



July 12, 2023

Senator Rachael Cabral-Guevara, Chair

Senate Committee on Health

Room 323 South

State Capitol

Madison, WI 53707

RE: Wisconsin Nurses Association support of Senate Bill 121 and Companion Bill AB 117, relating to coverage of breast cancer screenings by the Medical Assistance program and health insurance policies and plans.

Dear Chairperson Cabral-Guevara and members of the Senate Committee on Health,

My name is Gina Dennik-Champion, I am a registered nurse and the Executive Director of the Wisconsin Nurses Association. Thank you for providing me with the opportunity to share the WNA members’ support for SB 121 and the companion bill AB 117. WNA thank you Chairperson Cabral-Guevara and Representative Nate Gustafon for your sponsorship of these two bills. Throughout our one hundred and fourteen-year history, WNA has been the collective and collaborative voice advocating for Wisconsinite’s access to equitable, economical, safe, quality, ethical, and innovative healthcare for all. This includes the utilization of an educated and competent nursing and healthcare workforce to support this activity.

One in eight women in the United States will be diagnosed with breast cancer in her lifetime. In 2023, an estimated 297,790 women and 2,800 men will be diagnosed with invasive breast cancer. The national incidence rate of breast cancer in women was 126.9 per 100,000. The rate in Wisconsin was higher: 132.9 per 100,000. The incidence rate for both the US and Wisconsin is rising.

Screening for breast cancer has been a standard of care for health care prevention for women. Wisconsin State Statute 632.895(8) “*requires health insurance plans to provide women between the ages of 45 and 49 with two examinations by low-dose mammography. However, insurers may refuse this coverage if an examination has been performed within the previous two years. Insurers may apply any mammogram obtained during that age period toward the two mandated examinations, even if obtained prior to coverage under the policy. Women who are age 50 to 65 must be covered for annual mammograms. Coverage is required regardless of whether the woman shows any symptoms.”*

What is not a required benefit in the health insurance plan is the need for a supplemental breast cancer screening utilizing radiologic-related methods for those women with dense breast tissue. The statute has not kept up with the technology. About 50 percent of women have dense breast tissue which means they can be more at risk for breast cancer. Research demonstrates that dense breast tissue that fall into a rating scale category of “C” or heterogeneously dense and “D” extremely dense, can block visualization of a tumor or other issues. Advanced screening methods are available that can view dense-tissue breasts and include digital breast tomosynthesis (DBT)/three-dimensional mammography (3D), breast magnetic resonance imaging (MRI), or ultrasound.

The average cost nationally for a 3D mammogram for an uninsured woman is around $560, for an MRI the cost is $633 to $1,170 and for an ultrasound $170 to $800. These costs are worth the adoption of insurance coverage when you compare the cost of the treatment for breast cancer. Evidence also shows that populations with low social determinants of health are more likely to be diagnosed with breast cancer. Health disparities result in delays in seeking preventative screening due to the cost of services. Women eligible for Medicaid will also delay seeking further screening for breast cancer if the costs of the procedures are not covered.

Nurses are the health care providers that work most closely with women who are being treated for breast cancer. They are also the care provider during end-of-life care when treatment no longer works. They repeatedly hear the stories from women and their families that are overwhelmed with their medical debt, quality of life, and mental health issues including depression. In many cases early screening could have made a difference in the health outcomes for these woman and their families.

WNA wants all women and men in Wisconsin to be covered for supplemental preventative breast cancer screenings based on nationally established guidelines. The cost of payment for these radiologic procedures as a preventative screening tool can result in cost savings for the insurance company paying for the treatment of breast cancer.

On behalf of WNA I want to thank you for allowing me to testify on SB 121 and to the members who have signed on in support. WNA asks that SB 121 be voted out of committee and forwarded to the full Senate as soon as possible.

Sincerely,

Gina Dennik-Champion, MSN, RN, MSHA

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