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Testimony for Insurance and Real Estate Subcommittee hearing on Senate Bill No. 158 (Raised) AN ACT CONCERNING COST-SHARING FOR MAMMOGRAMS AND BREAST ULTRASOUNDS

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Susan G. Komen Southern New England® has just released its 2015 Community Profile for the state of Connecticut. This report brings together quantitative and qualitative data on breast cancer incidence and treatment in the state, and includes an analysis of current health systems and relevant policies. Statistics for this report were obtained from the State of Connecticut Tumor Registry and the State of Connecticut Department of Health. Key informant interviews, focus groups and questionnaires were used to acquire qualitative data that gives context to the quantitative data and allows for a more nuanced understanding of the topic.

A key finding from our research is that financial concerns, primarily those surrounding un- and under-insurance as well as the cost of deductibles, were listed as important barriers to screening and care.

The Affordable Care Act aimed to improve health care for all Americans by expanding health insurance coverage and ensuring quality healthcare. Despite efforts to encourage residents to enroll in the plans provided through the Access Health Connecticut (AHCT) health exchange, many individuals remain uninsured. According to the Kaiser Family Foundation, the number of uninsured in Connecticut dropped from 11% to just over 6% as a result of the Affordable Care Act. This still leaves too many Connecticut residents without health insurance.

Reasons Connecticut residents had for opting out of insurance plans varied. For most, though the plans offered attractive rates, the cost may still have been too high. Low socioeconomic status forced some residents to make decisions to cover costs of basic needs or add the cost of insurance plans. Nearly 10 percent of Connecticut residents live below the federal poverty level (U.S. Census 2010).

Even for women with insurance plans, the cost of additional screening may still be too high. As diagnostics such as ultrasounds, diagnostic mammograms and biopsies are not considered to be a preventative service, women pay out of pocket unless the deductible has been met, or are responsible for a copay. This is especially problematic in the case of women with dense breast tissue, for whom the reliability of mammography to detect cancer is more limited. Some studies find that adding ultrasound screening to mammography increases the ability to detect cancer in dense breasts. However, many women may choose not to pursue additional screening even when recommended by their physician, because of the high cost of that screening. We must take all steps necessary to ensure that women don't face economic or other barriers when their health care providers recommend screening.

The medical field is moving toward determining individual needs for screening based on a woman's risk, such as family history of breast cancer or having dense breast tissue. We believe that any screening procedure recommended by a physician as part of standard screening based on that woman's individual risk should not require her to pay a deductible or a co-pay.

Thank you for the opportunity to address this important issue.