

To: Senate Committee on Health

Re: SB 121/AB 117

From: The Wisconsin Breast Cancer Coalition

Dear Chairperson Cabral-Guevara and Committee on Health members:

On behalf of our organization of breast cancer survivors, patients and their loved ones, thank you for the hearing held on July 12 for SB 121/AB 117. We urge your vote to advance it out of committee.

The access to appropriate screening and testing that this bill will guarantee is vital to our goal of saving lives from breast cancer. Until we have a cure for breast cancer or learn how to prevent it in the first place, detecting it early is the best way of saving lives. Unfortunately, for many women at high risk for breast cancer, supplemental screenings and diagnostic tests that would improve their odds of an early diagnosis are financially out of reach. If they have dense breasts and no symptoms of breast cancer, these women may choose to forgo further screening that *ultimately* may prevent them from a late-stage diagnosis simply because they cannot afford the out-of-pocket costs.

We now know that mammography alone is not the best way to detect early tumors in the 40% of women with heterogeneously or extremely dense breast tissue. We know better now, so we must *do* better now and keep up with the science and technology available to us.

As you heard from the patient advocates who testified before you on July 12, this bill comes too late for them. Due to the late diagnosis of their breast cancer, through no fault of their own, they've suffered great physical, emotional and financial harm. And they are not "out of the woods." Metastatic breast cancer has no cure.

Some women are fortunate to go years without a recurrence of their cancer, others are not so lucky. *All* of them, though, will continue to live with the negative effects of their diagnosis and ongoing treatment. And their insurance companies will pay 2-4 times more for their care than if the women had been diagnosed with a localized breast cancer.

This does not have to be the case. This bill will improve access to the screening and tests that find breast cancer at its earliest, most easily and affordably treated stage – before it has spread from the breast and become life threatening.

Those of us present for the hearing were shocked by the insensitive characterizations of “harm” by the insurance industry representatives during their testimony. Most insulting is the assertion that women would suffer “psychological harm” from “false positive” screenings and tests. Allow us to share a few patient advocate comments on that line of argument:

A person with a false positive might be stressed for a week or two. All of us diagnosed with cancer must deal with an intense emotional rollercoaster for the rest of our lives....I would have given anything for a false positive.

My two false negatives and late diagnoses, resulting surgeries, chemo, and radiation, have certainly caused more “psychological harm” than the relief a false positive would have caused.

Multiple false negatives have led to amputation of both breasts and my entire reproductive system. I would rather know too much and be wrong than not know enough and be diagnosed too late.

The risk of a false positive – which will be resolved with additional testing – is nothing compared to the irreversible harm of *false negatives*. Patients deserve to have all the information they need to make informed decisions about their health. It’s offensive to claim they can’t handle that information without “psychological harm.”

Women don’t die from false positive test results. They die from metastatic breast cancer. That is all that matters.

Please listen to the women who were brave enough to share their stories with you. As most of them pointed out, this bill isn’t for them. It’s for the thousands of high-risk Wisconsin women whose stories should have a better ending. You can help make that a reality.

Thank you.