

Dear Senator Bailey, Representative Mathieson, and members of the Health Coverage, Insurance and Financial Services Committee,

My name is Diane Davis and I live in East Millinocket. I am writing in support of LD 107. I am a two-time cancer survivor. I was first diagnosed with uterine cancer at age 44, and treated with surgery. But years later, I was again in pain and knew something was not right. My health care providers investigated, and after numerous tests and eventual surgery, I was diagnosed with ovarian cancer. I began a treatment plan that many cancer patients may expect. My doctor surgically removed the tumor, and I began standard chemotherapy after the surgery. I did not expect that three months into chemotherapy, my cancer would be back and it had spread to my lymph nodes. The chemotherapy had had no effect at all. At that point, my prognosis was extremely poor, and I had very few options. My doctor ordered biomarker testing, and the results we received opened-up treatment options I did not previously have. My genetic markers were positive for access to immunotherapy, and thankfully, I began to feel better within one treatment. I finished immunotherapy five years ago, and am currently stable and NED (no evidence of disease).

Unfortunately, this positive treatment did not come without a cost. My Marketplace health insurance denied coverage of my biomarker testing, and I received a bill for more than \$20,000. Luckily, I received assistance from the company that conducted my biomarker testing – the testing that ultimately saved my life. But not all cancer patients are so lucky. My biomarker testing also showed something else. It showed a gene mutation that could open different treatment options for me in the future. My doctor was extremely pleased with this saying that if my cancer returns and immunotherapy stops working, I would have other

options. If we had not gotten the testing, we'd be unaware that those options existed for me.

Stepping back in time, when I was initially diagnosed at age 44, the doctor never suggested biomarker testing. If I had had the testing, they would have known I had Lynch Syndrome. For those who may not know, Lynch Syndrome is a genetic mutation that increases an individual's risk of developing certain kinds of cancer – such as colon and gynecological cancers. If they had known this, they wouldn't have left my ovaries. It would have prevented the cancer, the chemo, and everything that came with it. The initial cost of the testing, could have prevented the additional costs associated with my second cancer diagnosis and treatments. Thankfully, Caris Life Sciences company took care of my invoice for the testing. If they hadn't, I would have had a huge debt, with reoccurring payments for many years to come. Not all patients have this opportunity. It makes dealing with a difficult diagnosis, even harder. If insurance companies were required to cover the testing, not only would they be helping their customers (patients), but they could save themselves the costs of covering unnecessary treatments and additional diagnosis. This coverage should be available to all patients, not just the lucky ones.

Thank you for reading my testimony and I hope you will support the passage of LD 107.

Diane Davis