

**Mary Ann Wasil Nilan**

**Milford, CT**

**Testimony in regard to Raised Bill No. 259 (see bill below testimony)**

Good afternoon Senator Crisco, Representative Fontana and members of the Insurance and Real Estate Committee.

My name is Mary Ann Wasil Nilan; I am a 45-year-old mother of three and a 6-year breast cancer survivor. I am the Executive Director & Founder of the non-profit Get In Touch Foundation, educating girls in grades 5-12 on the importance of and how to do a breast self exam.

On **February 4<sup>th</sup> 2004** I discovered a lump on my left breast.

On **February 5<sup>th</sup>** I had a negative mammogram and an ultrasound.

On **February 6<sup>th</sup>** the radiologist told me not to worry, my age and family history meant it was probably nothing; let's watch it for a year.

On **February 6<sup>th</sup>** I disregarded that advice and made an appointment with a surgeon.

On **February 16<sup>th</sup>** I had a surgical biopsy.

On **February 17<sup>th</sup>** I was diagnosed with breast cancer.

On **March 30<sup>th</sup>** I had a lumpectomy and sentinel node biopsy.

On **April 2<sup>nd</sup>** I was told my breast was full of cancer, it was in my lymph nodes and I was diagnosed with stage II invasive ductal carcinoma.

After a month of baseline testing, I began my chemotherapy treatments on **May 5<sup>th</sup>**, affectionately known in our home as "Chemo de Mayo."

On **May 7<sup>th</sup>** I turned 40 and shaved my head.

On **June 16<sup>th</sup>** I suffered a stroke during my 4<sup>th</sup> chemotherapy treatment.

On **June 17<sup>th</sup>** I was diagnosed with a "patent foramen ovale," a hole in the left atrium of my heart, and told by my oncologist that my breast cancer saved my life.

On **June 29<sup>th</sup>** I had a trans-catheter closure to repair the hole in my heart.

On **July 7<sup>th</sup>** I resumed my chemotherapy treatments.

On **August 18<sup>th</sup>** I had my last chemo.

On **October 13<sup>th</sup>** I had a bi-lateral mastectomy and began reconstruction.

On **October 22<sup>nd</sup>** I was told the cancer had been in both of my breasts.

One thousand nine hundred thirty six days ago I was diagnosed with breast cancer.

The technology, the medicine, the remarkable tests, procedures, drugs and research that have been done and are currently being done have all been instrumental in making me well again, and will continue to keep me well.

I am one of the lucky ones.

Lucky to have health insurance.

Lucky to have a top-notch healing team of doctors and nurses.

The Third College Edition of Webster's New World Dictionary defines "luck" as:

*...the seemingly chance happening of events which affect one; fortune; lot; fate.*

The proper and necessary tests and procedures – a woman's health - should not be dependent on luck.

In closing, I would like to suggest this analogy to you:

We have all taken our families on road trips and prepared our vehicles by filling our gas tanks, checking the oil level, and assuring adequate tire pressure. We do this because we want to arrive safely at our destination. We do all that we can; we do not rely on "luck."

This proposed bill is an "equipment check" for a woman who deserves to arrive safely at her destination – life.

We must do all that we can, so that she does not have to rely on "luck."

Hope Lives!

Thank you.

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CT General Assembly

February Session, 2010

**Raised Bill No. 259**

LCO No. 1551

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Referred to Committee on Insurance and Real Estate

Introduced by:

(INS)

**AN ACT CONCERNING INSURANCE COVERAGE FOR MAMMOGRAMS.**

Be it enacted by the Senate and House of Representatives in General Assembly convened:

Section 1. Section 38a-503 of the 2010 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective January 1, 2011*):

(a) (1) Each individual health insurance policy providing coverage of the type specified in subdivisions (1), (2), (4), [(6),] (10), (11) and (12) of section 38a-469 delivered, issued for delivery, renewed, amended or continued in this state [on or after October 1, 2001,] shall provide benefits for mammographic examinations to any woman covered under the policy which are at least equal to the following minimum requirements: [(1)] (A) A baseline mammogram for any woman who is thirty-five to thirty-nine years of age, inclusive; and [(2)] (B) a mammogram every year for any woman who is forty years of age or older.

(2) Such policy shall provide additional benefits for (A) comprehensive ultrasound screening, (B) magnetic resonance imaging, and (C) additional mammograms in a policy year, of an entire breast or breasts if a mammogram demonstrates heterogeneous or dense breast tissue based on the Breast Imaging Reporting and Data System established by the American College of Radiology or if a woman is believed to be at increased risk for breast cancer due to family history or prior personal history of breast cancer, positive genetic testing or other indications as determined by a woman's physician or advanced practice registered nurse.

(b) Benefits under this section shall be subject to any policy provisions that apply to other services covered by such policy.

(c) On and after October 1, 2009, each mammography report provided to a patient shall include information about breast density, based on the Breast Imaging Reporting and Data System established by the American College of Radiology. Where applicable, such report shall include the following notice: "If your mammogram demonstrates that you have dense breast tissue, which could hide small abnormalities, you might benefit from supplementary screening tests, which can include a breast ultrasound screening or a breast MRI examination, or both, depending on your individual risk factors. A report of your mammography results, which contains information about your breast density, has been sent to your physician's office and you should contact your physician if you have any questions or concerns about this report."

Sec. 2. Section 38a-530 of the 2010 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective January 1, 2011*):

(a) (1) Each group health insurance policy providing coverage of the type specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-469 delivered, issued for delivery, renewed, amended or continued in this state [on or after October 1, 2001,] shall provide benefits for mammographic examinations to any woman covered under the policy which are at least equal to the following minimum requirements: [(1)] (A) A baseline mammogram for any woman who is thirty-five to thirty-nine years of age, inclusive; and [(2)] (B) a mammogram every year for any woman who is forty years of age or older.

(2) Such policy shall provide additional benefits for (A) comprehensive ultrasound screening, (B) magnetic resonance imaging, and (C) additional mammograms in a policy year, of an entire breast or breasts if a mammogram demonstrates heterogeneous or dense breast tissue based on the Breast Imaging Reporting and Data System established by the American College of Radiology or if a woman is believed to be at increased risk for breast cancer due to family history or prior

personal history of breast cancer, positive genetic testing or other indications as determined by a woman's physician or advanced practice registered nurse.

(b) Benefits under this section shall be subject to any policy provisions that apply to other services covered by such policy.

(c) On and after October 1, 2009, each mammography report provided to a patient shall include information about breast density, based on the Breast Imaging Reporting and Data System established by the American College of Radiology. Where applicable, such report shall include the following notice: "If your mammogram demonstrates that you have dense breast tissue, which could hide small abnormalities, you might benefit from supplementary screening tests, which can include a breast ultrasound screening or a breast MRI examination, or both, depending on your individual risk factors. A report of your mammography results, which contains information about your breast density, has been sent to your physician's office and you should contact your physician if you have any questions or concerns about this report."

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>January 1, 2011</i>	38a-503
Sec. 2	<i>January 1, 2011</i>	38a-530

**Statement of Purpose:**

To require insurance coverage of breast MRIs and additional mammograms in a policy year if an annual mammogram demonstrates heterogeneous or dense breast tissue or if a woman is believed to be at increased risk for breast cancer due to family history or prior personal history of breast cancer, positive genetic testing or other indications as determined by a woman's physician or advanced practice registered nurse.

*[Proposed deletions are enclosed in brackets. Proposed additions are indicated by underline, except that when the entire text of a bill or resolution or a section of a bill or resolution is new, it is not underlined.]*