Testimony Supporting HB 271
Submitted to the Insurance Committee
5-27-2025
By Susan G. Komen

Chair Lampton, Vice Chair Craig and members of the Insurance Committee, thank you for the opportunity to provide testimony in support of HB 271. My name is Emily Zarecki and I'm a resident of Lucas County.

Breast and ovarian cancers run in my family. After my mother was diagnosed with ovarian cancer, she went through genetic testing. Although my grandmother, great-aunt, mother and cousin had one of those cancers, the genetic test came back negative. The negative test result didn't deter me from having annual screening mammograms.

Even during the pandemic, I remained steadfast in having my annual mammogram. The result of this mammogram was different. Instead of getting the "all clear" from my gynecologist's office, I was told I had dense tissue and would need to have additional testing. Without hesitation, I scheduled an appointment for a breast ultrasound.

After the test was done, I was told a radiologist would read the test right away. I sat in the ultrasound room with my husband and waited. There was a knock at the door. As the ultrasound tech stepped in, I noticed someone wearing a white lab coat was standing behind her. The radiologist pointed to a suspicious mass on the screen. She said she was 90% sure it was a fibroadenoma, a benign mass of tissue; however, a breast biopsy would need to be done to confirm that.

A few days later, I was scheduled to have a biopsy. After a few more days, I got the call I didn't expect. I was told, "You have breast cancer." The pathology report showed that the type of cancer was an aggressive form, called HER2+. Fortunately, it was caught early.

I had good insurance. I could afford the additional testing. But I know that's not true for everyone. Diagnostic tests can cost thousands of dollars out of pocket. And research shows that when patients face high costs, many skip the follow-up care. In fact, one in five people won't get the recommended test if they have to pay for it.

Delaying care can mean catching cancer too late, when it's harder and costlier to treat and outcomes are worse. But, we know that early detection saves lives.

This isn't just a one-time concern. People at higher risk, including those of us who have already had breast cancer, often need ongoing supplemental imaging. Even after a double mastectomy, I still require breast MRIs every few years. The cost to me could be $200 - $300.

The National Cancer Institute's Financial Burden of Cancer report found that breast cancer has the highest treatment cost of any cancer.

Now that I'm on the other side of cancer treatment … I'm four years cancer-free … I feel a sense of responsibility to advocate for those who are going through treatment, those who are having tests done to determine if cancer is present or the one in eight women who will be diagnosed with breast cancer in their lifetime. I advocate to remove barriers to timely screening and diagnostic testing.

High out-of-pocket costs for diagnostic tests are an unnecessary barrier for far too many people, including Ohioans. People should not have to decide between paying the costs for recommended diagnostic tests or paying for other living expenses.

HB 271 would eliminate out-of-pocket costs for medically necessary diagnostic and supplemental imaging. This change would give more Ohioans, regardless of income, insurance status, or zip code, the chance to catch cancer early. It's a step toward fair and equitable access to care.

I support HB 271 and strongly urge you to vote in favor of this life-saving legislation.

Thank you for the opportunity to provide testimony in support of HB 271.