

TESTIMONY OF U.S. REPRESENTATIVE JERROLD NADLER (D-NY 08)

**Before the Energy and Commerce
Subcommittee on Health**

HR 1740, the Breast Cancer Education and Awareness Requires Learning Young Act, HR 1691, the Breast Cancer Patient Protection Act of 2009, HR 2279, the Eliminating Disparities in Breast Cancer Treatment Act of 2009, H.R. 995, the Mammogram and MRI Availability Act, and HR 2042, the Better Screening Test for Women Act

October 7, 2009

Chairman Pallone, Ranking Member Deal and the Members of the Subcommittee, thank you for convening this hearing and for inviting me to testify before you today about H.R. 995, the Mammogram and MRI Availability Act. I also want to thank the breast cancer advocacy groups for coming to testify about the work they do, the problems we face in the fight against breast cancer, and the ways in which they and their organizations are helping to educate, screen, treat, and care for women living with, and at risk of developing, breast cancer.

We all know the statistics: Breast cancer is the second leading cause of death of women in the United States. It is a leading cause of death of women aged 40-49. This year alone, more than 40,000 women in the U.S. will die from breast cancer, and more than 192,000 new cases will be discovered.

We also know that, in addition to the need to find a cure, prevention is the difference between life and death. A 2005 National Institute of Cancer study affirmed that mammograms contributed to a pronounced drop in the number of breast cancer deaths. Study after study have found that yearly mammograms, done from age 40 on, help find tumors at their smallest and most treatable stage. That's why the American Cancer Society – and others – recommends that women age 40 and older should have

yearly mammograms. And that's why I introduced H.R. 995, a common-sense, bipartisan bill to ensure coverage of yearly mammograms for this population of women.

While many insurance plans cover diagnostic mammograms – that is, mammograms used to diagnose whether a mass or a tumor is cancer – many insurance plans do not cover mammograms for the purpose of screening for tumors. Based on the research and on what we know about breast cancer, this is simply unacceptable, and women and families deserve better.

As we have learned, mammograms, on their own, do not detect every malignant tumor. For women at high risk of breast cancer – that is, those women who have a strong family history of breast cancer, where a woman's mother, grandmother, sister, or daughter was diagnosed with breast cancer, or those women who have a genetic predisposition to developing the disease – MRIs help detect more tumors at their earliest, most treatable stages. For this population of women who are particularly susceptible to developing breast cancer, ACS recommends an annual mammogram and MRI.

As with coverage for mammograms, insurance companies do not routinely cover screening MRIs, even for this high risk population of women. H.R. 995 would make these important screening exams available to the women who need them most.

While women should consult a doctor before undergoing a mammography or MRI, nothing in this bill requires a woman to seek a doctor's referral prior to receiving one of these life-saving screening exams. Nor does the bill require a woman to undergo any test unless she chooses to do so.

As the Subcommittee well knows, Congress is on course to pass a historic health care reform bill this year. That legislation – which has not passed either House of

Congress – contains important prevention provisions that would eliminate co-pays and deductibles for recommended prevention services. These recommendations may or may not include screening mammograms and will depend on the decisions of an outside third party. If screening mammograms are included, delays upward of five years or more could continue to limit women’s access to these exams. Therefore, passage of major health care reform won’t necessarily prevent these women from continuing to fall through the crack. Only passage of H.R. 995 will achieve that goal.

Additionally, the prevention measures likely to be included in the final health care reform package do not include coverage for MRIs for high risk women. Thus, the women most at risk – the women with strong family histories of the presence of breast cancer, as well as those who are genetically predisposed to the disease – will be left without access to these life-saving exams.

Mr. Chairman, with the passage of my bill, women age 40 and older, as well as those women at high risk of developing breast cancer, will not continue to fall through the cracks. With my legislation, these women will be guaranteed coverage for life-saving screening exams. As we wait to find a cure, ensuring coverage for mammograms and MRIs could mean tremendous benefits for scores of women and their families in the fight against breast cancer.

Mr. Chairman, thank you for giving me an opportunity to discuss my bill, H.R. 995, the *Mammogram and MRI Availability Act*, and for holding this important women’s health hearing. I look forward to working with you, as well as my colleagues on the Subcommittee, to pass this legislation. Thank you.