



House Health & Human Services Committee Testimony in Support of House Bill 7737

TO: Rep. Susan R. Donovan, Chair
Rep. Joshua J. Giraldo, First Vice Chair
Rep. Brandon C. Potter, Second Vice Chair
Members of the House Health & Human Services Committee

FROM: American Cancer Society Cancer Action Network (ACS CAN)

DATE: March 19, 2024

RE: Support for House Bill 7737

Thank you for this opportunity to provide testimony in support of House Bill 7737. ACS CAN is the nonprofit, nonpartisan advocacy affiliate of the American Cancer Society advocating for evidence-based public policies to reduce the cancer burden for everyone. On behalf of our constituents, many of whom have been personally affected by cancer, we urge your support of House Bill 7737.

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

In Rhode Island, 1,090 individuals will be diagnosed with breast cancer in 2024 and 120 will die from the disease.ⁱⁱ 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.ⁱⁱⁱ

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.

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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. As such, we urge the Committee to pass House Bill 7737.

Thank you for your consideration.

A handwritten signature in black ink, appearing to read "Ryan Strik".

Ryan T. Strik
Rhode Island Government Relations Director,
ACS CAN

ⁱ Susan G Komen & Martec. Understanding Cost & Coverage Issues with Diagnostic Breast Imaging. January 2019.

ⁱⁱ American Cancer Society. Cancer Facts & Figures: 2024. Atlanta: American Cancer Society, 2024.

ⁱⁱⁱ American Cancer Society. Breast Cancer Facts & Figures 2022-2024. Atlanta: American Cancer Society, Inc. 2022. Retrieved from <https://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/breast-cancer-facts-and-figures/2022-2024-breast-cancer-fact-figures-acs.pdf>