
AMANDA NEDWESKI

STATE REPRESENTATIVE • 32ND ASSEMBLY DISTRICT

Testimony SB 264 – Gail's Law

May 28, 2025

Gail's Law is not only life-saving legislation, it is also cost-saving. Wisconsin currently requires health insurers to fully cover two mammograms for women aged 45-49 who meet certain risk criteria for breast cancer. Subsequently, the state requires full insurance coverage for annual mammograms for women 50 and over. This means that the screening is covered 100%, without a co-pay or cost-sharing portion for the patient. Think of how many lives this required coverage has saved already!

Nearly 50% of women have dense breast tissue, where cancer can be potentially undetectable using mammography. Dense breast tissue is also a contributing risk factor to the potential development of cancer. When additional screening and/or diagnostic testing is ordered and the patient follows through, early detection is more likely. Not only does this increase the chances of survival, finding cancer in stage one or two results in less treatment cost over time, as well.

Unfortunately, the cost of additional screening is often a deterrent for the patient. For example, as a single mom, I received a letter after my first mammogram recommending further imaging and diagnostics due to having dense breast tissue and other historical and environmental risk factors. At the time, I was self-employed and had a high-deductible health plan. The recommended MRI was going to be about \$1,500 in out-of-pocket cost to me. At the same time, my son needed expensive custom orthotics for a bone condition. Of course, I prioritized my son's needs over my own. After all, I "didn't have any symptoms." That cost barrier to the MRI could have easily meant the difference between finding cancer early versus finding it down the road. Waiting until there are symptoms is too late. While I don't have breast cancer, the story could have been very different for another mom who skipped the test because of cost.

SB 264 calls for complete coverage without cost-sharing for MRI, ultrasound, and other types of diagnostic screening when a mammogram may not be enough. Most health insurers already provide a portion of coverage for some of these services, but there can be high-deductibles or cost-sharing portions that act as barriers to care. Also, multiple studies have shown up to a 200%-500% increase in costs for treatment of stage III and stage IV breast cancer compared to earlier stage diagnosis. Meanwhile, the cost of covering these supplemental screenings is incredibly low. States that have passed similar legislation have seen minimal increases in insurance costs, with an increase of roughly 84 cents per member per year. Why would a health insurance provider want to pay out \$134,000 in year one of a stage IV diagnosis when they could have kept the cost at \$60,000 that year if the cancer had been caught at stage I?

SB 264 does not open the doors for doctors to order excessive and unnecessary testing. The fact is, they are ALREADY ordering the necessary screening and diagnostics when mammography and risk factors merit the order. They are not ordering these procedures for every patient who has dense breast tissue. The problem is that those orders are being ignored by many women because of cost deterrents.

Wellness and prevention have long proven to be the best ways to not only stave off disease, but to keep costs low. The innovations of modern medicine have brought us to this point in time where we can catch cancer earlier than ever. 31 states have passed legislation like SB 264, with the state of Florida being the most recent just last week. It's time for Wisconsin to make it 32.



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**Senate Committee on Health
Testimony on Senate Bill 264
Breast Cancer Screening Requirements
May 28, 2025**

Thank you, Chair Cabral-Guevara, and members of the Senate Committee on Health for holding a hearing on Senate Bill 264, relating to coverage of breast cancer screenings by the Medical Assistance program and health insurance policies and plans.

I'm sure that many of you or someone you know has been affected by breast cancer, as 1 in 8 women will be diagnosed in the U.S. You may have even heard about Gail Zeamer's story, the namesake for "Gail's Law." Gail, who was diligent about getting her yearly mammograms, received a delayed diagnosis of breast cancer. At 47, she was diagnosed with Stage IIIC breast cancer, because she did not know about breast density and all of the risk factors.

About 40% of women in Wisconsin have dense breast tissue, making it more likely a standard mammogram will not detect signs of early breast cancer. Even as her cancer continued progressing, Gail worked tirelessly to change state statute to make sure other women like her were properly notified about their breast density and other options to screen for cancer. Her efforts resulted in 2017 Act 201, and hopefully another law in 2025.

SB 264 requires health insurance providers to cover diagnostic breast examinations for those who are at an increased risk for a delayed breast cancer diagnosis. Supplemental breast examinations primarily affect the 40% of women who have dense breast tissue that can hide abnormalities and tumors. The cost for supplemental examinations ranges from \$230 to over \$1,000. In our tight economy, this cost is too much for some to pay out-of-pocket. Normal mammograms are not sufficient to properly screen women with dense breasts. Gail received her diagnosis of Stage 3C cancer one week after her mammogram detected no cancer.

Early detection saves lives. Research shows that patients have a 99% survival rate when cancer is caught at an early and localized stage. A patient's survival rate drops to 30% after the cancer spreads. Additionally, early detection and treatment reduce costs by 60% compared to the "treatment-only" approach.

Thank you for your time and attention. I'm happy to answer any questions you might have.



State of Wisconsin
Department of Health Services

Tony Evers, Governor
Kirsten L. Johnson, Secretary

TO: Members of the Senate Committee on Health

FROM: Arielle Exner, Legislative Director

DATE: May 28, 2025

RE: Senate Bill 264 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 in support of SB 264, which requires health insurance, including Wisconsin Medicaid, to provide coverage for breast cancer screenings without cost sharing.

Governor Evers' 2025-2027 biennial budget proposal expands access to quality health care services while lowering costs for Wisconsinites, and the Department's mission is to promote and protect the health and safety of Wisconsin. In 2025, it is estimated that 5,920 women in Wisconsin will be diagnosed with breast cancer.¹ This legislation would further advance this administration's goals and the Department's mission by increasing access to this essential health care service for those at higher risk of breast cancer.

Disparities in breast cancer outcomes persist. According to the American College of Radiology, prior to age 50, minority women are:

- 127% more likely to die of breast cancer,
- 72% more likely to be diagnosed with breast cancer, and
- 58% more likely to be diagnosed with advanced-stage breast cancer.²

SB 264 could serve as a tool to enhance early detection for those at higher risk and help mitigate health disparities.

DHS was not requested to provide a fiscal estimate for SB 264. Currently, Wisconsin Medicaid covers ultrasound screenings without prior authorization when deemed medically appropriate by a provider and MRIs with prior authorization for individuals at increased risk. Should SB 264 pass, DHS anticipates an increase in the utilization of screening services; however, the extent of this increase is indeterminate at this time.

DHS reiterates its support for SB 264 and appreciates the Committee's consideration of this legislation. The Department offers itself as a resource for any follow-up or additional information that may be needed.

¹ American Cancer Society, Cancer Statistics Center,
<https://cancerstatisticscenter.cancer.org/#/state/Wisconsin>.

² "New ACR Breast Cancer Screening Guidelines call for earlier and more-intensive screening for high-risk women." American College of Radiology.

Hello Senate Health Committee Members –

Thank you all for being here and for the opportunity to provide testimony.

My name is Sophie Zeamer.

I am the eldest daughter of Gail Zeamer for whom this bill is named after.

My mom spent 8 years fighting cancer. She endured 3 cancer diagnoses, countless rounds of chemo and radiation, a double mastectomy, a hysterectomy, and the everyday struggles that come with late stage cancer.

During that 8 year battle she also tirelessly fought for Wisconsinites. She fought for their right to know and understand their personal health – and access to the exams they need to detect cancer early, before it spreads.

Her perseverance and endurance during her final 8 years will be something I'll admire for the rest of my life.

The last time my mom testified I was blessed enough to be there and listen to her story, along with the stories of the other patient advocates. As I sat and listened to those brave women speak about their unique experiences with breast cancer, I realized something. All of those women's lives have already been forever altered by breast cancer. And while my life has been deeply impacted by breast cancer, I have never had it.

Listening to those patient advocates and the ones you will hear today I'm inspired by their selflessness and willingness to stand up for what they know to be true. These women aren't just advocating for

themselves – they are fighting for me, for my generation, and the generations of women to come.

They know that no one should have to endure the pains of a late cancer diagnosis, especially not because they couldn't afford to get the necessary screening.

Because here's the truth: if my mom's cancer had been found sooner, it could have changed everything. Not only could it have spared her years of painful and aggressive treatments, but it could also have spared our family a mountain of emotional and financial hardship. The cost of treating late-stage cancer isn't just personal – it's incredibly expensive for families and the entire healthcare system. My family spent years navigating complex treatments, long hospital stays, and recurring medical bills that could have been avoided with earlier, less invasive intervention. And we're not alone. Early detection doesn't just save lives – it saves money.

Study after study has shown that diagnosing and treating cancer in its earliest stages costs far less than waiting until it has spread. This bill is about making sure that women don't have to pay hundreds or thousands of dollars just to access the screenings that could prevent a devastating diagnosis down the line. The investment we make today in accessible imaging will return dividends tomorrow – not only in lives saved, but in healthcare dollars spared.

I'm not going to sit up here and tell you the horrors my mother endured day in and day out because I don't know all of it. I know what she told me and what she chose to share, but I also know there were things she hid to protect me.

What I do know is that my generation would undoubtedly benefit from this bill.

We can be the generation who would be able to afford to find our cancer sooner with the necessary exams – not only protecting our health, but protecting our families from the crushing cost of delayed diagnosis and treatment.

My parents cultivated a household culture of “knowledge is power”. When I walk into a doctors office for my first mammogram I will be wielding a plethora of knowledge thanks to my mom.

I know what questions to ask, what I need to be prepared, and how to go about navigating just about any outcome.

When I enter the doctor’s office, no matter what happens, I want to know that I will be able to put food on my table and keep a roof over my head.

In my 24 years walking this earth myself and my family have endured a lot, but I know this experience is not unique. My wish for the future is that it will be - that cancer experiences become few and far between and that those who do experience cancer catch it early due to easy access to the wide range of advanced imaging exams we have.

I ask you all to think about how this bill will uplift the next generation of Wisconsinites. Think about your children and what knowledge and resources you want them to have access to walking into a doctors office. Moreover, think of their children and every generation after that, who will never have to make the same sacrifices as my mom to have access to both quality and affordable breast cancer screenings.

Thank you.

Good afternoon, my name is Ashley Inda and like many of you out there listening and watching I wear many hats:

- I'm a busy mom of 2 children
- I'm an occupational therapist and practice here at a local outpatient clinic primarily working with those impacted by cancer
- I'm a board member for the Wisconsin Breast Cancer Coalition
- AND I'm a breast cancer survivor.

Wisconsin needs Senate Bill 264, Gail's Law. Mammograms miss up to 50-60% of breast cancers in women in dense breasts.

The out of pocket costs for supplemental screening and imaging is out of reach for many women in Wisconsin.

Women with dense breasts and those at higher risk of developing breast cancer need complete coverage and access to supplemental screening and imaging tests in order to have complete breast cancer screening.

Gail's law would do just that and would allow for early detection of breast cancer which results in: 1. LESS INVASIVE TREATMENTS; 2. IS MORE COST EFFECTIVE; AND 3. IT WILL SAVE LIVES!!!

The price of not having a complete breast cancer screening in women with dense breasts and those at higher risk of developing breast cancer is too high...

It's a delayed diagnosis of breast cancer resulting in more collateral damage as a result of breast cancer treatments and unfortunately sometimes death.

ALL of Wisconsin suffers when a woman receives a delayed diagnosis of breast cancer. Our hats go unworn. IF we can fulfill some of our roles we can't do it completely or at the level we did before.

It's the mom who can't do sports drop off and pick ups.

It's the accountant that can't complete payroll for the small business firm.

It's the school crossing guard who can't safely escort the students across the street.

It's the farmer who can't do the evening milking sessions.

And the list goes on, WE ALL are impacted whether we realize it or not in big and small ways by a delayed diagnosis of breast cancer.

How do I know all this? Because this was also *MY STORY*. At 35 I felt a lump in my breast and the mammogram and ultrasound DID NOT pick up my breast cancer until 2.5 years later.

I couldn't wear my regular hats, some days I could only wear the hat of "PATIENT." I couldn't be the wife, mother, daughter, friend and therapist I wanted or they needed me to be.

And unfortunately, I see *MY STORY* repeated weekly in my patients who have dense breasts.

Sadly, was Gail's story too...

We are going to continue to see this story repeated for many, many more women in Wisconsin unless we pass Senate Bill 264, Gail's Law.

It's time we give Wisconsin women with dense breasts a happy ending.

Wisconsin women deserve it! AND all of Wisconsin will benefit!

Support Senate Bill, 264! Thank you!



TO: Senator Rachael Cabral-Guevara, Chair, Senate Committee on Health and Committee Members

FROM: Dr. Jennifer Bergin (berginjt@gmail.com) and Dr. [Anand Narayan](mailto:AnandNarayan@gmail.com)(anandkumarnarayan@gmail.com)

RE: Support for Senate Bill 264/Assembly Bill 263

Good Afternoon Chair Cabral-Guevara and Committee Members,

My name is Dr. Jennifer Bergin and I am a breast imaging radiologist with Radiology Waukesha. I am joined by Dr. Anand Narayan who is a breast imaging radiologist with the University of Wisconsin School of Medicine and Public Health.

Thank you for the opportunity to testify in strong support of Senate Bill 264, Gail's Law, on behalf of the Wisconsin Radiological Society, the statewide association of radiologist physicians. And thank you, Senator Cabral-Guevara and the many bill co-sponsors, for your leadership on this important piece of legislation, which eliminates patient cost-sharing for both supplemental and diagnostic breast exams.

As breast imaging radiologists, we are the physicians who interpret mammograms and other breast imaging and ultimately make the diagnosis of breast cancer. We know that access to supplemental screening and diagnostic exams is critical for early diagnosis.

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 all patients. Gail's Law has the potential to both save lives AND reduce breast cancer treatment costs. According to the CDC, breast cancer has the highest treatment cost of any cancer, accounting for \$29.8 billion in 2020. When diagnosed and treated at an early stage, breast cancer is a curable disease, with a five-year survival approaching 99%. Multiple studies have shown a 200%-500% increase in costs for treatment of stage III and stage IV breast cancer compared to earlier stage diagnosis. And a study from the American Cancer Society found that eliminating patient cost-sharing for follow-up breast exams could lead to 7,568 fewer patients diagnosed with later stage (i.e., regional or distant) breast cancer, saving nearly \$12,000 *per patient* in lifetime cancer treatment costs.

I will discuss the important role of supplemental screening and then Dr. Narayan will discuss the importance of diagnostic exams.

Supplemental Screening

Supplemental screenings are ordered for women who have no signs or symptoms of breast cancer but either due to risk factors like family history or dense breast tissue would benefit from additional breast cancer screening.

As you know, Governor Walker signed 2017 Act 201 which requires facilities that perform mammograms to notify patients if they have dense breast tissue. This was an 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 makes 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. Located within dense breast tissue, this cancer cannot be detected on her mammogram.

We've heard concerns that if SB 264 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. Evidence from states that have already passed no-cost supplemental imaging laws shows that actually only 20% of women at high risk end up choosing supplemental screening, so the concept of opening up the floodgates has not become a reality.

In Wisconsin, patients at high-risk who do opt to pursue supplemental screening are often surprised to learn that these exams 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 264 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.

We heard arguments from insurers last session that this bill should not be passed because the United States Preventive Services Task Force (USPSTF) doesn't recommend supplemental screenings for women with dense breast tissue. However, it is important to note that the USPSTF doesn't recommend AGAINST these screenings either. This argument also ignores the fact that SB 264 also covers high risk women, and the USPSTF guidelines are specific only to average-risk women.

The coverage requirement created by SB 264 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. MRI 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 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

My name is Dr. Anand Narayan and I'm here to talk about diagnostic exams, a very important health issue that affects all women in Wisconsin.

In our breast centers, we see patients with breast symptoms or signs of a problem found on their screening mammograms. These are diagnostic exams. They are essential to find out if women have cancer or not and help plan next steps for treatment, if they do.

Far too often in our clinical practice, we see patients delay or skip recommended care. When you scratch the surface and ask patients what types of barriers prevent them from getting recommended care, the biggest reason patients hesitate coming to health care facilities is cost. Unlike screening mammograms that are covered without any co-pays or deductibles, diagnostic examinations can cost a lot of money—sometimes close to \$1,000—even if a woman has health insurance.

This leaves women with a terrible choice - pay hundreds of dollars out of pocket for a test their doctor says they need—or skip it, and hope for the best. I've seen too many women who made that second choice, not because they wanted to, but because they had to. Because they had bills to pay. Kids to feed. Rent to cover. Sadly, these delays lead to patients coming to our breast centers with cancers that have spread beyond the breast to the lymph nodes and other organs.

Studies that my colleagues and I have conducted have found that many women skip follow-up tests or even stop getting regular mammograms because they're afraid of how much it might cost. An American Cancer Society study from 2025 found that 70% of women in the U.S. have

out-of-pocket costs for followup breast cancer diagnostic tests, with more than 1 million women in the U.S. delaying follow-up imaging due to cost concerns.

There is good news: A study in Maryland found that if insurance covered these diagnostic tests with no extra cost to the patient, it would only cost about 7 cents per member each month. More than half of the country covers diagnostic examinations without co-pays. Our mothers, daughters, and sisters here in Wisconsin deserve the same protections. I urge you to support a law that helps women by making these important follow-up breast tests more affordable.

Conclusion

As radiologists, and physicians caring for our Wisconsin women daily, we know that we have the tools and technologies in place to prevent women from being diagnosed with advanced cancers. The economic and health burden of advanced cancers due to delayed diagnosis affects many Wisconsin women and their families. 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. Please pass SB 264.

We are happy to answer any questions you may have.

Understanding Breast Imaging Exams

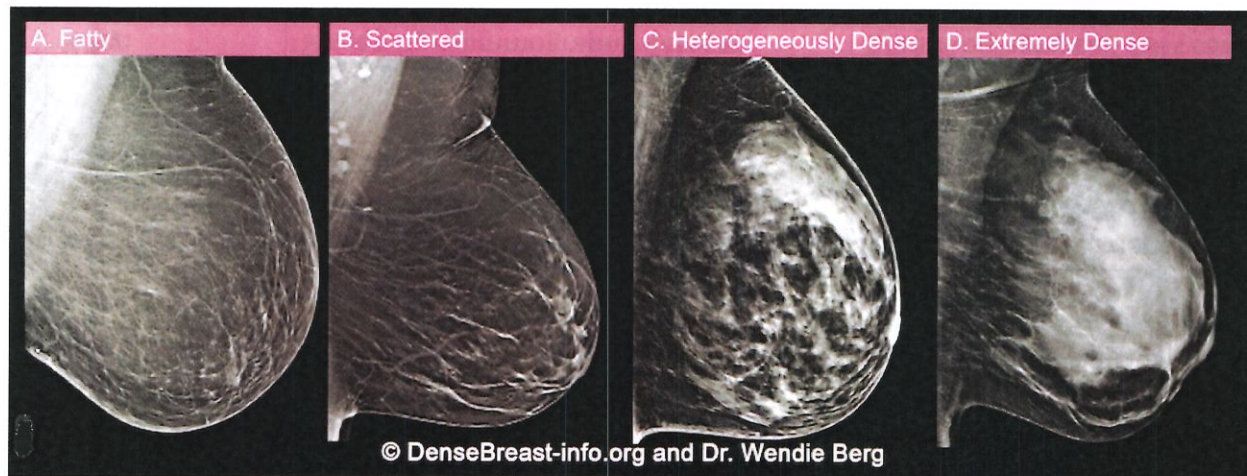
Breast cancer remains the most common nonskin cancer, the second leading cause of cancer deaths, and the leading cause of premature death in US women. Mammography screening has been proven effective in reducing breast cancer deaths in women age 40 years and older. A mortality reduction of 40% is possible 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 <u>no</u> signs or symptoms of breast cancer.	An additional imaging exam provided to a patient who has <u>no</u> 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.	<ul style="list-style-type: none"> • 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:	<ul style="list-style-type: none"> • Digital breast tomosynthesis (DBT)-- 3D mammography • 2D mammogram 	<ul style="list-style-type: none"> • DBT • Ultrasound • MRI • CEM (if MRI contraindicated) 	<ul style="list-style-type: none"> • 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.

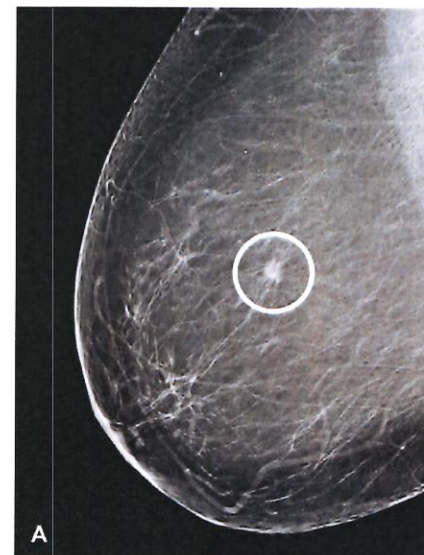
¹ <https://www.wipricepoint.org/Home>

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.



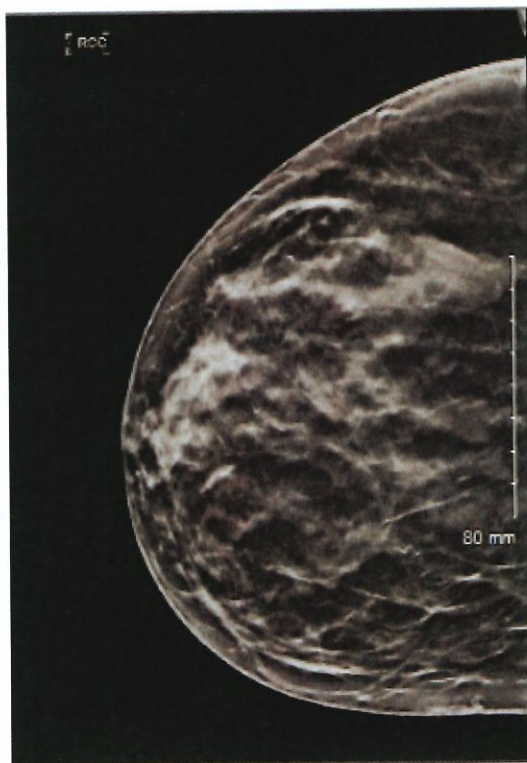
The white spot on this image of a breast that is not overly dense is cancer. Imagine trying to see this spot in an extremely dense breast.



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

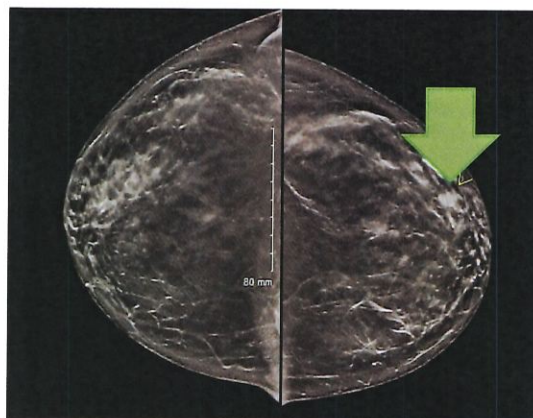


Screening MRI (supplemental screening)—invasive ductal carcinoma found

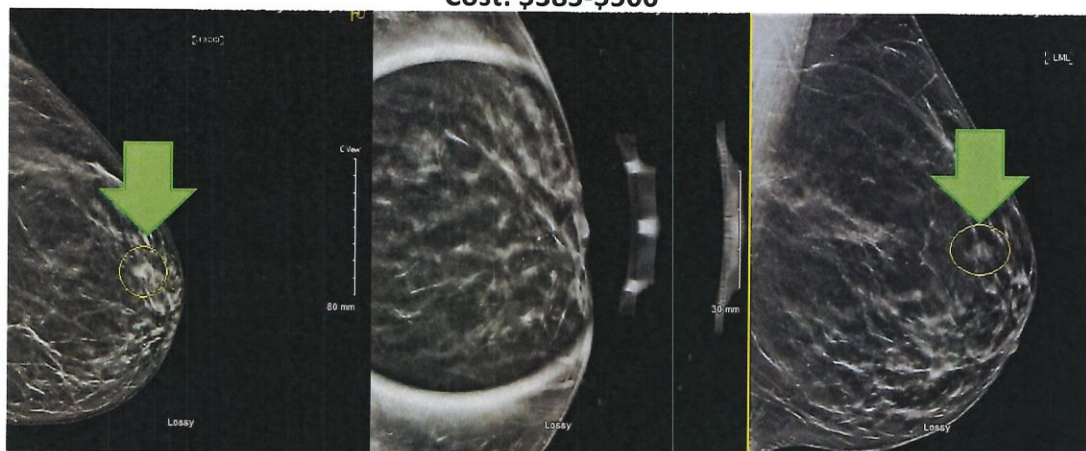


Diagnostic Imaging Example

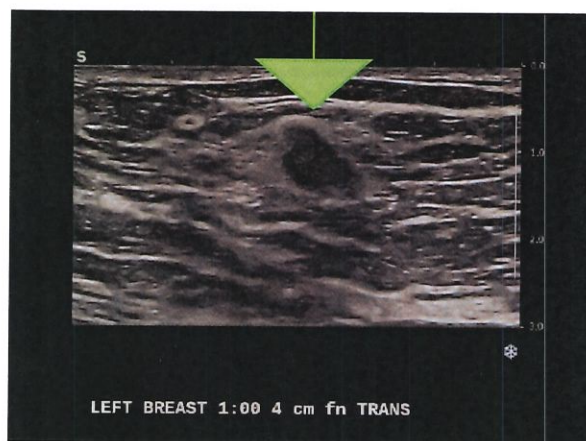
1. Screening Mammogram—Abnormal
Cost: \$0



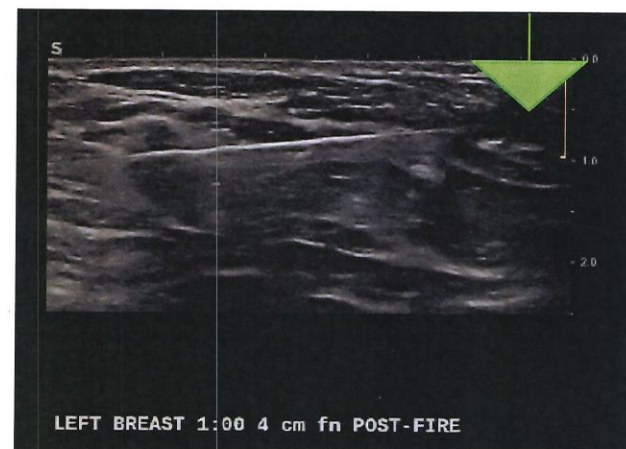
2. Diagnostic Mammogram—Confirms Tumor
Cost: \$385-\$500



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



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



To: Members of the Wisconsin Senate Committee on Health

Fr: Amy Lins

Dt: May 28, 2025

Re: SB 264, breast cancer screening and diagnostics (also known as Gail's Law)

Thank you for the opportunity to speak in favor of this bill. I've just recently gotten involved in breast cancer advocacy. I've never testified to the state legislature on any subject before or advocated for it. So what brings me here today?

In the last 21 months I've learned a lot about breast cancer. I've learned that there isn't one kind of breast cancer—there are over 17 kinds of breast cancer. I never knew that.

Hereditary/genetic mutations are a small number of breast cancers—90%+ of women who get breast cancer don't have any history or genetic mutations. But I always thought that the BRCA gene was the thing you had to be scared of. And there was no history of breast cancer in my family.

Over 40% of women have dense breasts and density increases with age. Women with dense breasts are 4-6x more likely to be diagnosed with breast cancer. And 70%+ of breast cancers involve dense breasts. I didn't know that having dense breasts elevated my breast cancer risk. I knew I had dense breasts, I didn't understand what that meant.

I've learned all this and more over the last 21 months because I had breast cancer in 2023 at the age of 56, and I started to educate myself on breast cancer. It's not something I spent much time thinking about before, as I'm sure is the case with most people. We don't think too much about the "what if" until it becomes the "what is".

I have a good prognosis and am currently "NED" or no evidence of disease. Now, I want to be a better advocate for myself. Although I'm doing really well, I have many years of annual scans ahead of me. That now terrifies me both for what the mammogram may find AND for what the mammogram may miss because of dense breasts. A recurrence. A new breast cancer in the involved breast or my other breast. So many variables.

I want to be an advocate for and help other women who have or will have breast cancer. Those who maybe can't take a day off work to come here and speak, or those who are too sick to come tell their story, those who live in rural areas like I do, or those who are like the me of July 2023, the me that hadn't yet heard the words, "you have breast cancer." Educating myself led me to discover the work being done on changes to the law on screening for those with dense breasts. And that led me here today.

I wanted to testify to support this bill because I think it is good common sense. There will be people testifying for and against it, and we all think we have good reasons for the positions we take.

Medical advancements like better screening methods often start as experimental and can take years to be widely accepted as standard practice. And changes to get screening covered under insurance seem to always be a challenge. Medicare didn't start covering colonoscopies until 2001 and it took 10 more years and the ACA to get private insurance to cover them. And today we think of colonoscopies as just the most basic level of preventative screening. Not rare,

exotic, or special. And something that should be widely available at low or no cost. Because they work.

The same is true with mammography. It wasn't until 1976 that the American Cancer Society recommended mammograms for screening breast cancer. And states taking action let the way in ensuring coverage. Federal requirements came later, in the 90s and 2000s. The old standard was the 2D mammogram for years. Then came the 3D mammogram in 2008. But screening mammograms don't work equally for everyone. For some, additional types of screening modalities work better and yield better images, detection, and results. And the evidence has been there now for over 2 decades. It's time for our rules and requirements to catch up.

The additional screening modalities for dense breasts now have strong evidence showing they work, but so far it is only available for those who can bear the financial burden of paying fully out of pocket or in some cases a coinsurance percentage. Technology keeps improving, and doctors should be able to choose the best screening tools for each patient, especially for those at higher risk. Cost shouldn't stop women from getting these screenings, but many face financial barriers like co-pays or deductibles

Breast cancer affects many people and families, no matter where they live or who they are. Detecting the disease early and having good ways to diagnose it can make a big difference in saving lives. This is why laws like SB 264 are so important—they ensure women, especially those with dense breast tissue—can access better diagnostic tools. By supporting such measures, we're taking a big step forward in fighting breast cancer and improving healthcare for women.

Gail's Law aims to increase access to life-saving breast imaging with no cost sharing—which would be less than a dollar per member per year for insurance. Similar breast imaging legislation has been passed in over half the country and across the Midwest. I urge you to help make Wisconsin another state that is bringing the best in medical care to women in our state without the cost-sharing that makes many women decide against screening or put it off.

It just makes sense. In the long run, early detection and treatment cost much less than later stage treatments in terms of costs to the patient and the insurance company, and early detection has much better outcomes for the women involved.

We know early detection saves lives. Screening is the cornerstone of early detection. The benefits of screening can only be fully achieved when women have access to the full range of options appropriate for their specific situation and when all screening and diagnostics are on equal footing, cost wise.

Thank you for your time today.

**Senate Committee on Health
Testimony in Support of Senate Bill 264
Presented by Lee Wilke, MD
May 28, 2025**

Chairperson Cabral-Guevara and members of the committee,

Thank you for holding this public hearing and allowing me an opportunity to provide testimony in support of Senate Bill 264 (SB264) related to coverage of breast cancer screenings by the Medical Assistance program and health insurance plans. My name is Dr. Lee Wilke and I appear before you today representing the interests of UW Health, the UW School of Medicine and Public Health, and the thousands of patients we see each year who seek services from our health system to manage their breast health. I have been a provider for 25 years and each year, the UW Health Breast Center, a regional and national referral center, serves close to 40,000 patients for breast care.

It's important to note that dense breasts are very common in women. In fact, about 50 percent of women have dense breasts and over time, the medical community has come to realize certain screening tests, such as supplemental screening tests (ultrasound or MRI) are important for finding cancers early in patients with dense breasts, when they are easier and financially less expensive to treat. To that end, Senate Bill 264 is critical to ensure appropriate access to recommended tests that are the standard of care for patients who are at higher-than-average risk for breast cancer and affordable access to diagnostic tests for ALL patients in the process of workups for suspected breast cancer.

According to the authors of SB264, they introduced "Gail's Law" to ensure that all Wisconsin women have access to the exams they need to catch breast cancer early and when it is most treatable and has the best survival. As clinicians, we applaud this effort to improve access as early screening and detection are the key to a better outcome for breast cancer patients. Early detection can improve a patient's odds of a full recovery by 99 percent.

The legislation before you supports access to care by reducing the financial strain placed on patients and their families who often find their insurance coverage doesn't include the critical screenings that are meant to benefit patients with dense breasts. Specifically, SB264 requires insurance coverage for supplemental screenings and diagnostic tests with no or minimal cost-sharing. The benefit of that coverage is two-fold in that improved access to tests will help patients and providers detect cancer earlier, but it will also reduce the cost of treatments for advanced cancers that would otherwise be diagnosed at later stages in the absence of these tests. In addition to cost savings, patients who require extensive vs minimally invasive surgery to remove their cancers; or chemotherapy to prevent metastatic spread as well as weeks of radiation therapy, need to take extended leaves from their careers which can prevent their ability to re-engage in our community in a timely manner. As a surgeon who has cared for over 5,000 patients with breast cancer, I have watched the evolution of

MRI and ultrasound over the years and these supplemental screening tests truly find cancers earlier in those with dense breast tissue.

As I bring my remarks to a close, I'd like to extend a special note of thanks to Sen. Rachael Cabral-Guevara and Sen. Jesse James for their leadership. We sincerely appreciate their willingness to author this legislation in the Senate and advocate for its passage. We also appreciate the bipartisan support it has received and hope it continues to advance in committee.

Again, thank you for holding this public hearing today. I'd be happy to take questions from committee members at this time.

Hello, my name is Eileen. Gail is my younger sister. My breast density is an "A". I promised Gail that I would educate people about breast density every opportunity I get in order to ensure conversations are happening and women get the highest level of care when they are at a higher risk.

When my sister became educated about breast density and all the statistics that go with it, she embarked on a mission to make sure women in Wisconsin get better care than what she received.

As you know, it's too late for her, but she wanted to make sure YOU do whatever you can for YOUR family, neighbors and friends.

Breast cancer is not just a statistic; it is a harsh reality that affects all families in our state. When someone you love is diagnosed with advanced stage cancer, it is like a bomb goes off in your home. Besides the absolute chaos for your immediate family, the shock waves got out, to affect members of your extended family, neighbors and friends. Everything in your life collides

In Wisconsin alone, approximately 6,000 women are diagnosed with breast cancer each year. That means, statistically speaking, each of you is likely to be directly touched by this disease—whether it be a mother, sister, wife, or friend. One in eight women will face the terrifying prospect of a breast cancer diagnosis in their lifetime. This sobering statistic translates to the potential for breast cancer affecting someone you love - someone who may not have the financial means to afford necessary screenings.

Dense breast tissue is a common issue that puts women at a higher risk for breast cancer. In fact, nearly 50% of women over the age of 40 have dense breasts. Standard mammograms may not be sufficient for these women, as dense breast tissue can mask cancerous lumps, leading to missed diagnoses and delayed treatments. A recent study found that women with dense breasts were 1.5 to 2 times more likely to be diagnosed with breast cancer at a later stage compared to those with less dense tissue. Early detection is crucial; it can mean the difference between a successful treatment and an uphill battle for survival.

Unfortunately, the financial burden of additional screenings is often too much for families to bear. Out-of-pocket costs for ultrasounds can range from \$200 to \$1,000 or more, depending on insurance coverage. This is an unacceptable barrier to accessing life-saving screenings. We cannot allow the ability to pay to stand in the way of early detection, which can drastically improve survival rates.

Studies show that when breast cancer is detected early, the five-year survival rate jumps to 99%.

As legislators, you have the unique power to make a profound difference in the lives of women and families across Wisconsin. Imagine how it would feel to know that you played a role in ensuring that everyone, regardless of financial situation, has access to critical healthcare services. By supporting "Gail's Law," you are not only aligning with the values of compassion and equity but also demonstrating a commitment to the health and well-being of your constituents. How does it make financial sense to pay for, what was over 2 million dollars in chemotherapy to keep my sister alive for 8 years, when a simple \$1,000 maximum per year screening would eliminate

all of that burden.

You have the opportunity to lead by example and show that Wisconsin prioritizes the health of its residents. Every day that passes without the passage of this law is another day that women with dense breast tissue face unnecessary risks. We cannot sit idly by while too many lives are lost because of a lack of adequate screening.

I urge each of you to consider the families, the friends, and the constituents who will benefit from this law. I ask you take decisive action by supporting "Gail's Law."

YOU can make a tangible difference and ensure that no woman has to face the battle of breast cancer without the necessary support for early detection.



Providing quality coverage to nearly 3 million Medicaid and private sector enrollees in Wisconsin.

To: Members, Senate Committee on Health
From: Abbey Rude, Legislative & Policy Director
Date: May 28, 2025
Re: Testimony on Senate Bill 264

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's consideration regarding SB 264, relating to coverage of breast cancer screenings by the Medical Assistance program and health insurance policies and plans. 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 share in the goal of the proponents of this legislation in detecting all types of cancer as early as possible, and support providing continued coverage of this type of breast cancer screening when medically necessary.

Currently, mammograms are considered preventative and there is no cost-sharing for those services. Additional screenings and tests beyond mammograms are covered when medically necessary, as when, for example, a family history of breast cancer is present, or there is pain or discharge. Depending on the type of health plan an individual may have (e.g., a high-deductible plan), some individuals may need to satisfy their out-of-pocket commitments as part of receiving these additional tests. For those with high-deductible plans who have established a Health Savings Account (HSA), [recent developments](#) from the federal government now allow HSA funds to be used towards all types of breast cancer screening (including magnetic resonance imaging [MRIs] and ultrasounds) for individuals who have not been diagnosed with breast cancer before a member satisfies their minimum deductible without losing their tax-favored status.

AHI continues to believe evidence-based guidelines should be the method in determining necessary standards of care, not legislative policy. However, AHI would like to continue to work with the bill authors on reasonable language that would provide coverage for the appropriate level of screening at no additional cost-sharing for women who may need something other than a traditional mammogram. We feel strongly that any language should have important guardrails against unnecessary testing which can unintentionally create harm, should consider the potential for future technologies and scientific findings, and should be evidence-based.

Thank you for your consideration.



American Cancer Society Cancer Action Network
Sara Sahli, Wisconsin Government Relations Director
608.215.7535
sara.sahli@cancer.org
fightcancer.org/wisconsin

May 28, 2025

To: Wisconsin Senate Committee on Health
From: The American Cancer Society Cancer Action Network
Re: Testimony in Favor of Senate Bill 264

Thank you, Chairwoman Cabral-Guevara, and honorable members of the Senate Committee on Health, for holding a public hearing today on Senate Bill 264 relating to coverage of breast cancer screenings by health insurance policies and plans.

Thank you for this opportunity to provide testimony in support of Senate Bill 264. 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 volunteers, many of whom have been personally affected by cancer, we urge your support of Senate Bill 264.

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. As a result, several states have enacted legislation to eliminate cost-sharing for the follow-up imaging needed after an abnormal mammogram.

In Wisconsin, 5,920 women will be diagnosed with breast cancer in 2025 and 690 will die from the disease.¹ 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.²

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 Senate Bill 264.

Thank you for your time.

Sara Sahli

¹ American Cancer Society. Cancer Facts and Figures 2025. Retrieved from <https://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/annual-cancer-facts-and-figures/2025/2025-cancer-facts-and-figures.pdf>

² 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-acf.pdf>



American Cancer Society Cancer Action Network
Sara Sahli, Wisconsin Government Relations Director
608.215.7535
sara.sahli@cancer.org
fightcancer.org/wisconsin

May 28, 2025

To: Wisconsin Senate Committee on Health
From: The American Cancer Society Cancer Action Network
Re: Testimony in Favor of Senate Bill 203

Good morning, Chairwoman Cabral-Guevara and members of the Committee,

My name is Sara Sahli - I am the Government Relations Director for the American Cancer Society Cancer Action Network in Wisconsin. 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.

I appreciate the opportunity to provide testimony in support of Senate Bill 203 the Pharmacy Benefit Manager (PBM) Accountability bill that incorporates all provisions included in the All Copays Count legislation.

Like those that have shared their stories today, many cancer patients and individuals living with chronic medical conditions have difficulty affording the cost of their prescription drugs. This is especially true for newer drugs – including cancer drugs – that do not yet have a generic equivalent. To help temper high prescription costs, many individuals living with cancer and other chronic medical conditions receive copay assistance offered through manufacturer programs and charitable patient assistance programs. Unfortunately for many, this copay assistance is increasingly not treated the same as copays that are paid with cash and therefore not applied to the patient's deductible and out of pocket financial responsibilities. This means patients using these copay assistance programs are still responsible for the entire deductible and out of pocket maximums as the assistance is not benefitting them in the intended way.

This legislation would remove these barriers to prescription drug access and allow patients to utilize the full benefit of copay assistance programs by ensuring all payments made by the patients - directly or on their behalf - be counted toward their overall out of pocket maximum payment or deductible.

I also want to make clear - this bill is not a coverage mandate and does not require that insurance companies cover any particular drug or class of drugs. Nothing in this bill prevents insurers from using their existing utilization management tools such as step therapy and prior authorization. We are addressing copay assistance that is being used by patients for drugs that their insurance company has already made the decision to cover, and their doctor has determined they need. Patients still have plenty of skin in the game when it comes to making and paying for their healthcare decisions, as they are still paying their insurance premiums and patients living with chronic illnesses don't have the luxury of forgoing certain health care treatments and services until they can more easily afford them.

The American Cancer Society Cancer Action Network is urging members of the Senate Committee on Health to stand with patients and help those with chronic and complex conditions like cancer access the treatments they need to live a healthy and productive life by voting yes on Senate Bill 203.

Thank you for your time.

Sara Sahli

May 28th, 2025

Dear Chairwoman Cabral-Guevera and members of the committee,

My name is Tammy Brown, a resident of Janesville, WI, and a 21-month survivor of breast cancer.

I've known for a long time that I have dense breasts – I think I was told that after my very first mammogram 12 or so years ago. Because of my dense breasts, I've had doctor-recommended additional screenings in the past – a mammogram, followed by an ultrasound. Between July 2021 and February 2023, I was on a cycle of 6-month screenings, alternating between mammograms and ultrasounds, or a combination of both. During this period of time, I was fortunate to have \$0 copay/\$0 coinsurance insurance coverage, so these additional screenings didn't cost me any out of pocket expenses.

In February of 2023, I was "released" from my 6-month screening rotations as the radiologist felt comfortable that what was showing on my dense breast screens was a benign lymph node. I was told to return to annual mammograms, which would commence in August 2023.

After what I expected to be a routine mammogram that August, I received another callback. The abnormal breast tissue that had been written off as nothing to be concerned about had grown in size and needed another look. This time, they would use an ultrasound, and if needed, an MRI.

In the meantime, my health insurance had changed to a co-pay/coinsurance policy.

The mammogram in August 2023 was covered 100% as preventative care. My insurance was billed \$1,572.44. I was responsible for none of that.

The follow-up ultrasound **was not** covered by preventative care. My insurance was billed \$1,412.53. A negotiated discount with my health insurance provider reduced that amount to \$806.72, of which I was responsible for \$561.34 in copays and coinsurance.

Had the ultrasound not provided the images that my doctor needed to diagnose my breast cancer, I would have then also needed an MRI screening. I know what the cost of that would have been because MRIs are part of my ongoing breast cancer treatment. I could have incurred an additional \$939 in copays/coinsurance for the MRI screening.

I am fortunate to be in a financial position that supports these expenses and doesn't bankrupt me and my family. But I know other women who are not as fortunate as I am, and when faced with the challenge of having to pay \$1,000 or more just for the screenings, will opt not to get them. This is why Senate Bill 264 is so important. Putting off the healthcare that would enable early cancer intervention, when it can cost less for treatment and be less disruptive to a woman's life is not a choice that any woman should have to make...ever. This bill will save lives and I urge you to vote yes on SB264 to ensure cost is not a barrier to early detection.



3162 County Road B
Stoughton, WI 53589

Nurses: Visible, Valued, Vital

May 28, 2025

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 264 and Assembly Bill Companion Bill AB 263, 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 (WNA). Thank you for providing me with the opportunity to submit written testimony regarding our support for SB 264/AB 263. WNA thank you Chairperson Cabral-Guevara and Representative Cindi Duchow for your sponsorship of these two bills. Throughout our one hundred and fifteen-year history, WNA has been the collective and collaborative voice advocating for Wisconsin'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.

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 hear the heartache of the woman and her family that are overwhelmed their medical debt, the decrease in quality of life, and mental health issues like 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 264 and AB 263 and to the members who have signed on in support. WNA asks that SB 264 be voted out of committee and forwarded to the full Senate as soon as possible.

Sincerely,

A handwritten signature in cursive script that reads "Gina Dennik-Champion".

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



***Written Testimony Supporting WI AB/ SB 264
Submitted to the Senate Committee on Health
5/28/2025
By Susan G. Komen***

Members of the Committee, thank you for the opportunity to provide testimony in support of SB 264, which relates to coverage of medically necessary diagnostic and supplemental breast imaging. My name is Deandrea Newsome and I am the Regional Manager of Public Policy and Advocacy 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 5,920 people in the Wisconsin who will be diagnosed with breast cancer and the 690 who will die from the disease in 2025 alone.

While millions have coverage for screening mammography without cost sharing, individuals at a higher risk of breast cancer or those requiring follow-up imaging due to an abnormal screening mammogram result are subject to hundreds to thousands of dollars in cost sharing. Mammography is only the initial step in the early detection process and is not able to alone diagnose cancer. Early detection of breast cancer is not possible without the medically necessary diagnostic follow-up or additional supplemental imaging required to rule out breast cancer or confirm the need for a biopsy.

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. The same study noted that 18% of patients shared they would skip the initial screening mammogram if they knew they would have to pay a deductible for the follow-up testing.

The use of breast cancer screening and follow-up diagnostics has 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.

Unfortunately, we often receive calls and emails from individuals who are unable to afford the out-of-pocket costs for their recommended breast imaging. Without assistance, many will simply delay or forego these medically necessary tests. This delay can mean that patients will not seek care until 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.

It is imperative that we take measures to reduce the overall costs to the health care system, ensuring breast cancer is detected at the earliest possible stage helps to eliminate the exorbitant treatments costs associated with a later stage diagnosis.

As committed partners in the fight against breast cancer, we know how deeply important it is for all cancer patients to have fair and equitable access to breast imaging that may save their lives. As such, we support SB 264 and urge you to pass this critical legislation out of committee.

Thank you for your consideration.



Wisconsin Association of Health Plans

Senate Bill 264 Senate Committee on Health May 28, 2025

Chair Cabral-Guevara, members of the Committee, thank you for the opportunity to submit written testimony regarding Senate Bill 264. The Wisconsin Association of Health Plans is the voice of 14 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 Medicaid managed care programs.

Community-based health plans agree with the goal of Senate Bill 264, 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 preventative, supplemental, or diagnostic – and these screenings are generally covered by Association member health plans in accordance with nationally recognized guidelines.

However, Association member health plans are concerned with the implications of putting the coverage criteria proposed by SB 264 into state statute, and our member health plans oppose cost-sharing caps, such as are included in this legislation. We are respectfully opposed to SB 264.

Wisconsin's community-based health plans have a wide array of staff – including chief medical officers, utilization management staff, and clinical staff – who regularly review literature and guidelines from a variety of sources to develop and apply coverage criteria. In addition, health plans are required today to provide access to medically necessary treatment, including coverage for preventative care.

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 health plan coverage policies change with development in medical science and practice. Putting specific coverage criteria in statute can inhibit change and promote adherence to what can become a dated set of guidelines, and the Association and our member health plans urge the legislature to be cautious when considering doing so.

Putting coverage criteria into law can also have the effect of providing a final answer to questions that are still under debate in the medical community. For instance, SB 264 requires health insurers to cover certain screening modalities *in all instances* when a mammogram has shown dense breast tissue. However, many experts do not necessarily recommend these modalities in all cases. The U.S. Preventative Services Task Force, for example, recently concluded that “current evidence is insufficient to assess the balance of benefits and harms of



**Wisconsin
Association of
Health Plans**

supplemental screening for breast cancer.”¹ The American Cancer Society similarly concludes that, “[e]xperts do not agree on whether other tests should be done along with mammograms in women with dense breasts.”²

The Association also opposes cost-sharing requirements included in this legislation. When cost-sharing limitations are put into statute, those costs do not disappear. Instead, costs are simply shifted elsewhere – either through rising premiums, or via co-pays or co-insurance on other services.

Community-based health plans are committed to ensuring our patients have access to the care they need, and appreciate the efforts of bill authors to provide that access. However, SB 264 takes the wrong approach by mandating specific screening modalities in a rapidly-changing scientific environment. Thank you for consideration of our concerns, and please do not hesitate to reach out should you have any questions.

¹ *U.S. Preventative Services Task Force*, “Screening for Breast Cancer – Recommendation Statement,” June 11, 2024.

² *American Cancer Society*, “Breast Density and Your Mammogram Report,” <https://www.cancer.org/content/dam/cancer-org/cancer-control/en/booklets-flyers/breast-density-and-your-mammogram-report-handout.pdf>

Written Testimonies in Support of Gail's Law

Hello, my name is Eileen. Gail is my younger sister. My breast density is an "A". I promised Gail that I would educate people about breast density every opportunity I get in order to ensure conversations are happening and women get the highest level of care when they are at a higher risk.

When my sister became educated about breast density and all the statistics that go with it, she embarked on a mission to make sure women in Wisconsin get better care than what she received.

As you know, it's too late for her, but she wanted to make sure YOU do whatever you can for YOUR family, neighbors and friends.

Breast cancer is not just a statistic; it is a harsh reality that affects all families in our state. When someone you love is diagnosed with advanced stage cancer, it is like a bomb goes off in your home. Besides the absolute chaos for your immediate family, the shock waves got out, to affect members of your extended family, neighbors and friends. Everything in your life collides

In Wisconsin alone, approximately 6,000 women are diagnosed with breast cancer each year. That means, statistically speaking, each of you is likely to be directly touched by this disease—whether it be a mother, sister, wife, or friend. One in eight women will face the terrifying prospect of a breast cancer diagnosis in their lifetime. This sobering statistic translates to the potential for breast cancer affecting someone you love - someone who may not have the financial means to afford necessary screenings.

Dense breast tissue is a common issue that puts women at a higher risk for breast cancer. In fact, nearly 50% of women over the age of 40 have dense breasts. Standard mammograms may not be sufficient for these women, as dense breast tissue can mask cancerous lumps, leading to missed diagnoses and delayed treatments. A recent study found that women with dense breasts were 1.5 to 2 times more likely to be diagnosed with breast cancer at a later stage compared to those with less dense tissue. Early detection is crucial; it can mean the difference between a successful treatment and an uphill battle for survival.

Unfortunately, the financial burden of additional screenings is often too much for families to bear. Out-of-pocket costs for ultrasounds can range from \$200 to \$1,000 or more, depending on insurance coverage. This is an unacceptable barrier to accessing life-saving screenings. We cannot allow the ability to pay to stand in the way of early detection, which can drastically improve survival rates.

Studies show that when breast cancer is detected early, the five-year survival rate jumps to 99%.

As legislators, you have the unique power to make a profound difference in the lives of women and families across Wisconsin. Imagine how it would feel to know that you played a role in ensuring that everyone, regardless of financial situation, has access to critical healthcare services. By supporting "Gail's Law," you are not only aligning with the values of compassion and equity but also demonstrating a commitment to the health and well-being of your constituents. How does it make financial sense to pay for, what was over 2 million dollars in chemotherapy to keep my sister alive for 8 years, when a simple \$1,000 maximum per year screening would eliminate

all of that burden.

You have the opportunity to lead by example and show that Wisconsin prioritizes the health of its residents. Every day that passes without the passage of this law is another day that women with dense breast tissue face unnecessary risks. We cannot sit idly by while too many lives are lost because of a lack of adequate screening.

I urge each of you to consider the families, the friends, and the constituents who will benefit from this law. I ask you take decisive action by supporting "Gail's Law."

YOU can make a tangible difference and ensure that no woman has to face the battle of breast cancer without the necessary support for early detection.

May 28, 2025

To: Senate Committee on Health

From: Dawn Anderson, Retired Executive Director, WI Breast Cancer Coalition (WBCC);

Volunteer State Policy Coordinator, WBCC; Early Detection Saves Lives Coalition

Re: "Gail's Law" SB264/AB263

Knowing that you will hear and read stories from several patient advocates who've already received a diagnosis of breast cancer, I'd like to share my current status since I'm at the "front end" of my high risk screening and diagnostics journey. I hope this will help you to completely understand the breast care continuum and how beneficial Gail's Law will be for Wisconsin women.

My mother and grandmother both died of breast cancer within a 6-month span 30 years ago. There was other family history of breast cancer before them. I was 35 at the time my mother died and have had regular mammograms since then. There were multiple years of call backs to investigate, by diagnostic mammograms and ultrasound, lumps and bumps that were suspicious. However, I was never told that I had heterogeneously dense breast tissue until Wisconsin passed the dense breast notification law in 2017, thanks to Gail Zeamer's advocacy.

Because of my nearly 30 years involved in breast cancer advocacy and research, I knew that density is a risk factor for developing breast cancer. And so, for the past 8 years, I've wondered what might be missed in my mammograms. What might be laying hidden in my dense tissue. I've had a few call backs for diagnostic tests that I paid out of pocket for since we have a high deductible. So far I've been lucky.

Last year I got referred to a high risk program since my lifetime risk of developing breast cancer is calculated to be 21%. My first MRI in August 2024 had a suspicious finding not seen on mammogram or ultrasound. In consultation with the radiologist and breast surgeon in the high risk program, I decided on a 6 month follow up MRI instead of immediate biopsy. I had that MRI in January of this year and it noted changes to the abnormality. That resulted in a necessary biopsy. The biopsy was negative for cancer, but revealed a high risk lesion with atypia that could progress to cancer. *My regular February mammogram the very next month did not show anything suspicious*, but I now know there is something near my chest wall that could very well become dangerous.

Here's the good news. I know it's there. My PCP knows it's there. And my breast surgeon knows it's there. Together, we can make an informed decision about next steps. I have another MRI in July. If the lesion shows any further changes, we will remove it. That's about as "early detection" as one can ask for. But each MRI costs me out of pocket about \$1300. Follow up ultrasounds have been between \$300-\$500. Many families would have a very hard time being able to afford that kind of surveillance. When we have better information, we can make better choices about our health. *All women deserve that opportunity for early detection.*

Dawn Anderson
W352 N6080 Bauers Lane
Oconomowoc WI 53066

To: Senate Committee on Health

May 27, 2025

I'll never forget the moment I read the words on my first screening mammography report: a 2 cm spiculated mass in my right breast. I had just celebrated my 40th birthday. As a practicing family physician, I acknowledged the reality that one in eight women will develop breast cancer in their lifetime¹, but I had no family history or risk factors for breast cancer. The biopsy and other tests confirmed estrogen-receptor positive, stage 3a breast cancer. The cancer had already spread to four lymph nodes.

The road that followed was agonizing: two surgeries, followed by 16 weeks of chemotherapy, 33 radiation treatments, and ongoing estrogen-blocking medications for ten years. In fact, every three months I've been getting a \$6800 intramuscular injection. That's a total of \$272,000 over the ten years of my treatment! This does not include the cost of the first year of treatment, medication I take in pill-form, all of the follow-up visits, and additional tests. Although there is currently no evidence of cancer, I remain at high risk for recurrence. Unfortunately, the side effects from treatment have been so severe that I had to give up my medical practice. It was sad and disheartening to write letters to my approximately 1800 patients to inform them that they would have to find a new primary care physician. Even after all I've endured, I know I was one of the lucky ones.

My cancer was visible on a mammogram. My breasts are not dense, and the cancer was detected just in time. On the other hand, my sister, Kelly, had dense breasts, found in 40% of women², making them 4-6 times more likely to develop breast cancer and detecting cancer on a mammogram far more difficult. After years of "negative" mammograms, Kelly's physician ordered a screening breast MRI, based on my history of breast cancer (changing her risk assessment to high risk) and her dense breasts. That MRI diagnosed an early, stage 1a breast cancer. *A recent study showed that compared with mammography, Breast MRI found an additional 25.7 breast cancers in women with dense breasts, while ultrasound found only an additional 4.3 cancers*³. Thanks to the MRI, Kelly was treated with one surgery and an inexpensive, estrogen-blocking pill for five years. She has been able to continue working full-time while raising two children with her husband.

Today, Kelly's prognosis is excellent with a low risk of recurrence. But how long might her cancer have gone undetected had she relied solely on mammograms? How many women, like Kelly, go

¹ <https://www.komen.org/breast-cancer/risk-factor/understanding-risks/>

² <https://www.webmd.com/breast-cancer/features/breast-density-cancer>

³ Hussein, H., Abbas, E. 2023 "Supplemental Breast Cancer Screening in Women with Dense Breasts and Negative Mammography: A Systematic Review and Meta-Analysis." Radiology

undiagnosed simply because their insurance doesn't cover supplemental screening despite having a high risk of breast cancer? How many women who have symptoms like a breast lump are diagnosed late because the diagnostic mammogram didn't show a mass that could have been seen on an ultrasound, MRI, tomosynthesis, or contrast-enhanced mammography? Cancer caught in its early stage gives women a 99% chance of surviving⁴ five-years, compared to just 31% when caught at an advanced stage⁵.

Kelly's story of an early breast cancer diagnosis, contrasted with my late diagnosis, illustrates the need for supplemental screening and diagnostic imaging to save lives and lower treatment costs. While mammograms are essential, they are not enough for everyone. For women like Kelly, at high risk with dense breast tissue, additional screenings like breast MRI can mean the difference between early detection and a late-stage diagnosis. We urge you to pass **Gail's Law, SB264**, giving access to vital secondary imaging to all women in Wisconsin who are at high risk of breast cancer or have dense breast tissue.

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Kelly Co
S78w16676 Spinnaker Dr
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⁴<https://www.nationalbreastcancer.org/early-detection-of-breast-cancer/#:~:text=According%20to%20the%20American%20Cancer,clinical%20breast%20exams%20and%20mammograms.>

⁵<https://www.cancer.org/cancer/types/breast-cancer/understanding-a-breast-cancer-diagnosis/breast-cancer-survival-rates.html>



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May 23, 2025

Senate Committee on Health
Wisconsin State Capitol
2 East Main Street
Madison, WI 53702

Re: Support of SB 264

Dear Chair Cabral-Guevara, Vice Chair Testin, and Members of the Committee:

On behalf of AdvaMed, the MedTech Association, and the AdvaMed Medical Imaging Division, we are writing in support of SB 264, a bill increasing access to medically necessary diagnostic and supplemental breast imaging by limiting the burden of patient cost-sharing. Simply, this legislation will help save lives and allow more families to enjoy additional meaningful moments together.

AdvaMed is the largest association representing medical technology innovators and manufacturers. Our members are the device, diagnostics, medical imaging, and digital technology manufacturers transforming health care through earlier disease detection, less invasive procedures, and more effective treatments. They range from the smallest startups to multinational corporations.

AdvaMed Medical Imaging Division represents the manufacturers of medical imaging equipment and focused ultrasound devices. Our members have introduced innovative medical imaging technologies to the market, and they play an essential role in our nation's health care infrastructure and the care pathways of screening, staging, evaluating, managing, and effectively treating patients with cancer, heart disease, neurological degeneration, COVID-19, and numerous other medical conditions.

We commend Wisconsin for its leadership on this critical issue for patients. While mammogram screens are fully covered by many health plans, follow-up diagnostic exams due to abnormal results often are not. Similarly, diagnostic exams are needed for women who are asymptomatic but have other pre-existing health conditions that put them at a higher risk of breast cancer.

Unfortunately, according to a recent study, the fear or frustration of unexpected or high out-of-pocket costs, causes many women to delay or forego needed exams in



these situations.¹ Physicians also agree that cost is the primary reason women do not follow-up after their initial mammogram screening.²

Screening is also often underutilized in underserved populations, exacerbating health inequities.^{3,4} The rate of cancer screening is lower among racial and ethnic minority populations, compared to the white population. Further, cancer outcomes are often worse in minority populations compared to the white population.⁵

Additionally, under-utilization of critical screening services was further compounded during the COVID-19 pandemic. As has been reported, screening fell dramatically over the last few years, potentially increasing the burden of cancer and other disease on the American public.^{6,7,8,9}

Screening saves lives, reduces suffering, and lowers costs for patients. Unfortunately, it is underutilized. This legislation enables patients – and their families – to focus solely on what is best for their health, rather than on whether or not they can afford needed, life-saving exams.

AdvaMed and the AdvaMed Medical Imaging Division are proud to support this legislation that puts patients first.

Sincerely,



Adrienne Frederick
Director, State Government & Regional Affairs
AdvaMed

¹ <https://www.komen.org/news/new-susan-g-komen-study-unveils-high-cost-of-diagnostic-tests-for-breast-cancer-serves-as-a-barrier-to-needed-care/>

² Id.

³ <https://www.auntminnie.com/index.aspx?sec=sup&sub=imc&pag=dis&ItemID=139085>

⁴ <https://www.kff.org/racial-equity-and-health-policy/issue-brief/racial-disparities-in-cancer-outcomes-screening-and-treatment/>

⁵ Ibid

⁶ Changes in Cancer Screening in the US During the COVID-19 Pandemic, JAMA, <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2792956>

⁷ Association of Cancer Screening Deficit in the United States With the COVID-19 Pandemic, JAMA Oncology <https://pubmed.ncbi.nlm.nih.gov/33914015/>

⁸ A national quality improvement study identifying and addressing cancer screening deficits due to the COVID-19 pandemic, Cancer, <https://pubmed.ncbi.nlm.nih.gov/35307815/>

⁹ The Impact of COVID-19 on Cancer Screening: Challenges and Opportunities, JMIR Cancer, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7599065/>



Hearing on "Gail's Law"

May 28, 2025

1:00 pm

Wisconsin Capital

Submitted by

Linda Hansen

lhansen@foleyretiredpartners.com

414-333-5885

Advocate for Wisconsin Breast Cancer Coalition

I support SB264/AB263, Gail's Law, and ask that you support it, too. We have very few opportunities to save lives, but passing this bill will do just that for many Wisconsin women. This bill is truly a matter of life and death.

I know your time is busy, and many of you heard me testify last year. To keep this short, I'm putting my testimony in an outline form. If you have questions, you can contact me, and I will get you whatever information you need.

- I. I HAVE METASTATIC BREAST CANCER (MBC)
 - A. I Had Extremely Dense Breast Tissue
 - B. I had 15 "Clear" Annual Mammograms
 - 1. My last "clear" mammogram was 5 weeks before my MBC was discovered
 - 2. Based on the size of my tumor, my oncologists believe I had breast cancer many years before it was diagnosed.
 - C. I Was Diagnosed With *De Novo* MBC 15 Years Ago
 - 1. *De novo* means it was already metastatic when I was first diagnosed with breast cancer
 - D. Metastatic Breast Cancer Is Fatal And Cannot Be Cured
 - E. I Will Die When I Run Out Of Treatment Options

F. Because My MBC Has Responded Exceptionally Well To Treatment, My Lifetime Medical Costs Related To MBC Will Probably Exceed \$35,000,000

II. WOMEN WITH DENSE BREAST TISSUE NEED EXTRA SCREENING

A. It Is Difficult To See Breast Cancer On A Mammogram If A Patient Has Dense Breast Tissue

B. Both Dense Breast Tissue And Breast Cancer Appear White On A Mammogram

C. Nearly 50% Of Women Between Ages 40 And 65 Have Dense Breasts

D. Women With Dense Breasts Are Five Times More Likely Than Other Women To Get Breast Cancer

E. Routine Mammograms, The Standard Diagnostic Tool, Find Only About 40% Of Existing Breast Cancer

F. Breast Ultrasounds Find About 70% Of Existing Breast Cancer

G. Magnetic Resonance Imaging (MRI) Finds About 100% Of Existing Breast Cancer

H. Mammograms Are The Cheapest Screening Test For Breast Cancer

I. MRIs Are The Most Expensive Screening Test For Breast Cancer

III. LIVES OF WISCONSIN WOMEN WILL BE SAVED IF GAIL'S LAW IS PASSED

A. Approximately 6,000 Wisconsin Women Will Be Diagnosed With Breast Cancer This Year

1. About 600 of them will be diagnosed with *de novo* MBC

2. Three years after diagnosis with MBC, about half will be dead
 3. Five years after diagnosis with MBC, about 75% will be dead
 4. Ten years after diagnosis with MBC, about 90% will be dead
 5. On average, breast cancer takes years to metastasize
 6. Early testing with MRI or ultrasound can find most breast cancer while it is early stage, and can still be cured
 7. Stage 1 breast cancer has a 98% 5-year survival rate
 8. Stage 2 breast cancer has a 92% 5-year survival rate
 9. Stage 3 breast cancer has a 75% 5-year survival rate
 10. Someone in the U.S. dies of breast cancer every 13 minutes
- B. MRI Copays Average Between \$500 and \$2,000 for those with insurance
- C. For Those Without Health Insurance The Cost Of A Breast MRI Can Be As High As \$12,000.
- D. Physicians Sometimes Hesitate To Recommend Tests Their Patients Can Not Afford
- E. Women With Dense Breasts May Choose Not Get A Recommended Breast MRI Because They Can Not Afford It
- a. They may not realize that they are rising their lives if they don't get an MRI
 - b. Without eliminating the out-of-pocket cost of an MRI for a person who needs it we create two classes of women – those who can afford to find out if they have breast cancer, and those who have to live with the risk because they can't afford to get an MRI

IV. THE INSURANCE COMPANYS' ARGUMENTS DO NOT WITHSTAND
SCRUTINY

- A. The Cost Associated With fully paid Breast MRIs Ordered By Physicians
are small
- B. Any Lack Of Studies Supporting Screening MRIs Are Due To The Short
Time Since Women Were Told Of Their Breast Density And The Potential
Need For Additional Screening
 - a. There is no study showing that screening MRIs do not save lives
- C. Women Are Capable Of Handling The Emotions Associated With A False
Positive Test That Is More Likely With An MRI Than With A Mammogram
 - 1. About 375,000 people in the U.S. will be diagnosed with breast cancer
in 2025
 - a. The diagnosis will cause some to experience negative emotions
such as sadness, fear, anger, anxiety, and frustration
 - b. Negative emotions experienced by breast cancer patients may
last as long as or longer than their breast cancer treatment
 - 2. About 10% of mammograms in women in their 40s result in false
positives
 - a. The false diagnosis will cause some to experience negative
emotions such as sadness, fear, anger, anxiety, and frustration
 - b. Negative emotions experienced by people with a false diagnosis
of breast cancer may last only until they are told that the initial
diagnosis was wrong, or may last longer

3. Regardless of the initial negative emotions suffered by people with a false diagnosis, they are relieved to find that they do not actually have breast cancer
4. Those who do have breast cancer have to deal with breast cancer in addition to the negative emotions of actually having breast cancer
5. Those diagnosed with MBC will not have the same hope for a cure that is prevalent in those with earlier stage breast cancer
6. Eventually, it is far worse to receive false negative results from a breast cancer screening test than false positive results, as only false negative results can delay a diagnosis until the breast cancer metastasizes and death is the only outcome

V. CONCLUSION

- A. There Is Only One Right Choice – To Save Lives
- B. Gail's Law Will Save The Lives Of Dozens Of Wisconsin Women Every Year
- C. The Life You Save May Be That Of Your Mother, Wife, Daughter, Sister, Or Your Own

Good afternoon, my name is Ashley Inda and like many of you out there listening and watching I wear many hats:

- I'm a busy mom of 2 children
- I'm an occupational therapist and practice here at a local outpatient clinic primarily working with those impacted by cancer
- I'm a board member for the Wisconsin Breast Cancer Coalition
- AND I'm a breast cancer survivor.

Wisconsin needs Senate Bill 264, Gail's Law. Mammograms miss up to 50-60% of breast cancers in women in dense breasts.

The out of pocket costs for supplemental screening and imaging is out of reach for many women in Wisconsin.

Women with dense breasts and those at higher risk of developing breast cancer need complete coverage and access to supplemental screening and imaging tests in order to have complete breast cancer screening.

Gail's law would do just that and would allow for early detection of breast cancer which results in: 1. LESS INVASIVE TREATMENTS; 2. IS MORE COST EFFECTIVE; AND 3. IT WILL SAVE LIVES!!!

The price of not having a complete breast cancer screening in women with dense breasts and those at higher risk of developing breast cancer is too high...

It's a delayed diagnosis of breast cancer resulting in more collateral damage as a result of breast cancer treatments and unfortunately sometimes death.

ALL of Wisconsin suffers when a woman receives a delayed diagnosis of breast cancer. Our hats go unworn. IF we can fulfill some of our roles we can't do it completely or at the level we did before.

It's the mom who can't do sports drop off and pick ups.

It's the accountant that can't complete payroll for the small business firm.

It's the school crossing guard who can't safely escort the students across the street.

It's the farmer who can't do the evening milking sessions.

And the list goes on, WE ALL are impacted whether we realize it or not in big and small ways by a delayed diagnosis of breast cancer.

How do I know all this? Because this was also *MY STORY*. At 35 I felt a lump in my breast and the mammogram and ultrasound DID NOT pick up my breast cancer until 2.5 years later.

I couldn't wear my regular hats, some days I could only wear the hat of "PATIENT." I couldn't be the wife, mother, daughter, friend and therapist I wanted or they needed me to be.

And unfortunately, I see *MY STORY* repeated weekly in my patients who have dense breasts.

Sadly, was Gail's story too...

We are going to continue to see this story repeated for many, many more women in Wisconsin unless we pass Senate Bill 264, Gail's Law.

It's time we give Wisconsin women with dense breasts a happy ending.

Wisconsin women deserve it! AND all of Wisconsin will benefit!

Support Senate Bill, 264! Thank you!

**Testimony in support of Gail's Law
To Members of the Senate Health Committee**

Early detection literally saves lives.

Early detection improves quality of life: physical health, emotional health, financial health.

Early detection and early treatment make a positive difference, in the lives of the person with a cancer diagnosis, for their family and friends, for their employer and coworkers, for their community.

Early detection reduces overall cost factors, to the patient and to the insurance companies.

Early detection reduces the risk of metastases to other parts of the body.

Early detection benefits everyone: patient, family, friends, community, including medical community.

If you, a family member, or a friend were facing a diagnosis, would you not want the best opportunity of early detection to make a positive difference?

I am certain you would.

That is why you should also want it for those you swore an oath of office to uphold for your constituents.

Thank you for those who understand that early detection is not a partisan issue.

Early detection saves lives. The lives it saves could be those closest to you.

Please vote to get "Gail's Law" out of the health committees and onto the floor for a vote.

Thank you,

Helen Lambron
3925 North Downer Avenue
Shorewood, WI 53211-2443

**Written Testimony in Support of Gail's Law
Submitted to the Wisconsin Senate Health Committee – May 28, 2025**

Dear Members of the Senate Health Committee,

I am writing in strong support of Gail's Law, which would require insurance companies to cover supplemental breast screening and imaging – at no cost – for individuals with dense breast tissue or those at higher risk of developing breast cancer. This legislation will save lives by removing a major barrier to early detection: cost.

Key Facts:

1. Roughly 40 to 50 percent of women aged 40 and older have dense breast tissue, which can make cancer harder to detect with standard mammograms.¹
2. Women with extremely dense breast tissue have twice the risk of developing breast cancer compared to women with less dense tissue.²
3. Tumors and dense breast tissue both appear white on a mammogram, making it more likely that cancer can be missed.³
4. Supplemental imaging such as MRIs or ultrasounds can significantly improve detection in people with dense breasts or elevated risk, but these tests can cost hundreds or even thousands of dollars, and are often not covered.⁴

One Message I Hope You'll Remember:

Catching something early can make all the difference. But no one should have to choose between getting the care they need and being able to afford it

My Story:

In 2024, I went in for a routine mammogram and was told for the first time that I had extremely dense breast tissue. Around that same time, I listened to a podcast where a woman shared how she had advocated for an MRI after learning about her dense breast tissue, and that MRI revealed breast cancer that a mammogram hadn't detected. My neighbor had a similar story, but she didn't know to advocate for further screening until years later and ended up being diagnosed with stage three triple-negative breast cancer. Her outcome was much more serious...and it could have been different.

Because of their stories, and because I was already in a high-risk category, I knew I had to speak up. I asked my provider for an MRI. It wasn't easy and I had to advocate persistently, but she finally agreed to order the test. Then came another hurdle: navigating insurance. I was fortunate. After several phone calls, and stress, my MRI was ultimately covered. But it took time and effort, and in retrospect I wonder, "What if I didn't know how to advocate? What if I couldn't make all these calls? What if I had been denied?"

When the MRI results came in, they revealed something the mammogram hadn't; I was diagnosed with DCIS, along with several high-risk lesions. Because I caught it early, my

treatment options were less invasive, and my outlook is very good. But that's not because the system made it easy, **it's because I was lucky.**

No one should have to rely on luck. Access to crucial, potentially lifesaving screening should not depend on someone's persistence, or their ability to navigate a complicated system. For too many people, the process I went through is simply out of reach.

Gail's Law would change that. It would guarantee that high-risk individuals and those with dense breasts get the care they need – without cost, and without delay. This is a simple and necessary step forward for public health.

Please support Gail's Law. Everyone deserves the chance to catch breast cancer early—no matter their income. Thank you for your time and for working to make health care more fair and accessible for all of us in Wisconsin

Sincerely,
Robin Matthies
robinmatthies@gmail.com
608-999-0321

Footnotes:

1. Centers for Disease Control and Prevention. "What Are Dense Breasts?" <https://www.cdc.gov/breast-cancer/about/dense-breasts.html>
2. PubMed Central. "Breast density and breast cancer risk: Implications for screening." <https://pubmed.ncbi.nlm.nih.gov/36183671/>
3. American Cancer Society. "Breast Density and Your Mammogram Report." <https://www.cancer.org/cancer/types/breast-cancer/screening-tests-and-early-detection/mammograms/breast-density-and-your-mammogram-report.html>
4. National Cancer Institute. "Breast MRI." <https://www.cancer.gov/types/breast/breast-mri-fact-sheet>

Dear Senate Committee on Health:

I am writing in support of Gail's Law (SB264/AB263). I had my first screening mammogram and six months later, at the age of 39, I was diagnosed with breast cancer! My story begins with my mom's breast cancer diagnosis. I decided after her diagnosis, it was prudent to speak to a genetic counselor who deemed me high risk based on family history and other factors. I was put on a screening protocol of alternating mammograms and MRIs every six months.

My first mammogram was categorized as BI-RADS Category 2 - Benign, and a letter declared that my breasts are heterogeneously dense. I begrudgingly scheduled the screening MRI knowing it was not covered by insurance, but I knew I was in a position to pay the costs unlike other women in this state that may not be able to afford it. My MRI results were shockingly categorized as BI-RADS Category 5 - Highly suggestive of malignancy.

The radiologist then also requested a diagnostic mammogram. That mammogram only saw a "subtle" distorted area, which my surgeon noted could have easily been missed on a regular screening mammogram. My heterogeneously dense breasts obscured the small mass. Had I never had the MRI, who knows how long the cancer would have continued to grow before being visible on a mammogram.

My cancer was found at Stage 1. Therefore, less treatments were needed, less physical pain endured, and less costs incurred. Since the MRI detected my cancer, I was hoping in the future I could "opt" out of mammograms! My breast surgeon explained that all three testing modalities of mammogram, MRI, and ultrasound were needed to have a complete diagnostic picture just like how you need a knife, fork, and spoon to eat a complete meal.

According to Dr. Wendie Berg, a radiology professor, "mammograms detect, on average, five cancers out of 1,000 patient scans. Ultrasounds catch a couple additional...[and] a screening MRI...found another 15 cancers per thousand, even after the mammogram and ultrasound, meaning it detected far more cancers at earlier stages." (NPR article dated April 21, 2025: "Diagnosed with 'dense breasts'? You may need more than a mammogram")

An MRI saved my life, and once insurance companies start covering supplemental screenings, it will save many more women too! Please support Gail's Law for your mom, sister, daughter, friend, neighbor, or complete stranger in your district who does not deserve a late-stage cancer diagnosis.

Thank you,
Molly Staab
Brookfield, WI

**Testimony in Support of Gail's Law
To Members of the Senate Health Committee:**

I am writing to express my strong support for Gail's Law, (SB264/AB263) which aims to improve access to secondary screening for women with dense breast tissue in the state of Wisconsin through cost-sharing measures. This legislation is crucial for ensuring that women receive comprehensive diagnostic screenings for breast cancer, ultimately leading to earlier detection and better outcomes.

Dense breast tissue can make it more difficult to detect cancer through standard mammograms, often necessitating additional screening methods, specifically MRI. Unfortunately, the cost of these secondary screenings can be prohibitive for many women, leading to delayed diagnoses and potentially more advanced stages of cancer by the time it is detected.

Gail's Law addresses this critical issue by implementing cost-sharing measures that make secondary screenings more accessible. By reducing the financial burden on women, this legislation ensures that those with dense breast tissue can receive the necessary diagnostic tests without undue hardship. Early detection is key to successful treatment and improved survival rates, and Gail's Law is a significant step towards achieving this goal.

Furthermore, this legislation promotes health equity by ensuring that all women, regardless of their financial situation, have access to the screenings they need. It is a compassionate and forward-thinking approach that recognizes the importance of early detection in the fight against breast cancer.

In conclusion, I urge the Wisconsin State Legislature to pass Gail's Law and take a stand for women's health. By supporting this legislation, we can make a meaningful difference in the lives of countless women, providing them with the tools they need for early detection and successful treatment of breast cancer.

Thank you for your consideration.

Sincerely,
Holly Wayne
5838 Cobblestone Lane
Waunakee, WI 53597

Wednesday, May 28, 2025

To: Senate Health Committee, Senator Rachel Cabral-Guevara, Chairperson

Re: Senate Bill 264

Dear Senator Cabral-Guevara and Committee Members:

When I met Gail Zeamer in 2023, I was humbled to be in her presence and couldn't thank her enough. Because of her work, I received a letter in the mail after my first mammogram (negative) in 2018 notifying me that I had dense breast tissue and should follow up with my doctor. At that visit, I learned that supplemental screening would not be covered by insurance. Because of my age, family history, and excellent health habits, the likelihood of me having breast cancer seemed next to none. After weighing out the expenses, the out of pocket costs combined with my minimal risk factors made the tests seem unnecessary. Gail Zeamer, on the other hand, knew from personal experience that the notification letter law was not enough. This is why she worked so hard to fight for legislation that would ensure payment for supplemental screening for patients with dense breast tissue. My story is another example of why the notification letter law CANNOT be the final step in the process.

Just a few years after that first standard mammogram with negative findings, I found a lump and was diagnosed with breast cancer. I was fortunate to have a slow growing tumor. However, based on the size of the tumor and the extensive pre-cancerous growth, I couldn't help but wonder: If supplemental screening had been completed after that standard mammogram, would it have caught the cancer at an earlier stage?

After sharing that thought with many different medical providers over the years, the responses consistently contained versions of the following statements:

- 1) The cancer had been growing there for a while.
- 2) In your doctor's defense they probably didn't push the supplemental screening because often insurance doesn't pay.

Why is insurance dictating medical care? Especially when we know that, "women with very dense breasts are 4-5 times more likely to get breast cancer than women with fatty breasts" (<https://www.komen.org/breast-cancer/risk-factor/breast-tissue-density/>). And that, "dense tissue appears white on a mammogram, **and so does cancer.** Because cancer can be missed, it is often found when it is larger and at a later stage in women with dense breasts" (<https://densebreast-info.org/for-patients/5-facts-you-should-know/>).

Women with negative standard mammograms yet diagnosed with dense breast tissue should not have to stress over whether they should spend hundreds to thousands of dollars for the proper screening, especially when they don't have any other risk factors — like I once did. Thank you for moving Gail's Law forward.

Sincerely,
Ann Zietlow

References

Dense Breasts: 5 Facts You Should Know. (n.d.). DenseBreast-Info, Inc.
<https://densebreast-info.org/for-patients/5-facts-you-should-know/>

Dense Breast Tissue & Breast Cancer Risk. (n.d.). Susan G. Komen®.
<https://www.komen.org/breast-cancer/risk-factor/breast-tissue-density/>

Amy E. Hefter
3631 S 60th Street
Milwaukee WI 53220

May 27, 2025

Senate Health Committee
Relating to Senate Bill 264 (Gail's Law)

To the Honorable Members of the Senate Committee on Health:

I am writing to express my support for Gail's Law (SB264). This law aims to expand access to breast cancer screenings for women in Wisconsin by requiring insurers to cover diagnostic breast exams and medically necessary supplemental screenings for those at high risk.

I am one of the 40% of Wisconsin women with dense breast tissue. In 2019, I had my regular mammogram, I got the breast density notification letter after – I didn't think much of it. Back then I did not know over 70% of breast cancers occur in dense breasts. I did not know that dense breast tissue puts women at 4-6 times higher risk of developing breast cancer and makes it very difficult to see cancer on a mammogram (think trying to see a snowball in a snowstorm).

A few weeks after I got the notification letter, I got a call from my primary care physician, she received the notification as well, and after reviewing my medical and family history she referred me to a High-Risk Breast Cancer program.

I am lucky. I was accepted into the High-Risk Breast Cancer program and now am on the protocol, an annual mammogram and an annual MRI mammogram. Basically every 6-months I have a mammogram. What I did not know back then is what a pain the insurance company would be with regards to scheduling and approving the MRI mammogram.

Every year I schedule the appointment and every year I'm denied the procedure, a procedure which for me is preventative. And every year the High-Risk Breast Cancer program appeals the decision. It's a lot of unnecessary stress.

In addition, since I am healthy, I have to pay the full insurance deductible for the procedure, over \$1,000 annually. But again, I'm fortunate, my husband and I now plan for this health expense and can afford to pay out of pocket. Many Wisconsin women with dense breasts are not as fortunate and cannot afford the out of pocket cost for this necessary additional diagnostic screening.

The irony here - I'm being proactive about my healthcare but penalized by health insurance. Hopefully, I will not be diagnosed with breast cancer, but if I am I take comfort in the knowledge that it will be caught earlier. Which means less invasive treatment. Which means I'll be saving the insurance company money.

Please note, in the states that have already enacted similar legislation, the increase in insurance cost is approximately .04-.07 cents **per member per month**, less than \$1/year. This bill would provide EQUITY to all patients by allowing access to the proper breast screening protocols, regardless of their ability to pay.

Thank you for your time and consideration of my concerns in support of Gail's Law (SB264).

Sincerely,



Amy E. Hefter
414-321-2165
aehefter@yahoo.com

Dear Representative Nedweski:

I work as an RN Breast Imaging Navigator for Ascension Wisconsin NE in the Fox Valley. It is my job to ensure that biopsies are explained and then to be with them during the biopsy and I call them with the results. Additional imaging is necessary after a suspicious finding to identify the best avenue to biopsy the area. Catching breast cancer in its earliest form will be beneficial for the patient *and* for the insurance companies. The NLM wrote an article about screening mammograms:

.....biennial screening mammography to age 80 is cost-effective.....

<https://pmc.ncbi.nlm.nih.gov/articles/PMC9621600/>

If screening mammograms are cost-effective, then it could be surmised that the diagnostic images needed for biopsies would also be cost-effective. I wasn't able to find literature to support this in this short amount of time.

I've performed an informal study of women who were told they had dense breasts and they should talk with their providers about having additional imaging. I looked through the notes and have not found 1 patient who was told to talk to their providers about additional imaging meaning an MRI. The study is still fresh and possibly patients have not seen their providers as of yet, but the staggering fee of an MRI could be the rationale for the lack of conversation with the patients.

Thank you for listening to my remarks. We all in mammography are hoping for this legislation to pass. Barbie Krohn RN MSN

May 28, 2025

Senate Committee on Health

Written remarks of Angela Ziehmke, Breast Cancer patient and advocate

Dear Legislators,

I had 7+ mammograms, and always received the letter after saying that my mammogram was clear and that "no cancer was detected". Then one day, a couple months after a "clear" mammogram, I noticed blood discharging from my left nipple. I called my health provider and they had me come in the next day. The 3D mammogram done that day also came back "clear". An ultrasound was done with inconclusive results. They referred me to the Breast Clinic at UW. My appointment was postponed 3 times, I was told to make appointments available to cancer patients. When I was finally seen by a surgeon at the Breast Clinic, they told me that they would remove the "wonky" milk ducts, but protocol requires a breast MRI would have to be done first. It was in that MRI that my Ductal Carcinoma In Situ (DCIS) was detected. DCIS is **cancer cells** that are confined to the milk ducts. Mine was not detected in the mammograms due to my dense breast tissue

I later learned, from the Wisconsin Breast Coalition, that due to my dense breast tissue the cancer was not detected in mammograms because dense breast tissue and cancer both present as white masses. The dense breast tissue and breast cancer look the same, so often are not seen in dense breast tissue.

Some DCIS cancer progresses to invasive breast cancer, however, early detection and treatment significantly improve a breast cancer patient having less surgeries and less medication in treatment of the cancer. Less surgery and less medication = lower costs AND a higher rate of a positive outcome.

Sincerely,
Angela Ziehmke
Monona, Wisconsin
1.608.566.5155