

**Diagnostic Imaging**

Widespread access to preventive screening mammography is available to millions of women as a result of the Affordable Care Act (ACA). Unfortunately, if the results of a screening mammogram require a follow-up exam to determine if the patient has breast cancer, the patient will likely be facing hundreds to thousands of dollars in out-of-pocket costs – all before they even begin treatment.

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**DIAGNOSTIC BREAST IMAGING**

* Typically used as a follow-up test after an abnormal finding on a screening mammogram or clinical breast exam, diagnostic breast imaging (i.e. diagnostic mammography, breast ultrasound and magnetic resonance imaging (MRI)) is an essential tool in the screening and diagnosis of breast cancer.
* An estimated 12 percent of women screened with modern digital mammography require follow-up imaging. A screening mammogram would not be considered successfully completed if the follow-up diagnostic imaging were not preformed to rule out breast cancer or confirm the need for a biopsy.
* The use of breast cancer screening and follow-up diagnostics have led to significant increases in the early detection of breast cancer in the past 30 years. However, evidence shows that commercially insured Black breast cancer patients were diagnosed at a later stage and had a higher mortality rate when compared with their white counterparts with the same insurance status.
* Eliminating out-of-pocket costs for diagnostic imaging would improve access and lead to more patients receiving early detection services and returning to screening.

** FAIR AND EQUAL COVERAGE**

* In Minnesota, 4,950 women will be diagnosed with breast cancer in 2022 and 640 will die of the disease this year alone.
* A recent Susan G. Komen-commissioned study found the out-of-pocket costs for patients to be high, with much variation for diagnostic breast imaging. For example, average patient cost for a mammogram is $234 and $1,021for a breast MRI.
* The study found that the inconsistency in cost and coverage is a recognized concern among patients and health care providers and leads to additional stress and confusion for women who are already dealing with the possibility of a breast cancer diagnosis.
* Out-of-pocket costs are particularly burdensome on those who have previously been diagnosed with breast cancer, as diagnostic tests are recommended rather than traditional screening.
* If individuals are unable to afford the costs associated with diagnostic imaging, many might delay or forego follow-up tests to rule out or confirm a breast cancer diagnosis. This delay can mean that women will not seek care until the cancer has spread to other parts of her body making it much deadlier and much more costly to treat.

**Susan G. Komen encourages Legislators to support HF 447/SF 989 which increases access to medically necessary diagnostic breast imaging by eliminating burdensome out-of-pocket costs for patients.**