



## Senate Health & Human Services Committee Testimony in Support of Senate Bill 2032

TO: Sen. Melissa A. Murray, Chair,  
Sen. Pamela J. Lauria, Vice Chair,  
Sen. Lori Urso, Secretary,  
& Members of the Senate Health & Human Services Committee

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

DATE: April 14, 2026

RE: Support for Senate Bill 2032

Thank you for this opportunity to provide testimony in support of Senate Bill 2032. 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 Senate Bill 2032.

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.<sup>i</sup>

**It is time for Rhode Island to join our neighbors and a growing number of states across the country by expanding access to these critical screenings.** 30 states currently have protections in place that prohibit cost-sharing for diagnostic and supplemental breast exams needed after an abnormal mammogram. In late-2024, Massachusetts passed similar legislation, making Rhode Island the only state in New England to have not taken this step.

In Rhode Island, 1,160 individuals will be diagnosed with breast cancer in 2026 and sadly 120 will die from the disease.<sup>ii</sup> 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 38% higher mortality rate than white women.<sup>iii</sup>

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.

**American Cancer Society Cancer Action Network**

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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.

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 Senate Bill 2032.

Thank you for your consideration.

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

**Ryan Timothy Strik**

Rhode Island Government Relations Director,  
American Cancer Society Cancer Action Network

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

<sup>ii</sup> American Cancer Society. Cancer Facts & Figures: 2026. Atlanta: American Cancer Society, 2026.

<sup>iii</sup> American Cancer Society. Breast Cancer Facts & Figures 2024-2025. Atlanta: American Cancer Society, Inc. 2025. Retrieved from <https://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/breast-cancer-facts-and-figures/2024/breast-cancer-facts-and-figures-2024.pdf>.

## Just the Facts: Out of Pocket Costs and Breast Cancer Survival

Breast cancer is the most common cancer diagnosed in women in the U.S. In 2025, an estimated 316,950 women in the U.S. will be diagnosed with breast cancer and 42,680 are expected to die from the disease.<sup>i</sup> When detected early and before it has spread, the 5-year survival rate is 99%, but drops to 32% for late stage diagnosis.<sup>ii</sup> Improved survival is due in part to advancement in treatment options and access to regular screening. The American Cancer Society recommends biennial screening mammograms beginning at age 40 years, to detect breast cancer early.<sup>iii</sup>

### ACS CAN Position

The American Cancer Society Cancer Action Network (ACS CAN) supports legislation and policies that ensure breast cancer screening services — including diagnostic and follow-up testing — are covered without cost-sharing. These policies are essential to increasing access and expanding coverage of breast cancer screening.

1 in 8 women (13%) in the US will be diagnosed with invasive breast cancer



16% of invasive breast cancers will be in women under 50 years of age<sup>iv</sup>

### Breast Cancer Screening

Breast cancer screening is a continuum. It begins with a screening mammogram, which is often free for most insured women. However, if a woman receives an abnormal result or requires additional imaging due to personal risk factors, follow-up testing such as an ultrasound, MRI, and/or biopsy, may be necessary. These follow-up services are not always fully covered by insurance and often result in out-of-pocket cost sharing for patients.

#### Breast Cancer Screening Continuum



Women aged 40 - 74 are recommended to receive a screening mammogram



An abnormal result or increased personal risk factors may require follow-up tests



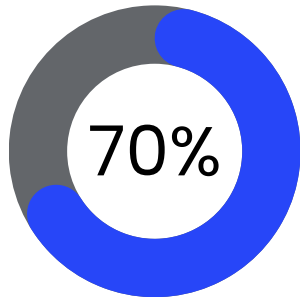
Follow-up testing may include mammograms, ultrasounds and/or MRIs



A biopsy may be necessary if cancer is suspected

A January 2025 economic analysis by ACS CAN and FTI Consulting examined the impact of cost sharing on follow-up care after a screening mammogram. The study found that many patients face substantial out-of-pocket cost sharing for additional testing and imaging following an abnormal result. These financial barriers often lead to delays in follow-up care and future mammograms, contributing to later-stage cancer diagnoses and increased overall healthcare costs.

## Impact of Cost Sharing on Breast Cancer Follow-Up Screening\*<sup>v</sup>



More than 70% of women in the U.S. face cost barriers to accessing follow-up breast cancer diagnosis.

Eliminating cost sharing will lead to an estimated

**7,568**  
**fewer patients**

diagnosed with **later stage** (regional or distant) **breast cancer**.

**\$2.2 billion**  
**per year**

in U.S. health care costs saved by eliminating patient's cost burden for follow-up testing after abnormal mammogram.

Delays during breast cancer screening can be **deadly and costly**.

The burden of out-of-pocket costs is leading millions of women to **delay necessary follow-up** tests due to affordability. Cost sharing is also having an impact on future screening, with thousands of women **skipping future mammograms** due to fear of the subsequent costs of follow-up testing.

**1.1 Million**

women will **delay** necessary follow-up tests **due to the out-of-pocket costs**.

**378,000+**

women will likely **skip** future mammograms due to **fear of out-of-pocket costs**.

- i. American Cancer Society. *Cancer Facts & Figures 2025*. Atlanta: American Cancer Society; 2025.
- ii. American Cancer Society. *Breast Cancer Facts & Figures 2024-2025*. Atlanta: American Cancer Society; 2024 .
- iii. American Cancer Society. American Cancer Society Recommendations for the Early Detection of Breast Cancer, <https://www.cancer.org/cancer/types/breast-cancer/screening-tests-and-early-detection/american-cancer-society-recommendations-for-the-early-detection-of-breast-cancer.html>, May 2025.
- iv. American Cancer Society. *Breast Cancer Facts & Figures 2024-2025*. Atlanta: American Cancer Society; 2024 .
- v. American Cancer Society. *Out of Pocket Costs for Follow-Up Tests After Abnormal Screening Mammogram and Their Impact on Breast Cancer Survival*, January 2025.

Local stage: \$231,363

Regional Stage: \$303,172

Late Stage: \$341, 521