



RE: AB 117 – SUPPORTING ACCESS TO BREAST CANCER SCREENING

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

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

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

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

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

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

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

Sincerely yours,

Zachary Brunnert
Senior Director, State Legislative Policy



RAYUS Radiology

Works Cited

- Lowry KP, B. M. (2022). Breast Biopsy Recommendations and Breast Cancers Diagnosed during the COVID-19 Pandemic. *Radiology*, 287-294.
- Reece, J. N. (2021). Delayed or failure to follow-up abnormal breast cancer screening mammograms in primary care: a systematic review. *BMC Cancer*, 21.
- Susan G. Komen Foundation. (2019). *Understanding Cost & Coverage Issues with Diagnostic Breast Imaging*. Dallas: Martec.
- Zhou JZ, K. S. (2022). Comparison of Early- and Late-Stage Breast and Colorectal Cancer Diagnoses During vs Before the COVID-19 Pandemic. *JAMA Open Network*, 5.