

HOUSE BILL 1259 TESTIMONY 3.7.24

My name is Dr. Lisa Mullen. I am a breast imaging radiologist at Johns Hopkins Medicine. I am speaking in support of House Bill 1259.

Many studies have been published related to disparities and delays in breast cancer care. Delays in follow up after an abnormal screening mammogram and delays in obtaining a breast biopsy were found to be higher in Black, Hispanic and Asian women. Delays in other follow up imaging were found to be higher in Black women, those with Medicaid or no insurance, and women living in economically disadvantaged zip codes. The delays in every aspect of care are at least partially related to insurance coverage and the cost of follow up testing, and these factors disproportionately affect minority women.

Delays lead to decreased survival. Patients with breast cancer treatment delays of 3 months or more have 12% lower 5-year survival than those with shorter delays and longer delays are associated with more advanced stage. Low-income breast cancer patients have 5-year relative survival rates that are 9% lower than higher income patients. Black women are 41% more likely to die from breast cancer than White women and part of the racial disparity is due to more advanced stage at diagnosis and less access to high-quality treatment, likely due to financial barriers.

When breast cancer is small and does not involve regional lymph nodes, it is easier and less expensive to treat, with fewer complications and better long-term survival. Helping women to have access to diagnostic testing, including breast biopsies, will improve patient experience and outcomes, decrease overall health care costs, and help decrease racial disparities in breast cancer treatment.

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