

Dear Senate Health and Welfare Committee,

*Please see the comments below from Dr. Perry in response to Senator Hardy's questions:*

My name is Dr. Hannah Perry and I am the Division Chief and Medical Director of Breast Imaging at the University of Vermont Medical Center (UVMMC). I am writing in response to Senator Hardy's questions regarding H.621, and how cost-sharing requirements are disclosed to patients in the cases of call-back screening mammograms and image-guided breast biopsies. Firstly, I practice exclusively at UVMMC, so my comments reflect our disclosure process. I am not specifically familiar with how other facilities in Vermont may provide this information to their patients.

In the case of a screening mammogram that is being recalled for further diagnostic evaluation, at UVMMC there are two ways in which patients are notified of this need for additional imaging. Per the Food and Drug Administration (FDA), all patients undergoing screening mammography must receive their results in a lay-letter. Those letters are either sent by mail, or can be viewed by the patient in their MyChart portal. An example of such a letter is attached here.

Additionally, at UVMMC, we call all patients who have been recalled from screening mammography for diagnostic breast imaging evaluation in order to get them scheduled for the necessary tests. During that conversation, patients may ask about the possibility of cost-sharing and we are able to provide exam codes for them to review with their insurance company, or we can direct them to Patient Financial Services at the Medical Center where they can receive additional information about the expected cost of an exam.

Although this bill does not cover biopsies, I know Senator Hardy wants to know how we inform patients of the potential cost implications of biopsies as well. Fortunately, the vast majority of patients who undergo diagnostic breast imaging do not ultimately need an image-guided needle biopsy as part of their workup. For the small number of patients who do require a needle biopsy, if they have concerns about the cost of the procedure, again, we are able to provide exam codes for them to review with their insurance company, or we can direct them to Patient Financial Services at the Medical Center where they can receive additional information about the expected cost of the procedure.

Thank you for your inquiry and please let me know if you have any further questions. I also want to provide my strong support for H.621, as including diagnostic mammograms within the zero-cost share screening would be an amazing incentive for my patients to complete their breast imaging evaluation if called back for additional imaging.

Sincerely,

Hannah