HINMAN STRAUB PC
ATTORNEYS AT LAW

121 State Street
Albany, New York 12207-1693
Tel: 518-436-0751
Fax: 518-436-4751

June 2, 2026

RE: AN ACT to amend the insurance law, in relation to reducing the age of receiving annual mammograms for persons enrolled in large group policies

A.10893 (Jackson)
S.7280 (Martinez)

MEMORANDUM IN OPPOSITION

Submitted on behalf of the Blue Cross and Blue Shield Plans

The New York State Conference of Blue Cross and Blue Shield Plans opposes enactment of this bill, which would expand current law by requiring insurance coverage of annual mammograms for members between ages 30 through 39 upon the recommendation of a physician, subject to the Plan's determination of medical necessity. Not only is this legislation unnecessary in light of existing state and federal requirements, but this bill would force New York State to incur significant costs, as, under the Patient Protection and Affordable Care Act ("ACA"), the State would be responsible for additional coverage beyond its essential health benefits ("EHB").

New York law required coverage of breast cancer screenings before the ACA, and, as a result, breast cancer screenings are part of New York's EHB.[1] Additionally, the ACA requires coverage of preventive care and screenings with an "A" and "B" recommendation by the United Services Task Force ("USPSTF") and, for women, recommendations by the Health Resources and Services Administration (HRSA"), to be covered at no cost to enrollees. The USPSTF currently recommends mammography for breast cancer screening every two years for women aged 40 to 74 regardless of family risk.[2] Such recommendations are in line with those of the HRSA, which advise average-risk women to "initiate mammography screening no earlier than age 40," and do not provide specific recommendations for women who may have a family history of breast cancer.[3]

[1] New York 2017-2025 EHB Benchmark Plan Information, available at https://www.cms.gov/marketplace/resources/data/essential-health-benefits#New_York.
[2] U.S. Preventative Services Task Force, "Final Recommendation Statement - Breast Cancer: Screening," Apr. 30, 2024, *available at* https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/breast-cancer-screening.
[3] Health Resources & Services Administration, *Women's Preventive Services Guidelines*, *available at* https://www.hrsa.gov/womensguidelines.

Although the USPSTF notes an increased risk of breast cancer in younger women, screening women before the age of 40, is not an "A" or "B" Recommendation by the USPSTF. [4] Requiring health plans to cover mammograms for women between the ages of 30 to 39 upon recommendation of a physician is therefore outside of the scope of USPSTF recommendations.

Of note, rates of breast cancer are low in women under 40 years of age.[5] As reported by Healthline, women in their 30s, without personal history of breast cancer, are more likely to have false alarms and benign biopsies without much benefit.[6] For women with a greater risk, New York law already requires large group coverage for an annual mammogram between ages 35 through 39 upon the recommendation of a physician, subject to the Plan's determination that the mammogram is medically necessary. Mammograms are also required to be covered at any age for covered persons having a prior history of breast cancer or who have a first degree relative with a prior history of breast cancer. Thus, this legislation is unnecessary in light of current coverage.

While the goal of the bill – promoting early detection of breast cancer – is laudable, the ACA already requires coverage of preventive care recommended by independent medical experts (the USPSTF and HRSA), who regularly review the guidelines and recent developments to ensure that the recommendations reflect evidence-based care. As this bill would expand the scope of benefits required by law by adding coverage for additional screenings that are <u>not recommended</u> by the USPSTF or HRSA, this legislation would create an unfunded mandate not just for commercial health insurance, but on the entire State. Under the ACA, the State must pay the full cost of any State mandates that are in addition to EHB for all individual and small group health insurance coverage, meaning the cost of this additional benefit for those markets would be entirely funded by New York taxpayer dollars.

For the foregoing reasons, the New York State Conference of Blue Cross and Blue Shield Plans opposes this bill and urges that it not be enacted.

Respectfully submitted,

HINMAN STRAUB ADVISORS, LLC
Legislative Counsel for the Blue Cross and Blue Shield Plans

---

[4] U.S. Preventative Services Task Force, *Breast Cancer: Screening*, *available at:* https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/breast-cancer-screening.

[5] "Breast Cancer Risk Factors: Age," Susan G. Komen, *available at*: https://www.komen.org/breast-cancer/risk-factor/age/

[6] "Should Some Women Get Mammograms at 30?" Healthline.com, *available at*: