

About the Access to Breast Cancer Diagnosis Act

Millions of people in the U.S. can access mammogram screenings at no cost. But when follow-up diagnostic or supplemental imaging is needed, patients can face hundreds, even thousands of dollars in out-of-pocket costs.

For years, this financial barrier has delayed diagnosis and risked lives. The newly reintroduced **Access to Breast Cancer Diagnosis, or ABCD, Act** addresses this issue by requiring federally regulated health plans to cover diagnostic and supplemental breast imaging—with no out-of-pocket costs to patients.



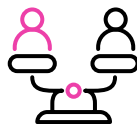
Why the ABCD Act is Critical

The ABCD Act would make diagnostic imaging affordable and accessible for all, leading to:



Fewer patients lost to follow-up.

In 2024, 1.1 million women delayed necessary diagnostic imaging due to cost. Over 375,000 women said they would skip future mammograms for fear of costs. By eliminating out-of-pocket costs for breast imaging, the ABCD Act encourages women to seek the answers they need without delay.



Less discrepancy among patient care and outcomes.

Black women face higher rates of late diagnosis, while Hispanic women and those with annual incomes under \$35,000 are more likely to miss follow-up care due to cost. By eliminating out-of-pocket costs for imaging, the ABCD Act gives all patients a chance to receive life-saving screening.



More young women getting answers early.

Despite the increasing rates of women developing breast cancer at an earlier age, young women with high-deductible health plans are more likely to skip additional testing. With breast imaging fully covered, even under high-deductible health plans, women's choice of insurance plan won't impact their access to necessary imaging.

State Legislatures Have Paved the Way

To date, 32 states have passed laws eliminating patient cost sharing for diagnostic or supplemental imaging under state-regulated plans. Data show this policy change has had a negligible impact on health insurance premiums.



Breast cancer won't wait. Neither should coverage for life-saving screening.



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