

Patient Eligibility Criteria for Supplemental Screening for Breast Cancer, as Defined by State-Specific Legislation

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Goals and Objectives

- In the absence of a federal mandate for insurance coverage for supplemental screening for breast cancer, patients depend on state-level legislation for access to supplemental screening
- We review how state-specific laws define patient eligibility criteria for supplemental screening (SS) with breast MRI or whole breast ultrasound
- We explore the need for a national standard for insurance coverage for breast cancer supplemental screening

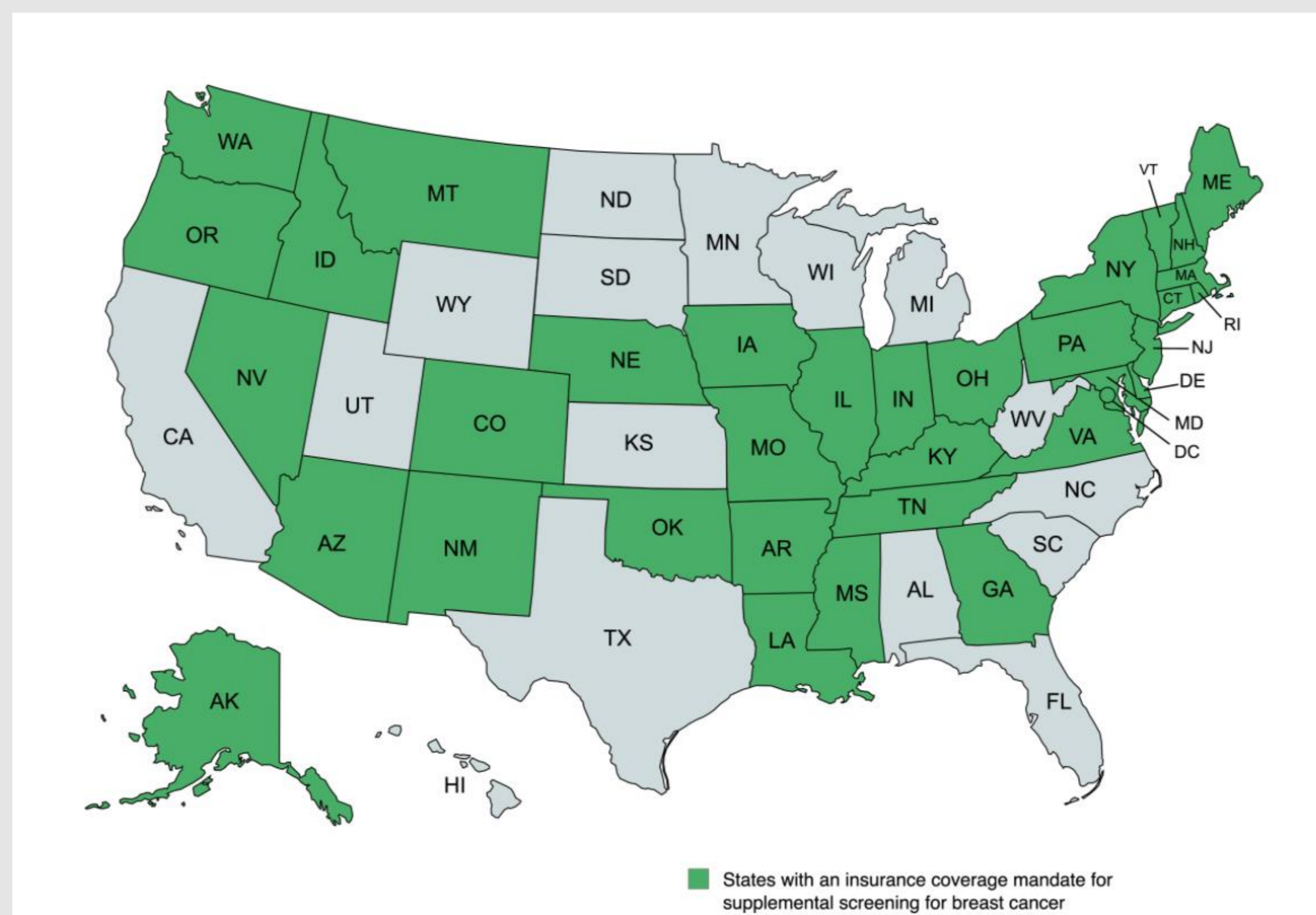
Introduction

- Breast cancer is a leading cause of mortality and the second most common cause of cancer-related death in American women. The American Cancer Society estimates that over 42,000 women annually die of breast cancer¹
- Dense breast tissue increases the risk of developing breast cancer²
- Prevalence of dense breast tissue is approximately 43% in American women aged 40-74 years³
- Extremely dense breasts have a two-fold increased risk of breast cancer compared with heterogeneously dense breasts⁴
- The American College of Radiology and the European Society of Breast Imaging recommend supplemental screening with MRI in women with extremely dense breasts^{5, 6}
- Without a federal legislation mandate for insurance coverage of supplemental screening for breast cancer in dense breasts, patients depend on state-specific laws for coverage

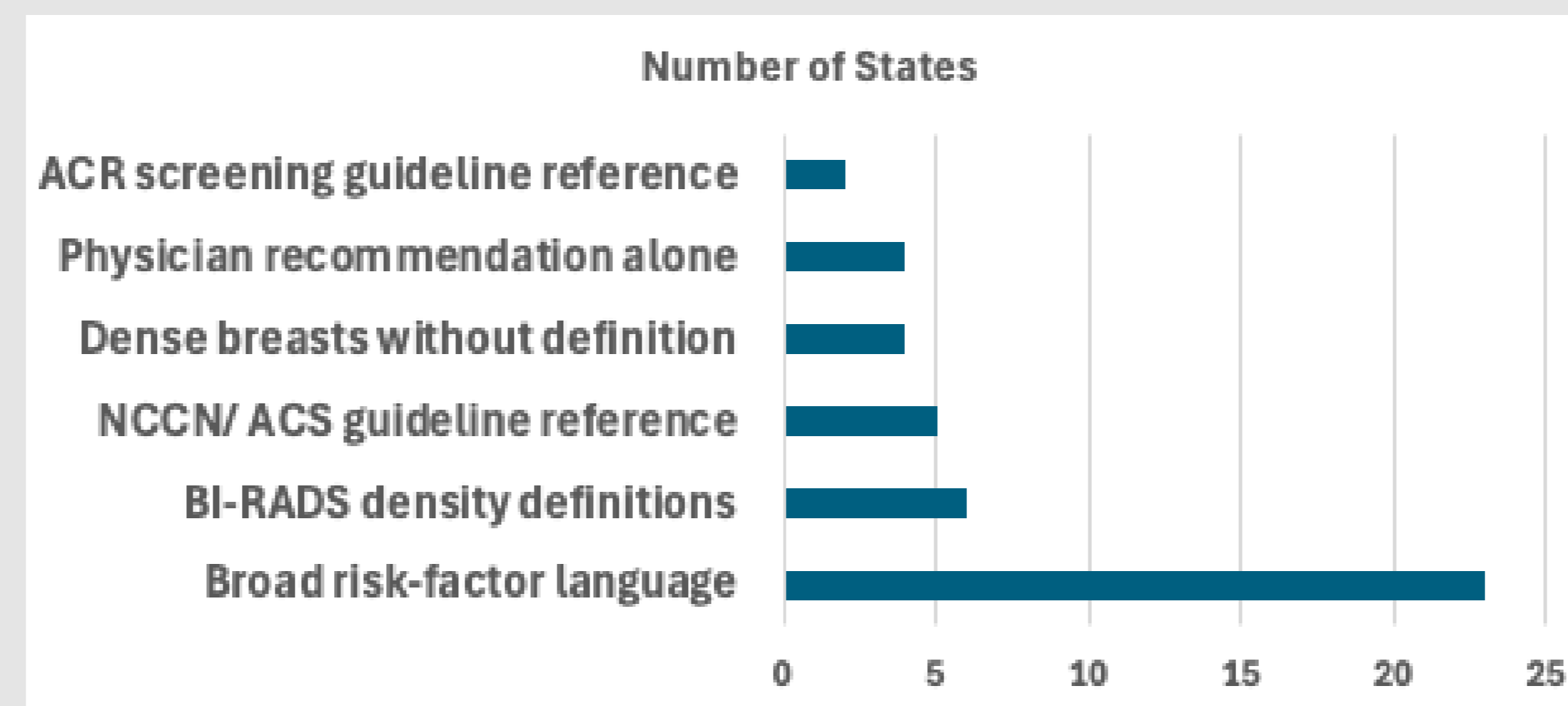
Methods

- Current state laws relating to insurance coverage for supplemental screening were reviewed from state legal codes
- For each state that has a legal mandate for insurance coverage of SS, the following patient eligibility criteria were recorded:
 - If dense breast tissue was specified as a SS indication
 - The definition of dense breast tissue utilized in the law
 - Any references to guidelines published by the American College of Radiology (ACR), National Comprehensive Cancer Network (NCCN), and the American Cancer Society (ACS)

Results



Eligibility Criteria



Results

- As of May 2025, **34 states plus the District of Columbia** mandate insurance coverage for breast cancer SS. Broad eligibility criteria based on non-specific patient and familial risk factors is found in **twenty-three states' laws**
- The ACR Breast Imaging Reporting and Data System (BI-RADS) definitions of breast density are directly cited in **six states' laws**
- **Four states' laws** indicate that insurance plans must provide coverage for supplemental screening if the patient has heterogeneously or extremely dense breasts, without further defining these categories
- **Two states' laws** reference ACR guidelines and **five states' laws** reference NCCN or ACS guidelines
- Patient eligibility based on physician recommendation alone is established in **four states**

Discussion

- Amongst the states that mandate insurance coverage, there is no uniform standard to define patient eligibility for supplemental screening
- Significant variation in state-specific laws regarding insurance coverage for supplemental screening and eligibility criteria creates disparities in patient access to care
- Patients and physicians will benefit from a federal standard for insurance coverage for supplemental screening establishing uniform eligibility criteria

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