

Dear Chair Lee, and Members of the Senate Human Services Committee,

Thank you for this opportunity to share my testimony regarding SCR 4009. When treating breast cancer, we know that early detection is key, which is why the added diagnostic imaging is recommended, the earlier that breast cancer is found the more treatment options there are and the better chance for survival for the women impacted.

In 2017, I went in for an annual mammogram, after which an ultrasound was recommended and then also an ultra sound guided biopsy which showed I had Atypical lobular hyperplasia. My doctor informed me that almost half of all women with this lesion will develop breast cancer at some point in their lives. At the time, my husband was active duty military and for several years, all my mammograms and annual MRI's were fully covered and I had no problem keeping up with the recommended imaging.

Unfortunately, I was divorced after 28 years of marriage and am having to start over at age 54. As such, my insurance coverage has changed, and now I have not had a MRI screening that is recommended in the past 2 years due to the cost that I know I will incur. It would be wonderful to be able to have my screenings and live my life having peace of mind that I'm free of breast cancer, as opposed to worrying about how can I make this happen financially and the consequences of not having the imaging done.

I am in support of SCR 4009 because I feel that it would allow many more women become compliant with the screening recommendations of their doctors by removing expensive copays/co insurance costs, which are currently a barrier. In addition to providing financial peace of mind, mothers, daughters, sisters, and wives would also have peace of knowing the state of their health and be empowered to make the best choices for themselves, and to live their best lives.

Sincerely,

Michele Swanson