

To Kansas Senate Financial Institution and Insurance Committee
Chair, Senator Longbine and Vice Chairs Fagg and Peck

From Peggy L Johnson, Susan G Komen Kansas Public Policy Ambassador; COO, Wichita Medical Research and Education Foundation

Subject: Senate Bill 48, Requiring certain insurance coverage for diagnostic examinations for breast cancer.

My thanks to Chairman Longbine and the committee members for the opportunity to talk with you today in support of SB 48 Breast Diagnostic Services.

My name is Peggy Johnson and I am COO of Wichita Medical Research and Education Foundation in Wichita. I am a long time Susan G Komen advocate and a nine-year breast cancer survivor. I have served in a number of volunteer positions with Susan G Komen, the Kansas Cancer Partnership, the support organization for the Kansas Department of Health and Environment and also serve in a number ways for the University of Kansas Cancer Center, including chair of the Masonic Cancer Alliance Community Advisory Board. In those roles I have talked with many women as they face the possibility of a breast cancer diagnosis. As you might imagine receiving a call from your mammography screening provider advising you that you need additional tests is a very scary conversation. But if you add to the uncertainty of your condition you add the expense of additional scans and tests before you can have a definitive diagnosis it becomes overwhelming.

In January of 2012 when I was diagnosed with breast cancer I had private insurance through my employer. My insurance was a very good BCBS policy. My screening mammogram was covered through my insurance as part of the Affordable Care Act or the ACA as is the current law at no cost to me. Once I received the call back, I knew any additional tests would be a cost sharing event. I could afford it, I knew I needed it and I proceeded. I was a lucky one, I knew I could afford it. But at the same time I thought about all the women who didn't have good insurance and couldn't afford it. By the time I received my final diagnosis I had met my co-insurance of \$1000 out of pocket. I was diagnosed with an especially aggressive type of breast cancer; I was triple negative. I started immediate treatment – surgery, chemotherapy and 35 radiation treatments. I am now nine year out and want to believe I am done with breast cancer. The truth is I believe I was lucky.

If I had not had good health insurance with a higher deductible, many are as high as \$5000 to \$10,000, I would not be who I am today. A delay in my diagnosis would have meant my options were limited. Advanced breast cancer or metastatic disease has no cure. The treatments are especially harsh and expensive.

We know many women who receive that call to come back to the screening site simply put it off and the reason is fear and cost. Do they buy groceries, pay the mortgage, or get the tests they need? No one wants to hear 'you have breast cancer', but if you must hear it, let's make sure they have the best opportunity for care and recovery.

Susan G Komen has done their due diligence on this subject. They commissioned a study to look at the human costs of a delay of diagnosis. It proves what we thought, many women delay getting those additional screening.

I know you will hear from the insurance industry; this additional coverage will be costly to them. Realistically, it is a small cost against the cost of treating advanced disease. And we must consider the human cost. Early breast cancer is easier to treat, less expensive and certainly easier to tolerate. I lost very little time in my office. Advanced disease costs more than the out-of-pocket costs, it costs time with your family and the ability to take care of your family and return to work.

On behalf of all women, your wives, your sisters, your mothers, and your friends, let's make sure no one has to make the decision whether to get the necessary diagnostic tests or pay their mortgage.

Thank you for your time and your service.

Peggy L Johnson