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Testimony of Regina Hooley, MD
Insurance and Real Estate Committee
SB No. 158

To Co-Chairs Senator Joe Crisco and Representative Robert Megna and Members of the Committee:

My name is Regina Hooley, M.D. I practice at Yale School of Medicine where I am Associate Professor of Radiology and Biomedical Imaging and Vice Chair for Clinical Affairs.

I strongly support S.B. No. 158 - AN ACT CONCERNING COST-SHARING FOR MAMMOGRAMS AND BREAST ULTRASOUNDS, which ensures screening ultrasound as an adjunct for women with dense breasts without imposing a deductible (as specified in the substitute language).

It is essential that adjunct screening ultrasound not be subject to a woman's health insurance deductible. As a breast imager who participates in both direct patient/clinical care and clinical research, I know firsthand the benefit of screening ultrasound in women with dense breast tissue. Dense breast tissue limits the accuracy of mammography as up to half of all breast cancers in these women can be obscured or masked by the surrounding dense breast tissue. My research at Yale, along with similar published studies throughout the world, shows that the addition of screening breast ultrasound can increase the cancer detection rate of mammography alone by 50-100%. Most of these additional cancers detected are small and have not spread to the lymph nodes, allowing women less aggressive and less costly treatment options while also extending mortality.

CT-Public Act 09-41 provides women important health information regarding breast density and the limitations of mammography. My research has demonstrated that the majority of women seen at the Yale Breast Center are now knowledgeable of breast density. A survey administered in our practice four years after implementation of the CT 09-41 showed that up to 92% of women are aware of their increased breast density. However, in our practice only approximately 30-40% of women choose adjunct screening ultrasound. High deductible insurance plans create an unjust barrier for many women may have no choice but to skip this important screening test.

Since our dense breast screening ultrasound service began in late 2009, we have seen our clinical

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performance improve with experience. Our false positive exams have decreased by at least 50% while our cancer detection rate has remained steady. In the long run, allowing equal access to screening breast ultrasound can save healthcare dollars. Women can choose less aggressive and less costly treatment options. In addition, Yale research has demonstrated that adding ultrasound to annual screening mammography will decrease false positive studies and the need for additional diagnostic mammography.

Breast cancer is the number 2nd leading cause of cancer in women in the United States, being second only to lung cancer. Breast cancer is also highly treatable if detected early with screening and adjunct ultrasound significantly increases cancer detection in women with dense breast tissue on mammography. Thank you for your consideration of SB No. 158. It is important to support women's health and provide equal access to vital screening programs that can improve both quality and length of the lives of women in our state

Sincerely,
Regina Hooley, MD
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