

January 31, 2026

Steven Sepe, Clerk
House Health and Human Services

Good morning,

My name is Deb Zuckerman; I am writing in support and asking for your support of RI HB 7276. As a person who has a genetic disposition to Breast Cancer, I implore you to pass this bill. Patients at high risk of breast cancer often struggle to cover the costs of “supplemental” breast imaging and diagnostics. These tests are not supplemental to one who is facing the risk of breast cancer; they are absolutely necessary for diagnostics and treatment. The Affordable Care Act requires coverage of breast screening mammograms with no cost sharing based on guidelines for the “average risk” population. It does not address the needs of people at greater risk of breast cancer due to a family history of cancer, genetic mutation or other factors that increase risk.

Breast screening guidelines for the high-risk, hereditary cancer community are different than those for the average-risk community. The high-risk cancer community may need:

- Breast screenings as early as age 25, which is much younger than the recommended 40 years of age for the average-risk individual.
- Cancer screening as frequently as every 6 months.
- More intensive screenings, which may include a breast MRI, ultrasound and/or a 3D mammogram, in addition to a regular mammogram and a clinical breast exam.

Individuals with genetic mutations that increase their risk of cancer are often diagnosed with more aggressive cancers; therefore, early diagnosis through increased screening is critical for successful outcomes.

Cancer screenings are usually “covered” by private/commercial health insurance, but may leave the individual with large out-of-pocket costs.

- Typically, most or all the cost of a “supplemental” screening is applied to an individual’s deductible, sometimes \$3000 or more.
- Individuals at risk of hereditary cancer may need more intensive screenings, often starting at a younger age, when they are less financially stable.
- Individuals may forgo guideline-recommended screening because of the cost, even though they are at high risk of being diagnosed with breast cancer.

The prohibitive cost of more frequent and intensive screenings hinders access to evidence-based healthcare.

Again, I ask that you support HB 7276, a bill that facilitates coverage of breast cancer screening and diagnostic imaging with no cost-sharing for the patient, ensuring that these crucial services are accessible to individuals at high risk of cancer.

Thank you,
Deb Zuckerman