

Patient Costs for Breast Cancer Screens

What are the costs & benefits for removing patient copays for secondary breast exams?

Non-invasive breast exams can reduce breast cancer mortality.

Breast cancer screens between the ages of 50-75 can reduce cancer deaths by 26%, and cancer spread to other tissues by 29% ([CDC 2022](#)).

Several American medical societies recommend breast exams for the preventative detection of cancer by age 40, and exams every 1-2 years thereafter ([Drukteinis 2014](#)).

- The age and frequency of exams depends on risk factors, such as family history, genetics, and breast tissue density.
- 2D mammograms are the most common screening tool, primarily due to the relative availability of different equipment in healthcare facilities ([Roganovic 2015](#); [Hollingsworth 2019](#)).

Secondary breast screens can cost thousands of dollars.

Primary Screening. The [Affordable Care Act](#) classifies primary breast cancer screens as a preventative service that insurance must cover at least once every two years ([HRSA 2022](#)).



Research Highlights

Biennial screens are recommended for the detection of breast cancer.

About 1 in 7 women will need a secondary breast screen, which can cost hundreds to thousands of dollars.

Plans with high copays or deductibles can lower rates of breast screening.

Several states have eliminated copays for breast cancer screens.

Secondary Screening. Roughly 1 in 7 women may need a secondary cancer screen, which are often considered 'diagnostic' or 'out-of-network' procedures that require out-of-pocket payments ([Roganovic 2015](#); [Kunst 2020](#)).

- Combined imaging techniques can increase the likelihood of correctly identifying cancerous tissue ([Roganovic 2015](#)).
- Around **20-25%** of mammograms can be negative on the first screen and be positive in a second ([Hollingsworth 2019](#)).

The cost for secondary screens can depend on the type of insurance; plans can collect costs upfront (higher **deductibles**), distribute costs to consumers by usage (higher **coinsurance or copays**), or a **combination** of the above.

Table 1 lists the average out-of-pocket cost paid by a patient on private insurance in the U.S. for primary and secondary breast cancer screens ([Hughes 2023](#); [Roganovic 2015](#); [Hollingsworth 2019](#)).

Table 1. Average out-of-pocket costs for non-invasive breast cancer screens in the U.S.

Screening Approach	Most Often Primary or Secondary?	Sensitivity to Detect Cancer	Patient Costs for Primary Screen	Patient Costs for Secondary Screen			
				Deductible	Coinsurance	Copay	Combination
2D Mammogram	Primary	36-98%	\$0	N/A (not typically used as secondary screening)			
3D Mammogram	Secondary	60-100%	\$0	\$9,325	\$2,695	\$2,805	\$3871
Ultrasound	Secondary	45%-96%	\$0	\$8,648	\$2,563	\$2,522	\$3,488
Magnetic resonance imaging (MRI)	Secondary	78-93%	\$0	\$828	\$320	\$259	\$344

Patients usually have one option for an employer-sponsored insurance plan, which determines their copay and deductible costs.

- Roughly 75% of employers who offer insurance in the U.S. (most under 200 employees) offer one insurance plan (KFF 2019).

Roughly 16% of women on private insurance reported paying some out-of-pocket cost for a secondary mammogram, while 11% of uninsured women and 3% of Medicaid insured reported the same (KFF 2019).

- Roughly 3/4 of insured MO women obtain at least 1 breast cancer screen every two years, compared to 1/3 of uninsured women (KFF 2019).
- In a 2012-2016 study, the average cost to insurers for primary breast cancer screening in Missouri was between \$100-400. Prices were most expensive in Southeast MO (Kunst 2020).
- Roughly 1 in 41 fewer breast exams are performed among patients in plans with high copays; for plans with high deductibles, roughly 1 in 62 fewer exams are performed (Hughes 2023).

Some states have eliminated breast screening copays.

16 states (including MO) and D.C. require

insurance coverage for “any additional or imaging...deemed medically necessary” (RSMo 376.782), but allows insurers to charge copays, coinsurance, or deductibles for these services.

- 12 states prohibit out-of-pocket copays for screenings under their Medicaid plans (AR, ID, IN, LA, MA, NH, NV, OH, TX, VT, WA, WV; Sabik 2020).
- 7 states (AR, CO, IL, LA, NY, TX, and TN) prohibit out-of-pocket costs for all breast cancer screenings in both private and public insurance plans (Dense Breast-Info 2023).

Provider Impacts. It is not clear how state policies that prohibit out-of-pocket patient costs for breast cancer screens affect overall private insurance costs.

- In one estimate, hospitalizations resulting from high copays and low drug usage could save the medical system \$1 billion/year (Goldman 2006).

Consumer Impacts. In the Medicare Advantage plan, eliminating copays for biennial mammography increased the screening rate by 6% (Trivedi 2018).

- Data is limited on the effect of eliminating copays for diagnostic screens on overall medical costs to the consumer, since copays generally do not count toward patients' deductibles in health plans (GoodRx 2022).

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