

To: House Health Care Committee
From: Jill Sudhoff-Guerin, Vermont Medical Society, Vermont Academy of Family Physicians
Date: March 13, 2024
RE: H.621

DID YOU PAY FOR YOUR LAST MAMMOGRAM?

UNDER VERMONT LAW
SCREENING MAMMOGRAMS
SHOULD RESULT IN
ZERO OUT-OF-POCKET COSTS

If you are a **Vermont** woman insured under a **Vermont** health plan




Preventive screening mammograms should be covered

100%

including call-back mammograms*

If you are a **Vermont** physician ordering mammograms



VT ACT 25 Passed in 2013, this law mandates screening mammography including call-back mammograms, be provided with \$0 patient cost-sharing

If you are a **Vermont** coder preparing billing for mammograms

Check with the insurer and your compliance department to ensure Vermont women are not getting billed for a diagnostic charge when it should be preventive





QUESTIONS? CALL 802.917.5817

* These are not diagnostic call-backs. Rather unclear images or the need for additional views

Chair Houghton and House Health Care Committee,

On behalf of the physician and physician assistant members of the Vermont Medical Society (VMS), and the Vermont Academy of Family Physicians (VTAFP) we want to thank you for allowing us to provide supportive testimony for H.621

VMS Strongly Supports Expanding Breast Cancer Screening

The VMS strongly supports requiring coverage for diagnostic mammograms, and other breast imaging services as defined in the bill, with zero cost-sharing as part of a patient’s annual preventive breast cancer screening. As we know, regular and comprehensive mammograms contribute to the early detection of breast cancer, improving treatment outcomes and survival rates, reducing healthcare costs associated with advanced-stage cancer treatments, and ultimately saving lives. By requiring coverage for diagnostic imaging, Vermont will provide clarity and assurance to women who may forego screenings due to high out-of-pocket costs.

What is Covered Now and How Much Does it Cost?

Most health insurance plans are required to cover screening mammograms every one to two years for women beginning at age 40 with no out-of-pocket costs. Unfortunately, recent changes to screening guidelines, differing insurance plans following differing screening recommendations, and differing coverage for 2D vs 3D mammography imaging, all contribute to confusion and concerns around potential costs related to breast cancer screenings.

In 2013, the Vermont legislature passed Act 25, which not only required zero cost-sharing for the screening by mammography, but also included “additional views” in the definition of “screening.” The intent of the additional views was to include what is known as “call back mammograms” in the preventive screening at no cost. Call back mammograms are extremely common and often occur as a result of an unclear image or the need for a retake. In fact, in

Vermont approximately 10-12% of mammograms require a call-back, which is why it was important to define them as part of the screening.

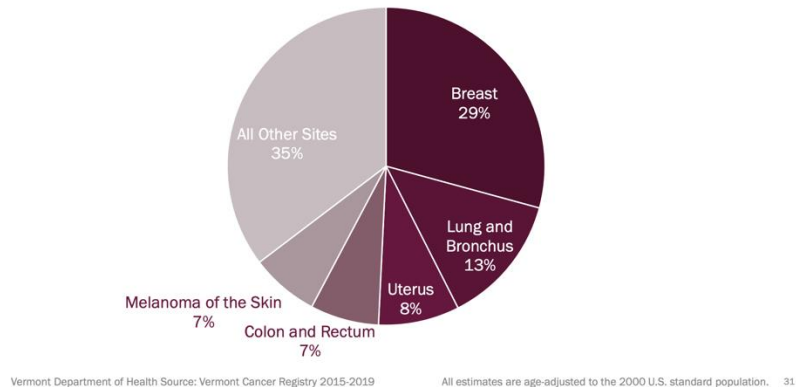
What was not defined was the coding, and the 10-12% of women who got call-backs paid hundreds to thousands out of pocket for these additional views, as they were often mistakenly coded “diagnostic.” [Click to read the 2017 VTDigger story.](#)

Despite [this DFR bulletin](#) from 2018, that developed “a common understanding and agreed-upon methodology for addressing coding for screening mammograms,” even today certain billers and health care institutions do not know this coding guidance. Meanwhile, Vermont women are paying diagnostic prices for their zero-cost screenings. By distinctly covering diagnostic screenings these call-backs, which are often not cancer, will no longer result in a bill.

Why is This Important Now?

According to the Feb. 2023 Vermont Dept. of Health Cancer Data Pages, breast cancer is the leading cancer among Vermont women:

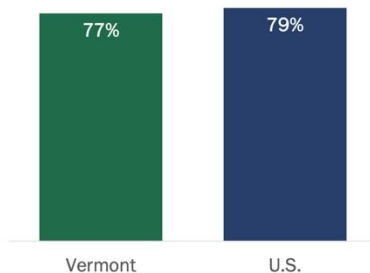
Breast and lung and bronchus cancers are the most common cancers among Vermont females.



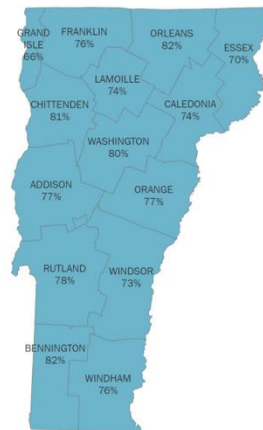
They report that Vermont’s breast cancer screening rates trend with the national average:

Breast Cancer Screening

Vermonters meet breast cancer screening recommendations at a similar rate as the U.S. population.



Vermont Department of Health Source: BRFSS 2018



The percent of adults who meet breast cancer screening recommendations in each county is like that of Vermont in general.

Same as state rate



Estimates are age-adjusted to the 2000 U.S. standard population

Vermont Department of Health Source: BRFSS 2016 and 2018

Yet, in April 2023, [UVM published a study](#) that shows declining screening mammography rates (2022 data) for Vermont women between the ages of 50-74, the exact population who is at the highest risk for being diagnosed with breast cancer. According to [VPR](#), in 2009, the USPSTF changed its guidelines on breast cancer screenings to recommend that women begin getting routine mammograms at age 50, instead of 40. ([This went back to age 40 in 2023](#)).

The study drew a direct correlation between changes to the age when mammograms are recommended and a decrease in the target screening populations. This change resulted in 10,000 fewer women ages 50-75 who got their screening mammograms and the second largest decline in breast cancer screenings across the nation.

It is time for clarity and comprehensive coverage of diagnostic mammograms for early detection of breast cancer, to improve treatment outcomes and survival rates, reduce healthcare costs associated with advanced-stage cancer treatments, and ultimately save lives.

Thank you for your consideration and please contact me with any questions at jsudhoffguerin@vtmd.org or 802.917.5817