

**Testimony of Planned Parenthood of Southern New England,**

Susan L Yolen, Vice President, Policy & Advocacy, February 25, 2019,

Insurance and Real Estate Committee of the CT General Assembly on

Raised Bill 838, An Act Concerning Required Health Insurance Coverage and Cost Sharing for  
Mammograms and Breast Ultrasounds, and

HB 7124, An Act Concerning Required Health Insurance Coverage for Mammograms and Breast  
Ultrasounds

Senator Lesser, Representative Scanlon and members of the Insurance Committee, thank you for this opportunity to comment on Raised Bill 838 and House Bill 7124. I am Susan Yolen, Vice President for Policy and Advocacy for Planned Parenthood of Southern New England. PPSNE is the largest provider of family planning and reproductive health care in Connecticut, offering services to over 65,000 women and men each year, at 17 health centers statewide, and offering primary care at several locations now designated as patient-centered medical homes.

Planned Parenthood of Southern New England (PPSNE) joins the Connecticut Chapter of the American Congress of Obstetricians and Gynecologists (ACOG) in recognizing the importance of coverage for important routine and preventive mammographic and ultrasound screenings to detect breast cancer at its earliest stages and for coverage throughout the course of treatment that patients may require in the years following surgery, as well as coverage for those who are at high genetic risk for breast cancer.

In general, PPSNE, ACOG and most major medical associations and providers of reproductive health care stand in agreement with the current guidelines for such screenings...which call for baseline screening beginning *at age 40* and annually thereafter. This recommendation is based upon scientific evidence.

However, both PPSNE and ACOG do support the language in HB7124 and RB838, bills that would require coverage for such screenings after age 30, if recommended by the patient's treating physician, and if based upon a family history or prior personal history of breast cancer, or prior personal history of breast disease diagnosed through biopsy as benign. Clearly those at genetic risk or having had a prior cancer diagnosis, should, regardless of age, qualify for repeated screenings, and insurers should, upon the physician's referral or recommendation, provide coverage.

Thus, Planned Parenthood of Southern New England and Connecticut ACOG, while hesitant to support the baseline at age 30 "at the option of the woman" do support screening after age 30 *upon the recommendation of the treating physician*. We also support coverage without the coinsurance or cost sharing, as these two bills propose.

Thank you for the opportunity to weigh in on this important legislation.