

Dear Chair Lampton, Vice Chair Craig, Ranking Member Tims, and members of the House Insurance Committee, thank you for the opportunity to provide testimony on HB 271, the BEST Act.

Thank you, Representative Jean Schmidt, for introducing such an impactful bill, the BEST Act. taken by breast cancer.

I'm here today because I felt a swelling in my breast. I saw a doctor to get it checked. I was not concerned because there was no family history, and I had received normal mammograms in the past. The women's health specialist and questionnaire placed me at "low risk." On September 21, 2018, a screening mammogram showed a "suspected mass." And almost a week later, on September 27, 2018, a targeted ultrasound showed this mass was 2.4 centimeters. I had breast cancer: surgery and radiation were scheduled. On October 18, 2019, the MRI came back, and that mass, likely missed for years on mammograms, now measured at 4.8 centimeters. In 2020, I received a stage 4 terminal diagnosis.

Dr. Elyse Lower, the Director of UC Breast Care called me with the news. Dr. Lower said surgery and radiation were cancelled because it was too late. The cancer spread too far, past my breast. It was then and there that I learned that all those preventative mammograms I was told to get missed my cancer because of my dense breasts, associated with increased breast cancer risk and significantly harder to detect through standard screening.

Dr. Lower explained to me that tumors are white, and the fatty tissue in dense breast tissue is also white. On a mammogram, it was like catching a snowflake in a snowstorm. Half the tumors can be missed. What I had was not rare: close to half the women in the world have breasts like mine. The science is there, and in other states, I would have learned of the increased risk and been offered supplemental screening. If it had been caught early, I would have had a 99 percent chance of complete remission. I had a 1 percent chance.

Almost seven years later, I am still here. Most have died by now. The costs of treatment are so high that stage 4 cancer patients are more concerned over finances than dying according to surveys. We were fortunate that our small law firm offered exceptional coverage to its employees, and I did not share the fear that staying alive would bankrupt my family.

But the insurance premiums for covering our firm went up exponentially after my diagnosis, year in and year out. Our firm that prided itself on the coverage it offered employees, had to cut back and ultimately, I left our firm's plan as soon as I could go on Medicare and told by our longtime insurance agent that no one was willing to cover us if I stayed on the roster.

I am lucky to still be here, and feel even more fortunate to have known and worked alongside Representatives Jean Schmidt and Sedrick Denson, Drs. Annie Brown and Mary Mahoney, the UC team, and so many more who came to join us in passing trailblazing legislation in 2022, HB 371, that has saved so many lives.

I have met so many strangers who have stopped me to let me know that HB 371 saved their lives or a loved one's life. While HB 371 has opened doors for women and prevented numerous advanced stage cancers, in conversation after conversation we quickly learned that when women with dense breasts

are recommended for additional screening, many cannot make their co-pays. It pains me each time to hear from a woman who needed additional screening beyond a mammogram, like an MRI, but couldn't afford the high out-of-pocket costs that often range from a whopping \$200 to \$1,000. That woman ends up facing a difficult decision between paying for a screening that could save her life or paying the bills that keep a roof above her family's heads. They feel they have no choice but to *hope* that they are not one of the 1 in 8 diagnosed with breast cancer.

That is why we need to BEST Act: to close the gaps in our coverage, so no woman is left behind. The rationale for the BEST Act is simple, and it goes back to the importance of early detection. Study after study shows the importance of offering supplementary screening to women with dense breasts, including MRIs and [contrast-enhanced mammography](#). When an Ohioan is told that there is a cloud on the mammogram and there is a need for supplemental screening, she will not have to struggle to pay for additional imaging. It means he or she won't have to choose between household bills and a recommended – and often life-saving – test. He or she won't have to spread the cost of a test over one year, or even skip the additional screening, because the cost is more than she can bear.

It is important that we support women in helping them find their cancer early because it is not only the right thing to do, but the cost of treatment exponentially rises when cancer is not found early. High costs impact everyone, and the costs [skyrocket](#) from one stage to the next:

- Stage 0: **\$60,637**
- Stage 1 and 2: **\$82,121**
- Stage 3: **\$129,387**
- Stage 4: **\$134,682**

It is not just the patient who bears the cost. Medical expenses are only one component of the total breast cancer burden placed on families and individuals. A [2022 survey by BreastCancer.org](#) of 1,437 Americans diagnosed with breast cancer in the past 10 years found:

- **64%** said their job situation changed for a reason related to their breast cancer diagnosis and treatment.
- **50%** felt their breast cancer diagnosis and treatment had a significant negative effect on their career.
- **47%** said their out-of-pocket costs were a “significant or catastrophic burden.”
- **37%** reduced spending on basic necessities, such as food or housing, to pay for treatment.
- **35%** used all or part of their savings to pay for cancer care.
- **28%** used credit cards to pay for cancer care.
- **21%** took fewer pills than prescribed to reduce costs.

Additionally, [one in four people](#) in the U.S. with medical debt have declared bankruptcy or lost their home to eviction or foreclosure. Cancer patients are [71% more likely](#) to experience a severe adverse financial event.

I was also curious about the whole cost of breast cancer care, so I did some further research. According to Chmura Economics, the cumulative cost of breast cancer treatment in 2024 will be [\\$32.7 billion](#). Chmura even broke down the estimated cost of medical services to \$28.8 billion and the cost of prescription drugs to \$3.9 billion. Furthermore, a study from the UNC Center for Health Promotion and Disease Prevention showed that the costs of treating and living with metastatic breast cancer will more than double between 2015 and 2030, reaching [\\$152.4 billion](#).

Next, I needed to know how missed screenings impact our labor market. I learned that when a woman misses a screening, she becomes high risk, and her employer faces rising healthcare costs. Most recently, Nomi Health [released](#) a new analysis just last month in April which examined women aged 40 to 74 who received breast cancer screening and treatment and [concluded](#) that “Every missed screening carries a price tag—one that affects both your healthcare costs and your employees' lives.”

[Another recent study](#) found that when the indirect and direct costs are added, including the lost productivity in later stages and the unnecessary deaths, early detection and treatment cost savings are extraordinary. Moreover, a [2024 study by McKinsey Health Institute](#) found that if we address the 25% more time that women spend in ‘poor health’ relative to men, we could save lives, boost the economy by \$1 trillion each year until 2040, and generate the equivalent impact of 137 million women accessing full-time positions by 2040.

It is clear that breast cancer is not just [the second leading cause of cancer death](#) among women, but it also carries a detrimental impact on our workforce with every late-stage detection and life lost.

The BEST Act – drafted by Dr. Annie Brown, Representative Schmidt, and our team, after years of meeting with stakeholders across the state – is a model for the nation. No woman’s cancer should be missed because she cannot afford to pay the co-pays. In other words, costs should never be a barrier to early detection.

It is also an example of government at its best. This is legislation that solves a problem that impacts all women in the state as no woman is safe from breast cancer. One in eight will experience it.

The passage of the BEST Act will show the power of perseverance when a representative of the people, a patient with a dismal diagnosis, her doctors and medical leaders come together to solve the problem of early detection.

This bill not only reflects the best in science and humanity but is an inspiring example of what dedicated public service can achieve.

It sends a message to the nation that we are ready to take evidence-based measures and protect every woman’s life as if it were our own.

This is the start of the end of breast cancer right here in Ohio.

About Michele Young

Michele Young is a daughter, sister, wife, mother of five, a [2024 USA Today Ohio Woman of the Year](#), and a [2020 Cincinnati Enquirer Woman of the Year](#). She is also a lawyer and was the [2020 Cincinnati Bar Association's Julia A. Stauber Honoree](#) "in Recognition of an Outstanding Female Counselor for her Exemplary Service and Accomplishments." She imagines all she would miss if she was not here in her family's life, her community, and as she speaks, imagines the family tables with empty seats, the despair and the losses, that took place, simply, because we did not update the law to save lives. She urges lawmakers to please update the law and pass the BEST Act.