

Chairwoman Murray and the Senate Health and Human Services Committee Members, thank you for the opportunity to provide testimony in support of SB2032, which relates to coverage of medically necessary diagnostic and supplemental breast imaging. My name is Dr. Elizabeth H. Dibble. I am currently a Radiologist with Rhode Island Medical Imaging (RIMI), an Associate Professor of Radiology at The Warren Alpert Medical School of Brown University, and the President of the Rhode Island Radiological Society. I reside in Bristol County, Rhode Island, and work in many hospitals and offices across the state.

I have been practicing as a breast radiologist for 10 years. SB 2032 has the potential to positively impact thousands of women throughout Rhode Island by granting financial access to life-saving breast diagnostic care. In the United States, one in eight women will be diagnosed with breast cancer during her lifetime, and breast cancer is the second leading cause of cancer-related death. In Rhode Island, more than 1,160 individuals are estimated to be diagnosed with breast cancer yearly, and nearly 120 will die from the disease in 2026 alone.

Free screening mammograms are only the beginning. It's the first test a woman might have before they are diagnosed with breast cancer. All the other subsequent tests that you would need if your screening mammogram is abnormal – diagnostic mammogram, breast ultrasound, MRIs or biopsy – are not free at all and costs vary wildly.

As a breast radiologist, I cannot stress enough that early detection is the best way to increase survival and allow for less invasive treatment options, saving healthcare costs not only for the patient, but for the hospital system overall. Each day, I see women who need breast diagnostic care, and they have no idea what kind of a bill they'll receive to evaluate a lump or an abnormality detected on their mammogram, or any other number of breast-related problems, but they know the cost could be significant—which is enough for them to forgo these tests because they can't pay the upfront out-of-pocket costs. I can't even tell you, or the patient, what these tests cost because each insurance company negotiates the cost of testing with individual hospitals, and what a patient pays depends on that negotiated price as well as the patient's deductible and co-pay.

But what I see frequently is the end result—women forgoing these critical tests to save money—coming back with a more advanced and deadly form of breast cancer that we could have caught early, when it was more easily treatable and curable. Just recently, I saw a patient for whom we had recommended a biopsy, but she waited to get the biopsy because she was worried about the cost. She came back a few months later, and the mass, now obviously a cancer, had grown and spread and could no longer easily be surgically removed. I wish stories like this weren't the norm, but unfortunately, this type of delayed

care due to concerns about costs is repeated over and over and seen firsthand by physicians like myself each day.

Cost-sharing for diagnostic testing even impacts women who turn out not to have cancer. A common scenario is for a woman to feel a lump that turns out to be one of the many non-cancerous masses that occur in breast tissue. She comes in for appropriate testing because she's very worried about the lump and then is given the good news that it's not cancer. A few weeks later, however, she gets hit with a large medical bill and is now wary to come back again for a mammogram the next time she feels something.

There are many barriers to receiving breast care—some women must take time off from work to go to the doctor or find childcare to go to their appointment or perhaps they struggle to find transportation. Eliminating the cost sharing that comes with diagnostic breast imaging will go a long way to improving access and better outcomes for these women, and, not to mention, the enormous savings to our healthcare system for catching cancer early. We know that advanced breast cancer, once it has spread beyond the breast, is five times more costly to treat.

As a physician on the front lines of the breast cancer battle, I urge you to support SB 2032. It's the least we can do to make the tools we have accessible to women to give them the best chance to fight breast cancer early before it's too late.

Thank you for your consideration.