

## Breast Cancer Screening

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### Issue

This report answers several questions about breast cancer screening services and related data.

#### ***1. How many people does the Department of Public Health (DPH) reach through its breast and cervical cancer screening program and what is the cost to the state?***

By law and within existing appropriations, DPH administers the Connecticut Breast and Cervical Cancer Early Detection Program, as part of the [Connecticut Early Detection and Prevention Program](#).

Among other things, the Connecticut Breast and Cervical Cancer Early Detection Program must (1) promote screening, detection, and treatment of these cancers among unserved or underserved populations, (2) educate the public about these cancers and the benefits of early detection, and (3) provide counseling and treatment referral services ([CGS § 19a-266](#)).

The program offers various screening and diagnostic services to eligible women, such as mammograms, breast biopsies and ultrasounds, and clinical exams (see question 4 below for information on the eligibility criteria). The services are offered free of charge by DPH's contracted providers.

Table 1 lists the number of women who received the program's screening services during the last three fiscal years.

**Table 1: Connecticut Breast and Cervical Cancer Early Detection Program, Screening Data (FY 19 – FY 21)**

Fiscal Year	Number of Women Receiving Program Screening Services
FY 19	4,154
FY 20	4,081
FY 21	4,198

Source: DPH

By law, domestic health insurers and HMOs must annually pay a public health fee to the insurance commissioner, for deposit into the state’s Insurance Fund. The fees are assessed based on these companies’ number of insured or enrolled individuals for certain types of insurance. The fees are used to pay for certain DPH programs, including the Breast and Cervical Cancer Early Detection Program ([CGS § 19a-7p](#), as amended by [PA 21-157](#), § 1). The following table shows Insurance Fund expenditures for this program for the prior three fiscal years.

**Table 2: DPH Breast and Cervical Cancer Treatment & Detection Account, Insurance Fund Expenditures (FY 19 – FY 21)**

Fiscal Year	Expenditures
FY 19	\$2,036,330
FY 20	\$2,065,512
FY 21	\$2,148,155

Source: Office of Fiscal Analysis

## ***2. What are the breast cancer screening costs under commercial health insurance?***

According to data from the All Payers Claims Database (APCD), commercially insured Connecticut residents received 122,074 breast cancer screenings and 24,404 breast cancer diagnostics in 2019. In 2020, there were 100,775 screenings and 21,423 diagnostics.

The average amount for a breast cancer screening was \$284 in 2019 and \$298 in 2020. This includes both the insurer paid amount and any out-of-pocket cost paid by the insured. For breast cancer diagnostics, the average amount was \$298 in 2019, and \$311 in 2020.

Service costs are divided into two components: a facility fee and a professional fee. Broadly, a facility fee covers the cost of maintaining a specific facility, while a professional fee is the fee paid to the provider for performing the service. Not all locations charge a facility fee (e.g., if the doctor

owns the practice, there may not be a facility fee). In 2019 and 2020, the average facility fee ranged from \$315 to \$338, while the average provider fee ranged from \$61 to \$81. Aggregate data from commercial payers is shown below in Table 3.

**Table 3: Breast Cancer Screening and Diagnostic Costs, Commercial Payers, 2019-2020**

Service Type	Setting or Facility	Year	Unique Visits	Mean	Median	Total
Screening	All Settings*	2019	122,074	\$284	\$248	\$34,618,887
Screening		2020	100,775	287	259	28,893,297
Diagnostic		2019	24,404	298	269	7,262,688
Diagnostic		2020	21,423	311	274	6,664,819

\*Source: APCD. Settings and facilities include inpatient, hospital outpatient, and provider office. Breast cancer screenings include CPT codes 77067 and 77063 (screening mammography) and 77065 and 77066 (diagnostic mammography), and ICD-10 diagnosis codes Z12.31 (screening mammogram for malignant neoplasm of breast), Z80.3 (family history of malignant neoplasm of breast), or Z85.3 (personal history of malignant neoplasm of breast). Certain data, including denied claims and data from facilities serving less than 15 individuals, are excluded.

### ***3. What organizations provide outreach to individuals regarding the importance of breast health and early breast cancer detection?***

Following are examples of organizations providing this outreach either directly or by funding other programs that provide this outreach. Please note that this list is not exhaustive. For example, individual hospitals or provider offices may provide this outreach to their patients or in their communities.

- [American Cancer Society](#): The American Cancer Society’s Making Strides Against Breast Cancer [initiative](#) includes fundraising walks and other local events; information on the state chapter is available [here](#). In addition to raising funding for research, the organization provides breast cancer outreach and education through its 24/7 helpline, chat services, and website.
- [Breast Cancer Alliance](#): This Greenwich-based, non-profit organization provides four types of [grants](#), including one-year education and outreach grants. These grants “support programs directly related to outreach and breast cancer case management services, including education, counseling, and screening for the uninsured/underserved” in Connecticut or Westchester County.
- [Connecticut Breast Health Initiative](#): This non-profit organization provides, among other things, grants to support breast cancer education and research in the state, including clinical research, community education, and related initiatives. For example, a [2019 grant](#) provided funding to Bridgeport Hospital’s Norma Pfriem Breast Center, for training to

bicultural, bilingual breast cancer survivors to serve as outreach educators in the center's Mujer a Mujer/Woman to Woman program.

- [Susan G. Komen for the Cure](#): This large nonprofit organization funds various initiatives aimed at reducing breast cancer. According to its [website](#), Susan G. Komen Southern New England (the local affiliate) provides grants to “local community-based organizations that facilitate access to breast health screening and treatment for women in our communities.” The organization uses its Community Profile of Breast Health in Connecticut [report](#) to identify the state's underserved areas and help direct funding priorities.
- [UConn Health](#): UConn Health's Carole and Ray Neag Comprehensive Cancer Center participates in various outreach activities to educate the public about cancer prevention and early detection. For example, the center collaborates with hair salons to conduct monthly breast education classes in West Hartford, Hartford, East Hartford, and Bristol. The one-hour classes reach minority women ages 35 and older.

#### ***4. What are the current payment options for early breast cancer detection services available to individuals in Connecticut?***

The primary payment options for these services in Connecticut are commercial insurance or public insurance (Medicaid or Medicare). In some cases, uninsured individuals may qualify for free services through certain programs.

*Commercial Insurance.* Generally, individuals with commercial health insurance (i.e., private payers) must pay certain out-of-pocket expenses, which may include copayments, deductibles, coinsurance, or other out-of-pocket expenses based on their specific health insurance policy.

Connecticut law requires specified fully insured individual and group health insurance policies to cover the following:

1. a baseline mammogram for a woman age 35 to 39 and one mammogram every year for a woman age 40 and older, which the woman may choose to have provided by breast tomosynthesis;
2. a comprehensive ultrasound screening of a woman's entire breast(s) if (a) she has heterogeneous or dense breast tissue; (b) there is an increased breast cancer risk due to family or personal history, genetic testing, or other indications; or (c) it is recommended by a physician and she is age 40 or older, has a family or personal history of breast cancer, or a personal history of benign breast disease; and
3. magnetic resonance imaging (MRI) in accordance with American Cancer Society guidelines.

A policy cannot impose a coinsurance, copayment, deductible, or other out-of-pocket expense for these benefits, unless it is a high deductible health plan ([CGS §§ 38a-503 & 38a-530](#)).

*Medicaid.* State law requires the Department of Social Services (DSS), who administers the state's Medicaid program, to provide coverage for (1) a baseline mammogram for any Medicaid-eligible woman who is age 35 to 39 and (2) an annual mammogram for women over 39 years old ([CGS § 17b-278c](#)). The department must do this to the extent permitted by federal law. In practice, [Medicaid benefits](#) include (1) a clinical breast exam as part of an annual wellness exam and (2) mammograms every two years for women over age 50, or more frequently based on personal and family risk factors.

*Medicare.* [Medicare Part B](#) generally covers (1) annual screening mammograms, with no copay if the provider accepts the Medicare assignment (i.e., agrees to the Medicare payment terms) and (2) more frequent diagnostic mammograms if medically necessary, subject to a copay and the Part B deductible.

*Need-Based Programs.* Women without insurance coverage or who have an insurance deductible of \$1,000 or more may qualify for free services through DPH's [Connecticut Breast and Cervical Cancer Early Detection Program](#) (see question 1). The program is available to women of certain ages who are at or below 250% of the federal poverty level (i.e., \$32,200 for an individual for 2021).

Generally, the program is available to women who meet these criteria and are (1) age 40 to 64, for mammograms or (2) age 21 to 64, for clinical breast exams; women age 35 to 39 may qualify for additional services in some circumstances (i.e., if they have symptoms or specific risk factors for breast cancer). In addition, women who are age 65 or older and who are not enrolled in Medicare Part B may be eligible to receive program services.

In addition to the DPH program, providers or local organizations sometimes offer free or low-cost mammograms or related services to women without insurance coverage or who otherwise meet income criteria.

## ***5. Which states are ranked highest in early breast cancer detection screening?***

The Kaiser Family Foundation's (KFF) State Health Facts [website](#) provides state-level data on women ages 40 and older who report having had a mammogram in the prior two years, for the

2016-2018 period. The data is based on an analysis of the federal Centers for Disease Control and Prevention (CDC) survey data. Connecticut ranked fifth highest, with a mammogram rate of 78%, which was above the national average of 72%. The four states with higher rates were Hawaii (80%) and Delaware, Massachusetts, and Rhode Island (79%).

In addition to state totals, the KFF data compares these mammogram rates among states by race and ethnicity. Connecticut's rates were above the national average for Non-Hispanic White women (78% vs. 72%) and Hispanic women (81% vs. 72%). Connecticut's rate was similar to the national rate for Asian and Native American or Pacific Islander women (69% vs. 68%). The state's rate was lower than the national average for Non-Hispanic Black women (74% vs. 78%).

Following are additional sources that may be helpful:

1. An August 2021 article from the National Conference of State Legislatures, [Reducing the Burden of Breast Cancer Among Women](#), discusses various recent efforts states have taken to improve early detection of breast cancer.
2. The CDC and National Cancer Institute maintain a State Cancer Profiles [website](#), with comparative state level [screening data](#) on several measures, including mammogram rates.

In addition, the National Cancer Institute's [website](#) answers several questions about mammograms and breast cancer screening, including on the different forms of available screening and other technologies that are being developed.

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