statewide association of radiologist physicians.

As breast imaging radiologists, we are the physicians at the front line of breast cancer diagnosis. Throughout my career, I have seen women present to our breast center with advanced cancers that have spread to their lymph nodes and beyond. Every time, I ask myself the question – what can I do, what can my practice do, what can we do as a state to prevent this from happening in the future?

As radiologists, we know that we have the tools and technologies in place to prevent women from getting diagnosed with these advanced cancers. For this reason, we are testifying in strong support of Senate Bill 121. 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 passing this legislation. This has been a huge step forward for patients to learn 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.

Wisconsin Radiological Society
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Since the passage of Act 201, women are becoming aware of their breast density and asking their health care providers how they can take proactive steps to reduce their risk of developing breast cancer. As radiologists and physicians we are always thinking - what can we do to promote the best health and well-being of our patients. When we see patients with dense breast tissue, we know that mammograms are more likely to miss breast cancers.

Therefore, we recommend ultrasound or breast MRI to look for breast cancer in women with increased breast cancer risk and/or dense breast tissue. 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 traditional 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 would have been tough to pick up on mammogram. Supplemental screening with breast MRI can pick up twice as many cancers.

Wisconsin's breast density notification law states that patients should use breast density notifications to "talk with your health care professional about your own risks for breast cancer. Together, you can decide which screening options are right for you." I want to emphasize that to receive supplemental screening tests, patients must receive an imaging order from their health care provider. Clinical practice guidelines for health care providers 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 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.

SB 121 builds on the current breast density notification law and requires Wisconsin health plans to cover—without cost-sharing-- supplemental breast imaging exams 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 and appropriate would continue to need an order from their medical provider to receive these exams. The coverage requirement created by SB 121 would also be consistent with medical practice standards. The American Cancer Society, the National Comprehensive Cancer Network, and the American College of Radiology recommend supplemental screening examinations for women at higher-than-average risk. 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.

As breast radiologists on the front line of breast cancer diagnosis, we know that access to diagnostic exams are critical for early diagnosis, particularly for women who aren't old enough for screening mammograms.

I was thrilled to see a 39-year-old patient a few weeks ago who told me that she felt a breast lump when she was 29 years old. She didn't have any family history of breast cancer or any significant breast cancer risk factors. She was able to undergo a diagnostic evaluation with mammography, ultrasound, and ultrasound guided biopsy, which revealed an early-stage breast cancer. She underwent a double mastectomy with radiation and chemotherapy. She has been cancer free for almost 10 years and has a thriving career and family. This is exactly the type of outcome we want to achieve for someone who is not yet eligible for routine cancer screening. We want to make sure that every woman in the state of Wisconsin has access to these lifesaving diagnostic exams.

From prior economic modeling studies conducted in the Maryland legislature to evaluate the impact of covering diagnostic examinations with no co-pays, they found that diagnostic coverage without co-pays or deductibles would only cost 11 cents per subscriber. 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.

There appears to have been a technical error in SB 121 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 SB 121 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 getting 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 SB 121 and request an amendment to SB 121 to ensure appropriate coverage for both supplemental and diagnostic breast imaging examinations.

Thanks once again to the Senator Cabral-Guevara and the committee for the opportunity to speak. I am happy to answer any questions you may have.

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.

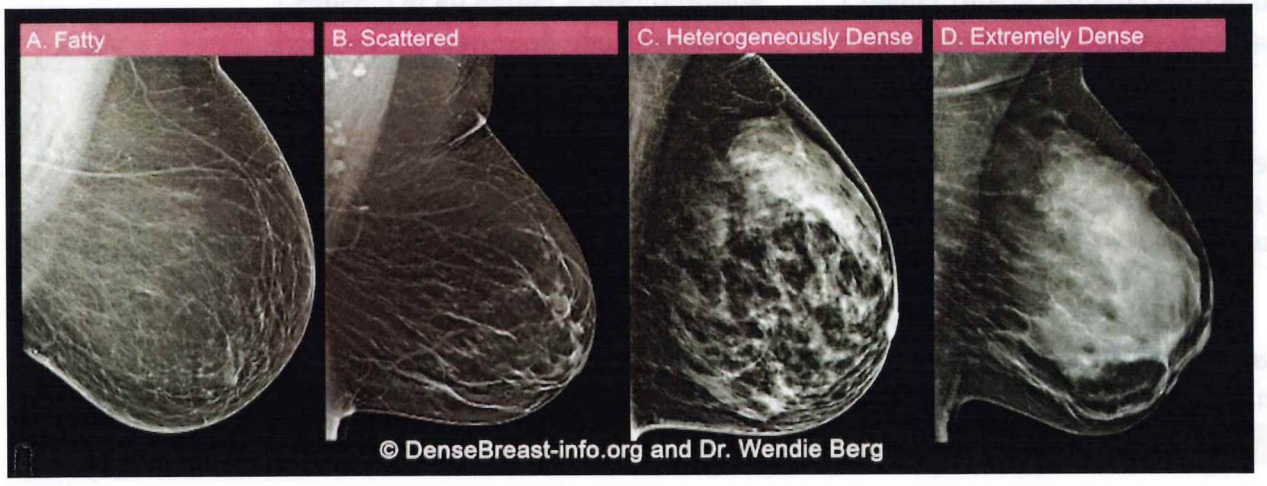
[1] https://www.wipricepoint.org/Home

Contact: Erin Fabrizius, efabrizius@mblumenfeld.com

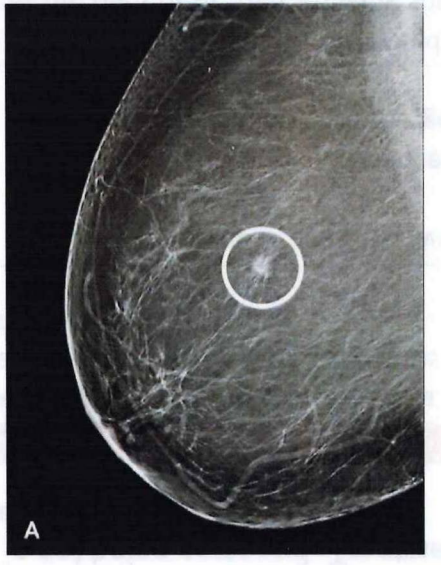
Wisconsin Radiological Society

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.



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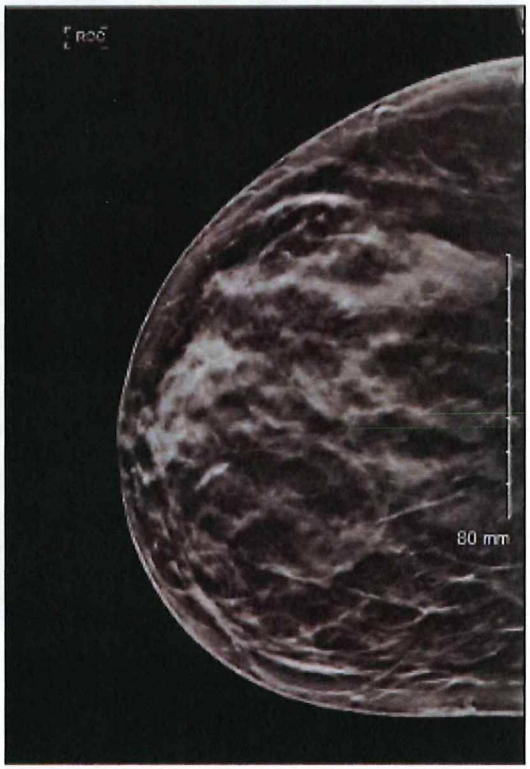
Wisconsin Radiological Society

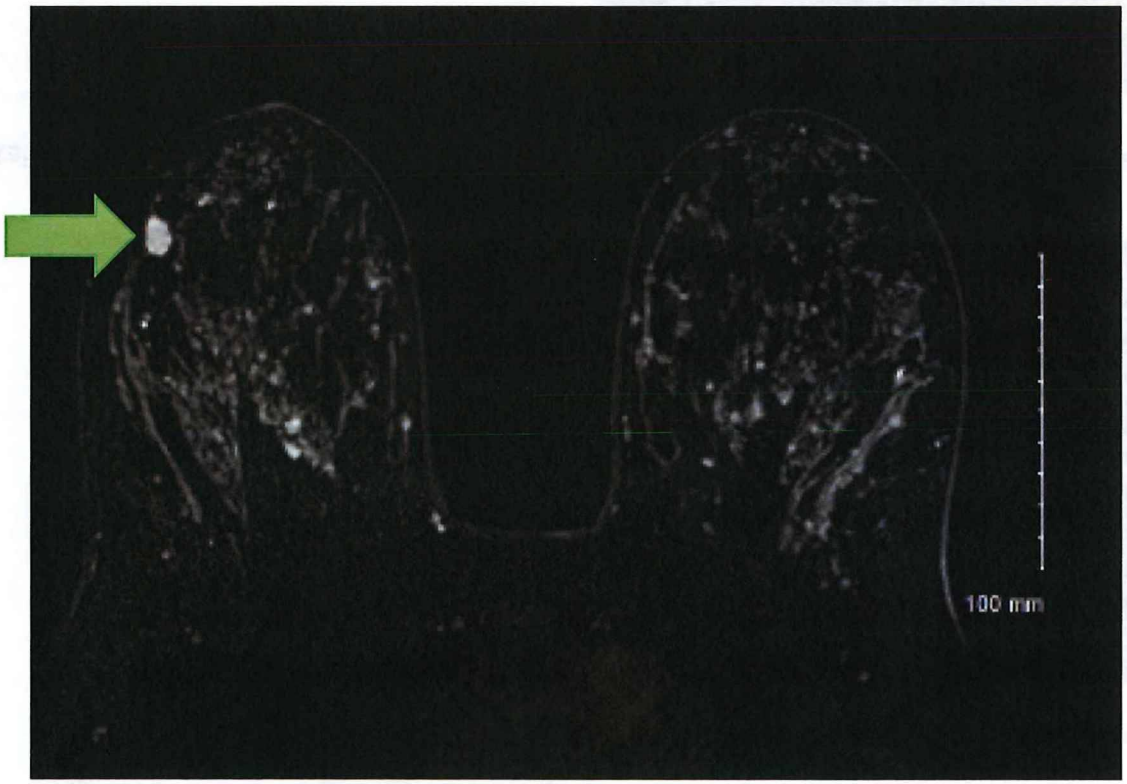
Supplemental Screening Case Study

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

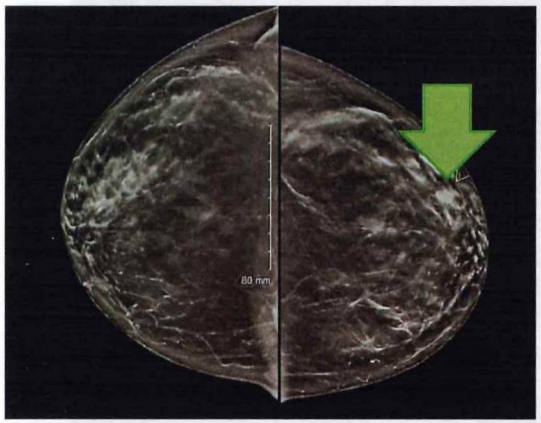


Contact: Erin Fabrizius, efabrizius@mblumenfeld.com

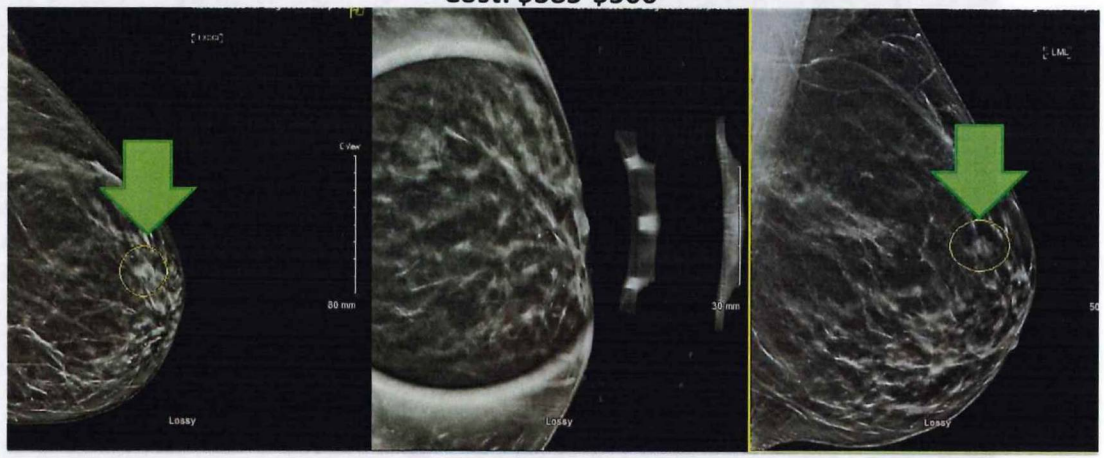
Wisconsin Radiological Society

Diagnostic Imaging Example

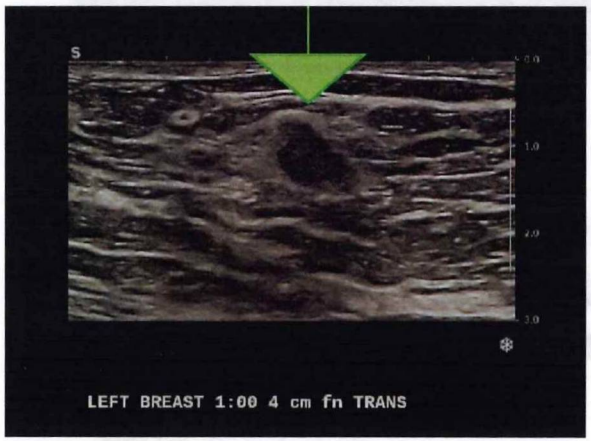
1. **Screening Mammogram—Abnormal**
   Cost: $0



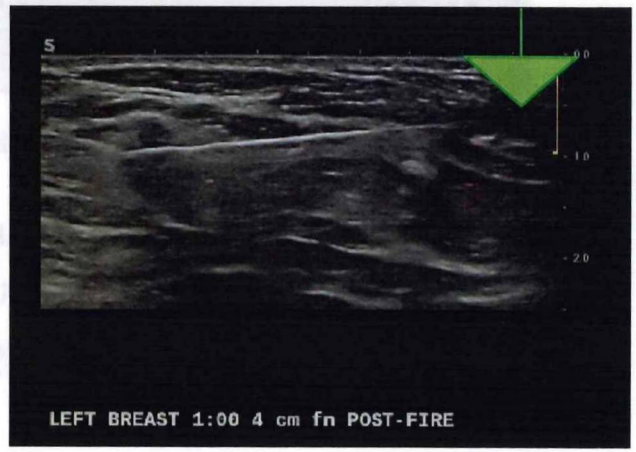
2. **Diagnostic Mammogram—Confirms Tumor**
   Cost: $385-$500



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

Greetings Chair Cabral-Guevara and members of the Senate Health Committee,

Thank you for the opportunity to provide testimony on Senate Bill 121 introduced by Senator Rachael Cabral-Guevara and Representative Nate Gustafson.

It is crucial that women with dense breasts and those at a higher risk of developing breast cancer have access to supplemental screening and diagnostic examinations in order to have a complete, accurate screening of their breast health and EARLY cancer detection.

I'm hoping that what I am about to share will encourage you to see this bill through the end.

My name is Ashley Inda, and my story is not unique or an anomaly, rather it is a story shared with many women across this great state.

At 35 years of age, in February of 2019, I found a lump in my breast while shoveling some heavy Wisconsin snow. I quickly made an appointment with my primary care physician who agreed there was a lump and ordered a mammogram. The mammogram finding was just **DENSE BREAST TISSUE**.

As the lump grew, hardened and became more painful, I followed up again with my primary care physician six months later who, upon physical examination, ruled it to be a normal breast exam, just **DENSE BREAST TISSUE**.

Two years went by, the lump had grown and hardened so that it was the ENTIRE size of my left breast. Sleeping was difficult, hugging my kids hurt. I returned to my primary care physician who at my urging ordered another mammogram to put my mind at ease because again she ruled it to be a normal breast exam, just **DENSE BREAST TISSUE**.

Putting me at ease was the farthest thing that the second mammogram did in December 2021. It confirmed what I knew to be true since February 2019.

At 38 years of age, **I HAD BREAST CANCER** and unfortunately it had metastasized to my nearby lymph nodes.

WHAT? HOW? With no family history of cancer, living a healthy lifestyle, breastfeeding both of my children, my **ONLY** risk factor for developing breast cancer was **DENSE BREAST TISSUE**.

Having **DENSE BREASTS** increased my risk of developing breast cancer more so than if I were to have a first degree relative with a history of breast cancer.

Mammograms are a life-saving screening for women, but not all women benefit equally.

You see, dense breasts and cancer both show up as white on a mammogram. It's literally trying to find a snowball in a snowstorm. The denser the breast the more difficult it is to detect cancer.

As a result, breast density is one of the strongest predictors of the failure of mammography screening to detect cancer. In fact, some studies suggest that mammograms miss up to 40% of

cancer in women with dense breasts. Just because a radiologist doesn't see it, doesn't mean it's not there.

While it is important for women with dense breasts to continue to get their annual mammogram screenings, supplemental imaging is needed to gain a clearer picture of a woman's breast health and find any potential cancer earlier.

In a recent study, supplemental imaging found the following additional breast cancers per 1,000: Tomosynthesis/3D = 1-2; Whole Breast Ultrasound = 2-3; and Breast MRI = 8-16.

Finding and detecting cancer earlier results in better prognosis, improved quality of life AND reduced overall healthcare costs.

Speaking of cost, while it might require insurance companies to pay more upfront for the supplemental screening and diagnostic examinations, catching cancer in earlier stages is significantly more cost effective.

Likely what would have been a Stage 0/1 for me in 2019 ended up being Stage 3 in 2021 with metastasis to nearby lymph nodes.

If only I had supplemental screening with a Breast MRI in February of 2019, I'm 100% certain I would not be in the same boat today.

I finished my last chemotherapy treatment on March 14th, 2023. I endured 18 months of treatment and surgeries which included: chemotherapy, immunotherapy, radiation, axillary lymph node dissection, bilateral mastectomy and DIEP reconstruction surgery.

I lost so much during this time, superficial things such as my hair and of course my breasts but also TIME, valuable, precious TIME with those that I loved, doing what I loved. It disrupted not only my life but also the lives of my family and friends. I couldn't work as an occupational therapist, a very physical job.

The impact all of this had on my ability to fulfill my life roles as a wife, mother, daughter, friend, therapist etc. while receiving treatment was frustrating.

I will continue on hormone therapy for the next 5-10 years and oral chemotherapy for 1 year.

Unfortunately, due to finding my cancer in a more advanced stage my risk of recurrence is much higher than I would like it to be.

The thought that this might not be over is daunting and overwhelming.

I've got a fantastic life. My husband and I want to grow old together and travel the world. I have two wonderful children that I hope to see graduate, pursue their life passions, find love and start a family. I want to start my own private occupational therapy practice helping patients with cancer and lymphedema.

I have so many plans for my future, I hope to live a very long life to be able to accomplish them.

It's time that this shared story of mine with many women across Wisconsin who have/had dense breasts resulting in a delayed diagnosis have an ending, a happy ending.

An ending in which ALL women with dense breasts have coverage of supplemental screening and diagnostic imaging to gain a complete picture of their breast health and early cancer detection.

Please support SB 121. The health and lives of Wisconsin women depend on it.

Thank you,

Ashley Inda

WNA
WISCONSIN NURSES ASSOCIATION

July 12, 2023

Senator Rachael Cabral-Guevara, Chair
Senate Committee on Health
Room 323 South
State Capitol
Madison, WI 53707

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

Dear Chairperson Cabral-Guevara and members of the Senate Committee on Health,

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 SB 121 and the companion bill AB 117. WNA thank you Chairperson Cabral-Guevara and Representative Nate Gustafon for your sponsorship of these two bills. Throughout our one hundred and fourteen-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.

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 SB 121 and to the members who have signed on in support. WNA asks that SB 121 be voted out of committee and forwarded to the full Senate as soon as possible.

Sincerely,

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

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Madison, WI 53713
www.wisconsinnurses.org

MEDICAL COLLEGE OF WISCONSIN

TO: **The Honorable Members of the Senate Committee on Health**

FROM: **Joan Neuner, MD, MPH**
Professor, Medicine (General Internal Medicine)
Georgia Carroll Professor of Women's Health, Department of Medicine
MCW Cancer Prevention and Outcomes Program Leader
Center for Advancing Population Sciences Population Health Unit Leader

DATE: **July 10, 2023**

RE: **Testimony in Support of Senate Bill 121, Related to Coverage of Breast Cancer Screenings by the Medical Assistance Program and Health Insurance Policies and Plans**

The Medical College of Wisconsin (MCW) appreciates Senator Cabral-Guevara and Representative Gustafson for authoring and advancing Senate Bill 121 (SB 121), legislation relating to coverage of breast cancer screenings by the Medical Assistance program and health insurance policies and plans. MCW supports this critical legislation, and respectfully requests your support for SB 121.

This legislation builds upon the successes of 2017 Wisconsin Act 201. Act 201 required facilities performing mammograms to inform women regarding findings of dense breast tissue, as dense breast tissue decreases the sensitivity of mammography and increases cancer risk. The Act ensures women are aware of this important information regarding their breast health, in order to provide the opportunity to discuss additional testing options with their health-care provider.

Prior to the enactment of Act 201, dense breast notifications were already the standard of care at MCW, and MCW was the first registered lobbying entity to formally support the Act 201 legislation (2017 Assembly Bill 653 / Senate Bill 543).

Nearly half of all women age 40 and older who receive mammograms, are found to have dense breasts. Given multiple studies showing the benefits of 3D mammograms, MCW, as well as multiple other institutions, now recommend tomosynthesis/3D mammograms for all women as a standard of care for breast cancer screening.

Supplemental breast ultrasound and MRI scans are more effective in finding malignancies in women with dense breast tissue than mammograms alone. The addition of screening ultrasound has been shown to detect an additional 4.3 cancers per thousand women screened. The addition of MRI has been shown to detect 14.7 additional cancers per thousand women screened (ACRIN 6666 Trial).

Breast cancer is the most common malignancy in women in the United States. It is the second-leading cause of cancer deaths in women after lung cancer. In the state of Wisconsin, there have been an

estimated 5,210 new cases and 750 deaths from breast cancer in 2021 (CA CANCER J CLIN 2021;71:7–33).

BRCA mutations are more common in African American women than in white women. African American women also have a higher incidence of aggressive breast cancer at a younger age resulting in a higher mortality rate. Unless supplemental screening is reimbursed by insurers, there may be an unfortunate disparity between women who can afford to pay for the additional screening exam and those who cannot (Journal of Breast Imaging 2020; 2(5), 416-421, https://doi.org/10.1093/jbi/wbaa067).

To further advance quality healthcare outcomes, Senate Bill 121 will help to ensure financial affordability for essential breast screenings, beyond mammography, for individuals with dense breast tissue and other cancer risk categories, by limiting maximum out-of-pocket costs. Removing the obstacle of financial affordability to these additional screening measures has the potential to not only save lives, but improve the quality of life for thousands of patients across the state.

Thank you for your consideration. MCW respectfully requests your support for this legislation. Please feel free to contact Nathan Berken, Interim Vice President of Government and Community Relations, at 414.955.8217, or nberken@mcw.edu, if you have any questions or would like additional information.

Members of the senate health committee. Thank you for allowing me time to share my thoughts. My name is Margaret Fritsch and my story started in May of 2021, like so many other women, with those dreaded three words: You have cancer. I had been insistent and diligent about getting mammograms since my early 30s. My mom had breast cancer in her late 50s and my sister was diagnosed at 49. In 2018, my primary care doctor referred me to a breast specialist because of a change in the appearance of my left breast. Everything tested "normal" and I was sent on my way without further follow up or guidance. It was also around that time when I received a letter in the mail from my health system stating I had dense breast tissue. Again, no further explanation as to what exactly that meant.

Every mammogram my Primary Care Physician ordered was always questionable as to whether she could refer it as routine or diagnostic depending on what insurance dictated. It wasn't until after my 2018 visit that I started getting an ultrasound screening along with my routine mammogram. Since the Affordable Care Act was enacted, healthcare and health insurance, specifically, has become anything but affordable. My husband is self-employed and I was fortunate to be a stay at home mom until our youngest of two daughters was in high school. With a monthly premium over $1,000 and a $13,500 out of pocket max on an ACA-sponsored health plan, we had to be smart consumers of healthcare, looking at ways to find the most affordable care, including at times, using the Walgreen's clinic for $89 verses a $300 office visit. After three years of unreasonable ACA insurance premiums, I reentered the workforce to reduce our health insurance premiums.

When it comes to our families and making a choice, moms will put buying groceries and getting food on the table over their own health, including getting a routine mammogram and paying out of pocket for a follow up ultrasound or MRI. Which is silly because if a mom isn't here to take care of her family, it really doesn't matter. Now on an employee-sponsored health plan, our out of pocket max is $8,000. A savings from $13,500, but still significant.

I grew up in Menomonee Falls and have lived in Wauwatosa for more than 30 years with my husband, Greg. Two weeks ago we celebrated our 37th wedding anniversary. We have two daughters, Hannah is 28 and Molly is 26. I am a fiscal conservative but most of all, a common-sense voter, which is why I was compelled to be here today. It makes no sense not to cover the cost of a diagnostic screening when cancer can be detected much earlier and treatment might not be as harsh and invasive.

I usually wait until late in the year to schedule my mamo. Just in case we happened to meet our deductible or better yet, our out of pocket max so the cost of additional screenings would be covered.

I celebrated my two-year cancerversary on June 21. I am here not for attention or sympathy, but for change. I'm here to ensure my own daughters will have peace of mind in getting the best care they need. I'm here for my friends Diane and Jodi, whom I lost to breast cancer. Statistics are that one in eight women will be diagnosed with breast cancer. I am here for every one of those eight women. I have a close group of women who became friends when our children were in 4K together. Our kids are now 26. Every December we get together for our annual Santa Rampage dinner and ugly ornament exchange. Last December, a year out from chemo treatments, I sat back and looked around the table at my friends laughing and chatting with the person next to them, feeling blessed to be there, and counted

that we had seven in our group. I mentally noted that two of us had already been treated for breast cancer. One in eight is just a number, but not always accurate.

I recently heard of the dense breast bill. Up until now, and despite getting a letter in the mail, I had no idea that I was at a higher risk of getting breast cancer because I had dense breasts. Simply sending a letter to a patient telling her she has dense breasts is not enough. More education is needed on the part of health care systems and health insurance companies. Here's what I learned. This is a mammogram of a woman with dense breast tissue and this is what cancer looks like on a mammogram. (Hold up white paper). Can you see anything? No. This is why women with dense breast tissue need ultrasounds and or MRIs. The contrast is more visible and accurate. Yet why do women have to fight to get additional screening, **and** pay the high cost of it out of pocket?

I was diagnosed with stage 1b Triple Negative breast cancer. Triple Negative is an aggressive type of breast cancer. I thank my PCP for being proactive in getting me in to see another breast surgeon in the midst of Covid. I underwent a double mastectomy with immediate DIEP flap reconstruction. It was a 12 and a half hour surgery, a month to recover and then 16 rounds of chemo. My husband was my rock throughout my diagnosis, surgery and recovery and sat with me every Tuesday afternoon for five months during every chemo treatment, ensuring I had ice to freeze my mouth to prevent sores and helped change out the frozen mitts and booties to prevent neuropathy (which, unfortunately, didn't work). It wasn't until a few weeks ago that I overheard him say to a friend that those 12 and a half hours sitting in the hospital waiting room were the longest minutes of his life. It was at that moment I understood the toll cancer takes on loved ones. Other than losing my hair and feeling more fatigued, I tried to look and act as "normal" as possible during five months of weekly chemo infusions, hoping to keep the anxiety and fear I knew our daughters were experiencing to a minimum. If I reach the five-year mark without reoccurrence, my prognosis looks good. Not the best quality of life—ticking off each year and waiting to hit the five-year mark. There are no guarantees. And truly, every birthday is a gift.

As I said, I am all for common sense. Common sense to me says "hey insurance company, would you rather cover the approximately $1,000 cost of an ultrasound which might detect a cancer tumor at a very early stage, or would you rather pay $500,000 for a mastectomy, reconstruction surgery and chemo treatments?" $500,000 was my insurance spend for just six months. And then there are additional lifelong expenses incurred due to the quality of life altering side effects of chemo: neuropathy, osteoporosis, heart damage, pre-diabetes, among others. Again, insurance company, would you rather pay the cost of an ultrasound, or continue to pay for unlimited healthcare treatments for ongoing heart scans, DEXA scans, prescriptions for nerve pain and bone strength, glucose monitors, and whatever else might pop up down the road?

We have pretty good healthcare in our state, but Wisconsin can do better. I'm grateful for the legislators who had a role in passing the Women's Health and Cancer Rights Act of 1998 and to the Wisconsin legislators who created the Breast Density Notification Law in 2017. Let's finish the job and provide the additional screening coverage Wisconsin women, women like me, need.

Women vote and women's healthcare, as noted in the spring election for supreme court, is a get-out-the-vote kind of topic. By requiring insurance companies to cover the cost of additional breast screenings for women with dense breast tissue, you are helping to save the life of that one in eight women. It could be your spouse, mother, sister, daughter, neighbor. So on behalf of the women who don't have a seat at the table today, I ask members of this committee to support SB 121. It's the common-sense right thing to do. Thank you.

Margaret Fritsch | 2404 N. 88th St., Wauwatosa WI 53226 | mmfritsch@att.net

Hello, members of the Wisconsin State Senate Committee on Health. My name is Amanda Walsh, I live in Stoughton, and I am providing this testimony as a patient advocate with the Wisconsin Breast Cancer Coalition. Thank you for taking the time to consider my testimony.

I am writing to ask for your support for Senate Bill 121 which, along with its corresponding Assembly Bill 117, would require insurance companies to cover the costs of supplemental screening and diagnostic imaging for women with dense breasts and those at increased risk. Forty percent of women in Wisconsin have dense breasts, and dense breasts put a woman at a significantly increased risk for breast cancer – in fact, 73% of all breast cancers are in women with dense breasts. Dense breasts also mean breast cancer is more difficult to detect – 40% of cancers in women with dense breasts are missed by mammograms. **This is why additional, appropriate, and accessible screening is necessary and lifesaving.**

This legislation is critical – and personal. I was diagnosed with breast cancer at age 35 in the fall of 2021. My mother and mother-in-law were both diagnosed with breast cancer only a few months earlier, in the spring of 2021. In fact, my mom was still going through her own treatment when I was diagnosed. When I was first diagnosed, I felt like I was headed into a battle with one arm tied behind my back, feeling run down and scared after watching my mother and mother-in-law go through their own grueling treatments.

By the time I was diagnosed, my cancer had advanced deep into my surrounding lymph nodes, and had shown signs of starting to break out of the lymph nodes into the surrounding tissue. This meant that my treatment would be longer than me or my doctors had originally expected; physically, mentally, and emotionally draining; and very, very expensive.

My treatment thus far has included 2 surgeries, 8 rounds of chemo, and 28 rounds of radiation, and I am currently on 10 years of hormone suppression and 2 years of additional, targeted therapy. Much of this treatment was required because my cancer was so advanced. My treatment has required me to miss significant amounts of work, and the amount my insurance has paid throughout the course of my treatment is staggering. As just one example, I receive a monthly injection for which my insurance pays almost $4,000 per dose. I will receive this injection every month for 10 years. This is only part of my treatment plan, and will cost my insurance nearly $470,000 by the time I finish.

I share this because cost is one of the biggest factors for why women with dense breasts are not able to receive additional screenings beyond a mammogram. **These additional screenings are not routinely covered by insurance.** A Komen Foundation-commissioned study found the cost to patients for diagnostic tests range from $234 for a diagnostic mammogram to $1,021 for a breast MRI (Susan G. Komen Foundation, 2019). For so many of my neighbors here in Wisconsin, $1,000 for a diagnostic procedure just isn't an option. But imagine if a woman with dense breasts was able to have her insurance cover a simple procedure that could mean her cancer is caught early – a procedure that would cost insurance companies a tiny fraction of what treatment for more advanced breast cancer like mine would ultimately cost. That's a win for the patient, a win for insurance companies, and a win for providers. **It's a win for all of us.**

Though I'm not able to go back in time and change anything for myself, my loved ones, or any woman previously impacted by breast cancer, I can fight for those women yet to come – those women who may still have to enter their own battle with cancer, but may be able to have an easier road than the one I walked with the appropriate diagnostic screenings. I urge you to support this bill, and to encourage you colleagues in the Senate and Assembly to do the same. This bill is a win for everyone. It will save lives, and improve the outcomes for many future breast cancer patients. **Please, do this for the women you love, and for the women you represent.** Thank you again for your time and consideration of my testimony regarding Senate Bill 121.

July 12, 2023

To: Wisconsin Senate Committee on Health
From: The American Cancer Society Cancer Action Network
Re: Testimony in Favor of Senate Bill 121

Thank you, Chairwoman Cabral-Guevara, and honorable members of the Senate Committee on Health, for holding a public hearing today on Senate Bill 121 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 Senate Bill 121. 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 Senate Bill 121.

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

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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

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 Senate Bill 121.

Testimony to the Senate Committee on Health and Human Services
Senate Bill 121
July 12, 2023

Dawn Anderson, on behalf of the Wisconsin Breast Cancer Coalition
(Retired, Executive Director; Current Policy Committee Volunteer)

Thank you for the opportunity to provide testimony on SB 121, regarding essential screenings and diagnostic testing for women at high risk for breast cancer.

The Wisconsin Breast Cancer Coalition (WBCC) has been working for nearly 30 years to help advance the best public policy possible related to breast cancer – including ensuring that all women, regardless of income or insurance status – have equal access to all of their breast health care.

Breast cancer is the most commonly diagnosed cancer in WI and the 2nd cause of cancer deaths in women, surpassed only by lung cancer. That is a significant portion of WI residents who need access to the best care available. It touches all of us.

This bill is a necessary follow up to our state law requiring women to be notified, following a mammogram, if they have dense breasts. That notification tells them:

- that they are at higher risk for developing breast cancer,
- that dense tissue makes it difficult to see a tumor on mammogram,
- and that they should discuss supplemental screening with their doctors.

It will cover essential, supplemental screenings and diagnostic tests for women who are diagnosed with the two highest categories of density

and for women considered "high risk" according to National Comprehensive Cancer Network guidelines. I am one of those women.

This is why I've been an active advocate at the state and federal levels for the past 28 years. My mother and maternal grandmother died from breast cancer, my maternal aunt is a survivor, and I now know that I have heterogeneously dense breast tissue thanks to the notification bill.

Here's what makes sense to me: If a screening mammogram is covered by insurers in order to detect breast cancer at an early stage – which we all agree is vital – then it logically follows that if there's a *more effective* method to detect cancer in women who have dense breasts, then that the more effective screening method should also be covered. The point here is that one size screening does not fit all. "Screening" does not, and should not, necessarily only mean a mammogram.

When a woman gets that notification letter about her density after a mammogram, and has a discussion about it with her doctor, she has a decision to make. *Any cost barrier at this point could be the difference between a breast cancer that is detected early, when it's most treatable and one that has already spread beyond the breast, when it becomes life threatening.*

We know that women without insurance coverage are more likely to die of breast cancer than insured women. We know that high deductibles and co-pays can prevent women from following up on screenings that require an additional test because of an abnormality. And we know that despite widespread use of mammography, late stage diagnoses still occur far too often. According to NCI data for 2015-2019, about 30% of diagnoses in WI happen after the cancer has spread beyond the breast. How do we catch those cancers earlier? By ensuring that all women have access to the breast health care they need, and that includes whatever

screening tool and tests are appropriate for her risk level. Until recently, most screening protocols have not been personalized, risk-based decisions. Just as we've moved to more personalized TREATMENTS for a person's specific cancer, we need to move to more individualized screening when we know a person's specific risk factors and have the tools to screen more accurately.

This kind of screening and breast health assessment should not only be available to women who can afford to pay out of pocket for it. If we truly care about saving lives from breast cancer, and I know that we all do, then we must ensure that any policy that benefits one group of women, benefits all women.

For decades, public health messaging for all kinds of cancers has been that "early detection saves lives." We have the technology to identify early tumors in women with dense breasts. We have it now. But that means nothing if women who need it can't access it because of cost.

It is right that we notify women that they are at increased risk for breast cancer and that their mammogram may not be accurate due to their dense tissue. But we should also ensure that we have a plan in place that treats all women equally as they – with their doctors - plan their next, best step in their breast health care. SB121 will do that.

Thank you.

Dawn Anderson