FORCE
Facing Hereditary Cancer EMPOWERED

Access to High-Risk Breast Cancer Screening and Diagnostic Imaging

PROBLEM: Patients at high risk of breast cancer often struggle to cover the costs of “supplemental” breast imaging and diagnostics. 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.

SOLUTION/ASK: Please support SB 2032, 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.

FACTS

- 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.

- Individuals with knowledge of their predisposition to hereditary cancer have the greatest potential for preventing or detecting cancer early, when it is easier and less expensive to treat, so screening services need to be accessible to this community.

- If an abnormality is detected via screening, many individuals delay or forgo the next steps of determining if it is cancer because of the high costs associated with diagnostic imaging.

SHARE YOUR STORY AND CONNECT IT TO THE PROBLEM AND/OR SOLUTION/ASK

- If you or someone you know had high costs associated with cancer screening and/or diagnostic imaging, share that connection.

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- If you didn't have high costs associated with cancer screening and/or diagnostic imaging, share how that experience was helpful.

- If you haven't had experience with high-risk cancer screening and/or diagnostic imaging, or are a student or an HCP, share how high-risk individuals or your patients may not have access to crucial cancer screening and/or diagnostic imaging and how that will affect their care and possible outcomes.

TESTIMONY TEMPLATE

1. State your name, city and state where you live, and that you are a volunteer with FORCE.

2. Declare your position as "strongly support SB 2032."

3. Describe FORCE and your volunteer role(s.

   FORCE (Facing Our Risk of Cancer Empowered) is a leading nonprofit for people at risk for hereditary cancer, providing trusted information, support and advocacy. The majority of our constituents carry an inherited genetic mutation, like a BRCA mutation or Lynch Syndrome, that significantly increases their risk of cancers, including breast, colorectal, endometrial, ovarian, prostate, pancreatic and gastric cancers.

4. Share your story and connect it to the "FACTS, "PROBLEM" or "SOLUTION/ASK."

5. Reiterate your position of support for SB 2032.

6. Note that several other states have passed similar laws; our state should do the same.

7. Thank the committee.

8. End the letter with your name, "Patient Advocate Leader" and city and state.