

From: [Heather Murphy](#)
To: [SLegislation](#)
Subject: Attention Rovin Dionne
Date: Monday, April 13, 2026 9:43:42 PM

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Testimony in Support of S2032

An Act Prohibiting Cost-Sharing for Diagnostic and Supplemental Breast Examinations

I am writing in support of Bill S2032.

This is my sixth time providing testimony on this bill, and I am struggling to understand what continues to prevent it from leaving committee and reaching the floor for a vote.

This legislation is already in effect in every New England state except Rhode Island. Passage of this bill would remove financial barriers to the early diagnosis of breast cancer. The clinical value of early detection is not in question. I am more than willing to address any clinical questions the committee may have—but at this point, the more pressing issue is what is preventing this bill from advancing.

Rhode Island is not being asked to lead here—we are being asked to catch up.

States across the country have already enacted laws eliminating cost-sharing for diagnostic and supplemental breast imaging, including MRIs and ultrasounds. For example:

- **New York** has required insurance plans to cover diagnostic mammograms, ultrasounds, and breast MRIs with **no cost-sharing since 2017**.
- In **2025 alone**, multiple states—including **Arkansas, Colorado, Texas, Utah, and Virginia**—passed laws ensuring patients pay **no copays, deductibles, or coinsurance** for medically necessary breast imaging.
- **Florida** recently enacted similar legislation, recognizing that out-of-pocket costs can reach hundreds to thousands of dollars and lead patients to delay care.
- **Massachusetts, our very close neighbor began this legislation Jan 1, 2026**

In other words, this is no longer an emerging policy idea—it is quickly becoming the national standard of care.

This is also a benefit that many of you already have through your own health plans, and it is available to many Medicaid patients. Importantly, it would not require additional state tax dollars.

I understand there are concerns about insurance mandates and rising premiums, and that private insurers may advocate for limiting such requirements. However, insurers do not set public policy—you do. While I am not a financial expert, analyses from other states indicate that the cost of similar legislation is minimal—often estimated at just a few dollars per member per month. At the same time, early diagnosis reduces downstream treatment costs and, more importantly, saves lives.

There is another critical aspect I urge you to consider. I am not only a provider of breast cancer care—I am also a patient. As part of my own care plan, I require an annual breast MRI.

This year, I will be traveling to Massachusetts for that imaging. My health plan allows me to do so, and by going out of state, I can avoid the significant out-of-pocket costs I would face in Rhode Island.

Rhode Island patients live within easy reach of neighboring states that have already enacted these protections. As a result, patients are incentivized to seek care elsewhere—not because of quality, but because of policy. This leads to a loss of volume and revenue for Rhode Island diagnostic centers, and potentially to job and business losses within our state.

Is this really the position we want Rhode Island to be in?

This bill has been held in committee for three years. It is time to move it forward. I am confident it has the support to pass. At this point, the responsibility is yours.

Regards

Heather Murphy, MSN, FNP, AOCNP