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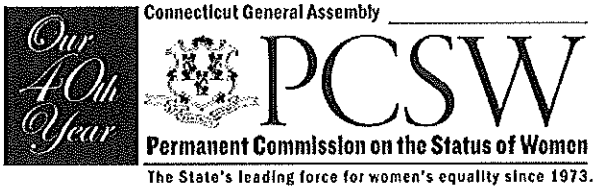

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Testimony of
Michelle Noehren
Events & Special Projects Director
The Permanent Commission on the Status of Women
Before the
Insurance & Real Estate Committee
February 5, 2013

Re: S.B. 811, AAC Health Insurance Coverage of a Second Mammogram & H.B. 6320, AAC Health Insurance Coverage of Orally and Intravenously Administered Medications

Senators Crisco and Kelly, Representatives Megna and Sampson, and members of the committee, thank you for this opportunity to provide testimony on behalf of the Permanent Commission on the Status of Women (PCSW) on S.B. 811 and H.B. 6320.

These two bills, respectively, would aid in the detection and treatment of cancer in women in Connecticut. This is particularly significant because:

- Breast cancer is diagnosed more often than any other cancer and is the second leading cause of cancer-related death in Connecticut women.[1]
- Connecticut has the second highest rate of breast cancer in the country.[2]
- The top five most commonly diagnosed cancers in CT women are: Breast Cancer – 29%; Lung Cancer – 14%; Colon Cancer – 8%; Uterus Cancer – 6%; and Melanoma of the Skin – 5%.[3]
- 63% of all invasive cancers in women were diagnosed in people aged 60 years or older.
- Black women have the highest cancer mortality rates for all cancers combined. [4]
- The most common cause of cancer death in CT women is lung cancer (25%) followed by breast cancer (15%) and colon cancer (10%).[5]

S.B. 811, AAC Health Insurance Coverage of a Second Mammogram

S.B. 811 would require health insurance companies to cover the cost of a second mammogram for a patient who has dense breast tissue if ordered by her doctor. Women with high density breast tissue are four to

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[1] CT Department of Public Health, Breast Cancer in Connecticut

[2] Komen CT, CT Has the Second Highest Incidence of Breast in the U.S., 2011

[3] The CT Tumor Registry, Cancer in Connecticut With a Focus on Tobacco Related Cancers, February 2009

[4] ibid

[5] ibid

five times more likely to develop cancer than women with low density breast tissue.[6] Patients with high breast tissue density often need a follow up diagnostic mammogram after their initial screening mammogram to investigate whether breast cancer tumors are present. Providing a follow up mammogram, if requested by a physician, would assist women in the detection of breast cancer.

Passage of this bill would benefit 40% of Connecticut's population – the 1.4 million Connecticut women over the age of 18[7] who are at risk of being diagnosed with breast cancer.

H.B. 6320, AAC Health Insurance Coverage of Orally and Intravenously Administered Medications

H.B. 6320 would require insurance companies who already provide coverage for IV administered medications to also cover the same medications if they are available to be administered orally. Thanks to advancements in modern medicine some medications, including some forms of chemotherapy, can now be taken in the form of a pill or liquid, instead of solely through an IV.

While it is up to a doctor and patient to decide whether IV or oral medications make the most sense, there are benefits to being able to take medication by mouth. Those benefits include (1) the ability to be in the comforts of one's home instead of sitting in a hospital for hours at a time connected to an IV and (2) the avoidance of more invasive medical interventions such as chemotherapy ports. Providing doctors with more options for treatment benefits all Connecticut women – those soon to be diagnosed with cancer and those in the future.

We look forward to working with you to address these important issues. Thank you for your consideration.

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[6] <http://www.komen.org/BreastCancer/HighBreastDensityonMammogram.html?terms=dense+breast+tissue>.

[7] U.S. Census Bureau, American Fact Finder, 2009 Population Estimates.