

Members of the Committee:

Thank you for allowing me to give this testimony in support of HB 371. To quote Rep. Schmidt in her prior testimony “This bill also ensures that women who are diagnosed with dense breast tissue, have had a prior history of breast cancer, or have an ancestral or genetic predisposition to breast cancer as determined by a health care provider, will have full access to primary and supplemental breast cancer screenings and be made more aware of the risks they may have. Supplemental breast screenings are any additional screening deemed necessary by the health care provider in accordance with the American College of Radiology, including MRI’s, ultrasound or molecular breast imaging. Women and their primary care providers together will decide if additional screenings are necessary – not insurance companies.” I support this statement and all that HB 371 represents with my whole being. In order for you to understand the importance this bill holds, I need you to understand *my* story and the story of others just like me. Mine is a tale of two stories, really.

My first story began in 2013. At the age of 42, I was busy being a wife, a mother of actively involved 16, 14, and 12-year old children, a color guard instructor for the local high school band, and a full-time teacher to wide-eyed and curious 7-year olds. Little did I expect that one evening in June of 2013, I would be lying in bed watching TV with my husband and noticing a lump in my left breast. Of course, you know how the conversation went: “What is that?” “Have you felt that before?” etc. At the time we both thought it was merely a swollen gland because it just seemed to magically appear. After two weeks the lump was still there, so I decided to make an appointment with my family doctor. It took a few weeks to get in but when I finally got to see her, she immediately sent me for a mammogram and ultrasound. Something just didn’t seem “right” she said. I was only 42, with no history of breast cancer, let alone ANY

cancer in my family so we were expecting it to be nothing serious. I left the hospital and was not even back to the elementary school where I teach 2nd grade, about a 5-minute drive, when the doctor's office called me and told me it looked "suspicious" and they were sending me to a surgeon. The weeks that followed were consumed with biopsies to confirm it was cancer and to see if it had affected the lymph nodes; additional mammograms which showed the single large mass. At this point, we were hoping to be able to do a lumpectomy. By the grace of God, my surgeon trusted her training and felt the mammography images did not show the clearly defined edges of the mass well enough, so she ordered additional imaging: MRI, CAT scans, ultrasounds to get clearer pictures of it. Thank goodness she did. The MRI showed the one large mass that I had felt AND 4 other small masses all in the same breast that had not shown up on mammography images, mostly due to the density of my breast. My story would have a very different ending if it were not for these advanced imaging diagnostic tools. We would have proceeded with the lumpectomy, thus leaving four cancerous masses undetected in my breast. If these procedures, these advanced diagnostic images, had been denied by my insurance company, what might my health be like today? I was already at stage 3 cancer----leaving malignant tumors would have almost sealed my fate.

I am blessed to say I am seven years out of treatment- a *survivor*. I have survived a double mastectomy, chemotherapy, radiation, and reconstructive surgery. I am a strong, brave, tough woman who has overcome what seemed to be difficult odds. Yet, I am also another kind of survivor, one which this bill *directly seeks to protect*. I am a survivor *despite* the recent policies of my insurance company regarding breast health. My story doesn't end with my cancer recovery. Oh no, that is where my second story begins. For three years after my surgery, I had an annual MRI to watch for any further developing masses. Mammography is not an option for me

after reconstructive surgery. The silicone implants make it almost impossible to see through any tissue, not to mention it takes a specially trained technician to perform the mammogram so as not to rupture the implants. For three years, my doctor's imaging requests were approved by my insurance company. After three clear MRIs, my doctor felt it medically safe to go two years between images. This time, the insurance company DENIED the procedure. Actually, the insurance company changed its policies and had "farmed out" its approval process for diagnostic imaging to another company, EverCorp, and **they** denied the claim. My doctor appealed and again it was DENIED. "Too soon", they said although it had been two years. She filed an appeal for a peer-to-peer review and submitted all the necessary documentation to support the medical necessity of this procedure. A male "peer" from EverCorp listened to her and then calmly and dryly informed her that I "could just get a mammogram." DENIED again. I ask you, what would a mammogram show? There is nothing left "in my breasts". They are fake, remember? The real ones tried to kill me. What I need to see is in FRONT of and BEHIND the breasts, which would require special imaging. So, I immediately began my own appeal process. I was told in no uncertain terms that unless I had a diagnosis of cancer my claim would never be approved. What? I am trying to PREVENT CANCER! You see, I am one of the women who "have had a prior history of breast cancer" that HB 371 mentions. To date, I have not had an MRI on my breasts yet. Yet, someone at a desk sitting in an office decided what was right for me. They do not know me; they do not know my history; they do not know my body; they do not know my environmental factors, genetics, etc. All they know is a line item cost- they do the math. So what lies ahead for me and countless other women if we continue to be denied access to additional screenings by our insurance companies? A double mastectomy, with tubes and drains attached to me for weeks, not able to raise my arms for six weeks, all the while feeling ugly, deformed, and

broken? Not for me- I have already done that. Perhaps another 16 rounds of chemotherapy- 4 they refer to as “the dreaded red devil”. It makes me nauseous just to say those words. Perhaps more than 36 radiation treatments- with 2nd degree burns on my back, collarbone, and ribs?

There is no routine cancer- that's a slogan with which most of us are familiar, but there does seem to be a routine denial process. This bill provides for any person, who is at risk to utilize advanced technology for additional screening measures. Additional screening measures directed by a woman or man's doctor allow for enhanced accuracy. Enhanced accuracy equals early detection. Early detection equals saving lives. Early detection reduces the cost to fight and hopefully cure breast cancer, but most importantly it saves the human cost. Yes, let's do the math: \$250,000 in treatments plus the anguish and deterioration in the quality of life, or worse yet the loss of life all because some number-cruncher denied a \$3000 MRI.

I am more than happy to answer any questions you may have about my testimony today.