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Testimony – LD 1577 An Act to Require Health Insurance Coverage for Biomarker Testing

Greetings Senator Donna Bailey and Representative Anne Perry, and members of the Health Coverage, Insurance and Financial Services Committee.

Please accept my testimony in favor of LD 1577, An Act to Require Health Insurance Coverage for Biomarker Testing.

I have greatly benefited from biomarker testing. It saved me a lot of stress, time, and money for costly treatment. I did not deal with the horrible side effects of chemotherapy. It saved the insurance company a lot of money, paying for costly chemotherapy. Biomarker testing should be covered by health insurance for every patient who has a doctor prescribing it.

In late 2013, after transferring to Husson University in Bangor to complete my degree, I was diagnosed with ER/PR positive, HER2 negative breast cancer. I was 48 years old. The journey started with a routine mammogram that found a small tumor in my right breast. In November, a biopsy was done with inconclusive results. In December, while on break, a lumpectomy was done. On December 26, 2013, I got the cancer diagnosis. Before the spring 2014 semester started, I had a sentinel node biopsy that, thankfully, showed the cancer had not moved into my lymph nodes.

A genetic test was done in January. I learned that I have the BRCA 2 gene mutation. It made sense as my grandmother died young from cancer and my mother also died young from breast cancer. It's in my family.

I've lived with the threat of cancer my whole life. For me it wasn't if I was going to get it but when. The when for me started in December 2013.

Before transferring to Husson, I worked full-time as a CNA at a local rehabilitation facility. I had insurance through my job. I went back to school while a CNA in efforts to gain better employment with better income. The courses that fall semester at my new school were on the ground in a classroom. I was trying to figure out how I was going to keep working, to keep health insurance, commute back and forth to school, and participate in my classes. One of my co-workers was a full-time nursing student at the University of Maine Augusta. She told me to check with my school and see if they offered health coverage. Luckily, school did. Once I was enrolled in school's coverage, I dropped my work hours down to per-diem, working the minimum to maintain my employment. It was during this first semester at Husson that cancer came knocking on my door.

Thankfully, the insurance through school covered most of the surgeries, tests, and treatments. I was not denied any surgeries, tests, or treatments. The school plan had a deductible of \$7,000. \$7,000 for 2013 and then again starting in 2014. I applied for financial assistance from both MaineGeneral and Northern

Light Eastern Maine Medical Center as I stopped working and luckily, both hospitals helped me with the expenses that went towards the deductible and other out of pocket costs.

It was in March 2014 that the OncoType DX test was done on cells from the .65 cm tumor. My oncologist recommended it, explaining the test would give her information to help her decide if I needed to do a course of chemotherapy. She also said that the lab doing the test would give me a call about the cost, insurance coverage, and possible financial assistance.

Thankfully my insurance covered most of the \$4380 bill for the OncoType DX test. The lab in California called me, screening me for financial eligibility. The rep asked if my income was under \$60,000 and if I had any children in college. I told her my income was well below that as I was living off my student loans and that my daughter was also in school. The lab covered the \$350 that was billed to me after the insurance paid its portion.

The OncoType DX test is a genomic test that looks at the risk of the cancer's recurrence. It gives you a recurrence score. The lower the number, the better the chances are the cancer is not coming back. It also provides guidance, based on clinical guidelines, on whether chemotherapy will be beneficial.

I will never forget getting the call from my oncologist, once the OncoType DX results came back. She told me my score was on the low side in the mid-range. She said I would not need to do a course of chemotherapy. My relief at this news was incredulous. Along with my course load and commute, I was trying to figure out how I was to juggle chemotherapy and all its implications. Thankfully, I did not need to add this to the mix.

My oncologist ordered a round of radiation treatments that ran from late March through mid-May, 5 days a week, before or after class, in Augusta. Husson is in Bangor. My very long day was Wednesdays with the radiation treatment being at 7 in the morning and then heading to Bangor for a class at 9 a.m. I remember falling asleep by a window in the sunshine at the library at UMA, where my daughter was in school.

A few days before Memorial Day in 2014, once the radiation treatments were done, I had an oophorectomy. This was to eliminate the risk of ovarian cancer. This cancer is harder to detect as symptoms do not rear their ugly head until it is hard to treat.

I started a five-year course of tamoxifen in June 2014.

Graduation, Summa Cum Laude, came in May of 2016 with employment at my current job in August 2016.

Currently, I am on a course of anastrozole. Along with this came very expensive zometa infusion treatments to replenish my bones with what the anastrozole robbed them of. The anastrozole is not expensive, thanks to insurance. The zometa infusions, on the other hand, ranged from \$3,000 to \$4,000. Thankfully a great benefit through work and my employer sponsored health coverage helped cover some of the costs of the infusions.

As of April 2023, I have another year of anastrozole. In December, I am celebrating the 10<sup>th</sup> anniversary of the diagnosis. I say celebrating because I have been extremely lucky and truly blessed on this cancer journey.

I had insurance through school, and then financial assistance through both medical centers that treated me. The tumor was found early, the cancer had not spread. I did not need to do chemotherapy, thanks to the OncoType DX test. I have an oncologist who fully explained treatments and why she was prescribing them, then followed up with answers to my questions, and was concerned about the stresses I dealt with, not only with the cancer, but with school.

I am truly blessed. I know that not all cancer journeys turn out like mine. Not everyone diagnosed with cancer is as fortunate. I am alive. Annual mammograms and breast MRIs are monitoring anything new showing up. I have a wonderful job with health coverage and benefits that help me cover the expensive zometa infusions and the breast MRIs.

I pray this committee votes "Ought to Pass" on LD 1577. Biomarker testing should be covered by insurance just like mammograms and colonoscopies are covered. Biomarker testing can provide information on a course of treatment. In my case, the biomarker test results helped me avoid chemotherapy, its debilitating side effects, its disruption of my education, and its financial hardship. It also helped the insurance company pay less for my cancer treatment.

Thank you,  
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