

ACS CAN Supports the Find It Early Act (H.R.3086)

Background

Breast cancer is the second most diagnosed cancer among women in the U.S. and the second leading cause of cancer death among women after lung cancer. In 2023, an estimated 297,790 women in the U.S. will be diagnosed with invasive breast cancer, and 43,170 will die from the disease. Breast cancer is the leading cause of cancer death among Black and Hispanic women. Breast cancer screenings and early detection through mammograms save lives, but even today too many don't have access to lifesaving breast cancer screenings. In 2021, 64% of women ages 45 years and older were up to date with breast cancer screening. While screening rates are similar across racial and ethnic populations, Black women are more likely to experience longer intervals between mammograms and between abnormal results and follow-up.

Some insurers apply cost sharing when initial breast cancer screening requires additional follow-on testing to determine whether an individual has cancer, or if dense breast tissue requires additional imaging. These tests are integral to the screening process to determine whether an individual has cancer and therefore should be provided with no patient cost-sharing. While federal law requires most private insurance and Medicaid expansion plans to cover recommended preventive services with no patient cost sharing, there are still instances where a patient may be charged. Ensuring breast cancer screening services — including diagnostic and follow-up testing — are covered without no cost-sharing is essential to increasing access and expanding coverage of breast cancer screening.

Bill Summary

Introduced by Representative Rosa L. DeLauro (D-CT-3) and Representative Brian Fitzpatrick (R-PA-1) the “Find It Early Act:”

- Requires coverage without cost-sharing for breast cancer screening services provided by private insurance (Sec. 2713 and grandfathered plans), Medicare, Medicaid, Tricare, and Veterans' Affairs for:
 - Individuals who are at increased risk as determined by the American College of Radiology Appropriateness Criteria or National Comprehensive Cancer Network guidelines or with heterogeneously or extremely dense breast tissue as defined by the Breast Imaging Reporting and Data System
 - Individuals determined by a healthcare provider to require screening because of factors including but not limited to age, race, ethnicity, or personal or family medical history and not otherwise captured in the above paragraph.
- Screening and diagnostic services include but are not limited to 2D or 3D mammograms, breast ultrasounds, or breast magnetic resonance imaging.

ACS CAN's Position

ACS CAN supports H.R. 3086 to increase access to no cost breast cancer screening, diagnostic and follow-up testing.

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