



The American College of
Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS

Office of the Rhode Island Section Chair
Beth Cronin, MD, FACOG

Support for HB 5430- Breast Cancer Early Detection and Equity Legislation

Dear Chair Donovan and Members of the House Health and Human Services Committee,

My name is Beth Cronin and I am writing today as a physician representing the American College of Obstetricians and Gynecologists (ACOG) in **strong support of House Bill H5430.**

The RI Section of ACOG represents more than 140 physicians and partners in reproductive health care in our state. ACOG is a leading authority on reproductive health care and is committed to public policy based on facts and evidence-based medicine. ACOG believes that all people should have access to the full spectrum of comprehensive, evidence-based health care.

As a physician and strong advocate for breast cancer patients, survivors and families affected by the disease, I am writing to urge you and your colleagues to prioritize HB 5430 this session. This legislation will eliminate the burdensome out-of-pocket costs for medically necessary breast imaging. Due to protections in the Affordable Care Act, screening mammograms are now fully covered by most private insurance plans. Unfortunately, individuals at a higher risk of breast cancer or those requiring follow-up imaging due to an abnormal mammogram (which is about 12-16% of the time) result face hundreds to thousands of dollars in patient cost sharing.

Throughout my career as an Ob/Gyn I have cared for numerous patients who have had a finding on their mammogram which has required further investigation and or timelier follow up. These additional images are considered diagnostic and therefore not covered without patient cost sharing. I have had patients delay additional recommended imaging due to cost concerns. This is medically risky and means and early-stage cancer may further progress in the time before follow up imaging is done. The use of breast cancer screening and follow-up diagnostics have led to significant increases in the early detection of breast cancer in the past 30 years. However, 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. Rhode Island can ensure that cost no longer plays a role in these decisions for patients.

Studies show that individuals facing high out-of-pocket costs associated with diagnostic and supplemental imaging are less likely to have the recommended follow-up imaging. This can mean that the person will delay care until the cancer has spread, making it much more deadly and much costlier to treat. A Susan G. Komen-commissioned study found the out-of-pocket costs for patients to be high, with much variation for breast imaging. For example, the average patient cost for a diagnostic mammogram is \$234 and \$1,021 for a breast MRI. These costs are incredibly challenging for many patients who are already facing the stressors of a potential cancer diagnosis.

On behalf of the 1,140 individuals that were diagnosed with breast cancer and the 120 that will die from the disease in Rhode Island this year alone, I urge you in your leadership role to help prioritize HB 5430 this session.

If there's any additional information you need on this legislation, please do not hesitate to reach out with any questions.

We hope we can count on your support.

Sincerely,

A handwritten signature in black ink, appearing to be 'B Cronin', followed by a long horizontal line.

Beth Cronin, MD
RI Section Chair, American College of Obstetricians and Gynecologists