

Testimony of Melissa E. Osborne
Raised Bill 158
**AN ACT CONCERNING COST-SHARING FOR
MAMMOGRAMS AND BREAST ULTRASOUNDS**
Insurance Committee
March 3, 2016

My name is Melissa Osborne, I'm an attorney and a mother of four. In full disclosure, I was also a State Senate candidate in 2014. I didn't win, but I had the time of my life and it opened a whole new chapter for me. Or so I thought. Because ten days after the Election, I felt something odd in my left breast. It wasn't a lump, it was just different.

My mammogram just a year earlier had been entirely clear, as had all the mammograms I had undergone since the age of 32. I started mammograms in my thirties because I knew that early detection was the key and my mother had breast cancer at the age of 41. And her mother had breast cancer first at the age of 41, then in her 50s and even after a radical double mastectomy breast cancer still killed her. And my grandmother's sister had breast cancer in her 40s, survived, and then had breast cancer again in her 70s. And although my mother had a lumpectomy, with no chemotherapy or radiation in her 40s, she was again diagnosed with breast cancer in her 70s, and I took a break from my campaign in July 2014 to care for her after chemo and her mastectomy.

Despite my alarming family history, by the age of 47 I was starting to feel safe. My mother had tested negative for the BRCA gene and I hadn't gotten it yet at six years after the age of onset in my family, nor had my older sister. And hey, breast cancer didn't worry me so much. I was on top of things. I got my mammograms and I was confident that if I did get it, I would catch it early, get my lumpectomy and get on with my life. Because, again, I was good. I got my mammograms. I would catch it early. Breast cancer was manageable now, it was pink ribbons and 5ks.

So you can imagine how shocked I was when the diagnostic mammogram and ultrasound – that I had to jump up and down like a crazy person to get scheduled quickly – showed a mass that was anywhere between 2 and 5 centimeters, and another multifocal mass of scattered irregularities of another 5 centimeters. And when my biopsy – which I had to act even crazier

to get scheduled within the next week - revealed that I had a rare form of virulently aggressive breast cancer that grows not in a group but in a single file line which makes it even harder to see on a mammogram, and when my MRI showed that my cancer had already spread to 1, possibly 3 lymph nodes.

I cannot begin to describe the sheer terror I felt, lying on the bed of the CT Scan machine, waiting to find out if this cancer had already metastasized. I cannot begin to describe to you what it feels like to think about your nine year old son, about what would happen to him, if he were to grow up without his mother.

And I cannot begin to describe the overwhelming sense of gratitude and joy when I found out that it was still contained in my lymph nodes. I cannot begin to tell you how joyously and gratefully I started my journey of treatment, which included four months of neoadjuvant chemotherapy, a double mastectomy, five weeks of radiation, and amazing reconstructive surgery, which I am still undergoing. I cannot begin to tell you the euphoria I experienced when my surgeon told me that the pathology tests after my mastectomy showed that the chemotherapy had completely eradicated the cancer and the DCIS not just from my breast, but from my lymph nodes as well. While the average length of survival for my form of cancer is a mere 42 months, my Pathological Complete Response to chemotherapy, plus the double mastectomy and radiation that I would undergo, brought my survival and recurrence chances into the range of a woman with less than Stage One cancer.

But my gratitude for my amazing oncologists and surgeons doesn't change what cancer robbed me of. My hair, my eyebrows, my eyelashes, my toenails, and my breasts are the obvious ones. But cancer also carries with it enormous societal, opportunity and emotional costs. I will never get back the year and a half of income that I have forgone since I am self-employed – and believe me, with three in college next year that income will be sorely missed. I will never get back the college tours I missed with my 17 year old. I will never get back the lacrosse games and bedtime routines I missed with my youngest. I cannot take back the extra burdens my family and friends carried while I was incapacitated, or the hospitalizations and infections when my white blood cell or lymphocyte counts dropped too low. Nor can I take back the permanent damage caused by the chemotherapy and radiation.

I am grateful every day for my life. But my family and I didn't have to go through all of this. This could have and SHOULD have been caught sooner. Before it was in my lymph nodes, before it was in nearly ten centimeters of my breast.

But I have dense breast tissue and dense breast tissue makes cancer less likely to be detected by mammogram. And very aggressive cancers like mine, which grow quickly can easily grow from small and undetectable, to large and metastasized. The best medical approach to someone with my profile - High Risk and Dense - would have me alternating ultrasounds, digital mammography and MRIs at much shorter intervals than a year. As evidenced by my own personal experience and the experiences of countless women like me, mammograms just don't cut it. They aren't enough. The key to survival from this disease is early detection. But if insurance companies don't provide sufficient coverage for these more sensitive tests, they are simply not the standard of care. These tests were not recommended to me and I had no way of knowing I needed them. Raised Bill 158 will impact not just women of limited means who cannot afford these tests, but women of all means who need these tests but to whom they are not recommended because doctors simply don't recommend tests that insurance companies do not typically pay for. SB 158 is particularly important for women who will develop aggressive cancers because it eliminates a cap on the number of lifetime tests and the frequency rates for these tests. And THAT is what can make a difference to women with fast growing aggressive cancers – the cancers that kill.

I am alive today not because of my yearly adherence to mammograms. I am alive because despite my clear mammogram I acted instantaneously on something that just felt odd. It was only by acting that fast that my cancer was contained to my lymph nodes. Literally a month later could have been the difference between life and death for me. However, had I been alternating sensitive tests like MRIs and ultrasounds at shorter intervals, my cancer would likely have been detected before it got to my lymph nodes. And that is incredibly significant. Earlier detection would have changed my course of treatment. Because of the aggressive nature of my cancer I might have still needed chemotherapy, but I almost certainly could have opted for either a lumpectomy and radiation, or a mastectomy with no radiation and immediate reconstruction. I would have been done with cancer by May or August of last year. Instead, in January I had a 16 hour reconstructive surgery which left me house bound for four weeks and on limited activity for eight, and I have three maybe four more surgeries to go. So while

I am alive and eternally grateful for that, I don't have my life back. I'm not working full time and I have yet to figure out a path to another campaign.

Breast cancer isn't all pink ribbons and 5K runs. It is a grueling, fatal disease, especially when it is not caught early. Mammograms are enough for some women. But for some of us they are not. And the fact is that we can identify the women mostly likely to benefit from these additional tests that can make the difference between life and death, between seven months of treatment versus two years. I urge this committee to vote in favor of this bill with the proposed alternate language eliminating the exception for high deductible plan. This bill would have changed my life completely and will save the lives of so many more women and mothers. Thank you.