



Facing Hereditary Cancer EMPOWERED

January 31, 2026

RE: In strong support of HB 7276

### **Coverage for Supplemental and Diagnostic Breast Imaging**

Dear Chairperson Donovan, Vice Chairpersons Giraldo and Potter and Esteemed Members of the House Health and Human Services Committee,

I am writing to ask for your support of HB 7276, which would expand access to life-saving breast screenings and diagnostic imaging in Rhode Island.

[FORCE](#) is a leading nonprofit for people with or at risk of hereditary cancer, providing trusted information, support and advocacy. The majority of our constituents carry an inherited genetic mutation that significantly increases their risk of cancers, including but not limited to breast, ovarian, prostate, pancreatic and colorectal cancer. Our organization and the Rhode Island constituents we serve strongly support HB 7276.

Hereditary cancers often occur at younger ages and can be very aggressive. Members of our community face a greater risk of recurrence and additional primary cancers. Accordingly, national medical guidelines recommend that high-risk individuals undergo more intensive, more frequent cancer screenings starting at younger ages than the general population.

For example, women who carry a BRCA1 genetic mutation have up to a 70% lifetime risk of breast cancer—versus a 13% risk in the general population. National Comprehensive Cancer Network (NCCN) guidelines recommend that individuals at high risk for breast cancer start screening with annual breast MRIs at age 25, which is much earlier and more intensive than the recommendations for the average-risk woman, who follows the USPSTF guidelines of mammograms starting at age 40. Yearly mammograms (3D mammography, if available) should begin at age 30 for high-risk women, alternating with breast MRIs every 6 months. This regimen is advised until age 75, when screening is considered on an individual basis.

Another option for those at high risk of breast cancer is prophylactic mastectomy. But surgery is never something to be taken lightly and isn't feasible or desirable for everyone.

Access to evidence-based interventions enables high-risk individuals to be proactive with their health, detecting cancer earlier when it is easier to treat, or preventing it altogether. When screening is delayed or inaccessible, it costs the health system more money due to later-stage cancer diagnoses.

Unfortunately, many guideline-recommended screenings and risk-reduction measures are not considered essential care by health insurers, and coverage policies vary. The cost of high-risk screenings is often applied to a person's deductible or denied altogether.

As a result, these patients face a dilemma: forgo the expert-recommended health services or shoulder the cost of tests such as mammograms before the age of 40 or annual breast MRIs, which can cost thousands of dollars. Closing this coverage gap would also support the most financially vulnerable individuals who cannot afford the recommended interventions.

Similarly, for an individual with any level of cancer risk, a suspicious mammogram can lead to a myriad of diagnostic tests. Once again, many patients face significant out-of-pocket costs for this imaging. Studies show that individuals with high cost-sharing are less likely to receive recommended follow-up care. Delays in screening and follow-up diagnostics lead to later-stage diagnoses, which are more challenging to treat and more expensive for our healthcare system.

Breast cancer is the most common cancer in Rhode Island, exceeding the national average for disease incidence. We don't know why most people get cancer; however, with advances in the field of genetics, about 10% of Americans learn that they have an inherited genetic mutation that increases their cancer risk. These are the ideal candidates for prevention and early detection.

We must ensure that those at high risk of breast cancer can be proactive with their health. It will save lives and money while providing greater healthcare access. This is why we strongly support HB 7276 and ask you to vote favorably on this bill before the session closes. With the passage of this bill, we can ensure that Rhode Islanders have access to the breast screenings and diagnostic exams they need.

If you have any questions or would like to discuss this bill further, please contact me at the number or email address below.

Sincerely,



Lisa Peabody

Advocacy Manager

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