

Testimony in Support of LD 178 – An Act Regarding Coverage for Step Therapy for Advanced Metastatic Cancer

Chair Bailey, Chair Mathieson, and members of the Health Coverage, Insurance, and Financial Services Committee, thank you for the opportunity to provide testimony in support of LD 178. My name is Christine Greenleaf, and I am a resident of Scarborough, Maine.

I am a 5.5-year breast cancer survivor. In July 2019, I was diagnosed with breast cancer, underwent a double mastectomy, and endured 16 months of treatment and surgeries. On the same day I received my diagnosis, a dear friend received hers. We both had double mastectomies just days apart. When our pathology reports came back, I was diagnosed with Stage 1 breast cancer. She was diagnosed with Stage 4—metastatic breast cancer.

Unlike early-stage breast cancer, metastatic breast cancer is not curable. It is the most advanced form of the disease, spreading beyond the breast and nearby lymph nodes to other parts of the body—most commonly the bones, lungs, liver, or brain. While treatments can extend life and improve quality of living, the five-year relative survival rate for metastatic breast cancer is only 30 percent, compared to 99 percent for Stage 1.

There are more than 168,000 people in the U.S. currently living with metastatic breast cancer, and every day of effective treatment matters. However, step therapy—also known as “fail first”—creates dangerous delays and unnecessary suffering for these patients.

Financial Toxicity: A Reality for Cancer Patients

Beyond the physical and emotional toll, cancer is financially devastating. The cost of care, even for those with insurance, is staggering. Jobs are lost. Insurance coverage tied to employment is lost. Savings are drained. Patients are forced to make impossible choices between paying for treatment or basic necessities. The financial toxicity of a cancer diagnosis is one of the greatest burdens survivors face, and for those with metastatic disease, it never ends.

Forcing step therapy on metastatic patients only worsens this burden, increasing medical expenses due to complications from delayed or ineffective treatment. A recent study found that step therapy can actually increase the total costs paid by insurers by 37 percent—a cost that ultimately gets passed down to patients and families.

As an early-stage breast cancer survivor, my fear of recurrence is very real. Based on the type of cancer I had, along with other factors like tumor grade and lymph node involvement, I know that I am not alone in this fear. Every survivor wonders if the next ache, the next cough, the next scan will bring the words “it’s back”—and if that happens, the battle starts all over again. But for those already living with metastatic disease, that battle never stops.

Metastatic patients never get to say, “I’m done with treatment.” There is no finish line. No remission. Just more scans, more treatments, and more uncertainty. I’ve watched and loved both moms and dads hold their children, knowing they wouldn’t have a lifetime left with them. I’ve watched my metastatic friends navigate treatment after treatment, knowing that time—not just medicine—was their most precious resource.

But time is exactly what step therapy steals.

If they have to wait for the right medication... If they have to fail on something that never had a chance to work... What would that have cost my metastatic friends?

For metastatic patients, every delay is a risk they can't afford to take. They shouldn't have to beg insurance companies for the treatment their doctors already know they need. They shouldn't have to suffer setbacks, not because medicine has failed them, but because insurance policies have.

Recently, I became Mrs. Scarborough 2025 and will be competing for the title of Mrs. Maine 2026. I am using this opportunity to elevate my advocacy for all cancer survivors—not just breast cancer survivors, but those facing all forms of cancer.

Cancer does not discriminate. It does not care about your age, your gender, your financial situation, or your responsibilities as a parent, spouse, or provider. And for those facing metastatic disease, the last thing they should have to do is waste their precious time fighting for access to the very treatments that could give them more of it.

LD 178 ensures that patients receive the right treatment at the right time—without unnecessary and harmful delays. It also eliminates step therapy for associated conditions like severe nausea, seizures, and dizziness caused by metastatic treatment, so patients don't have to suffer even more while proving that an insurer's preferred medication is ineffective.

This is Not Just Policy—This is People's Lives. LD 178 is not just about insurance regulations. It's about people.

It's about the mother who just wants to make it to her child's next birthday.

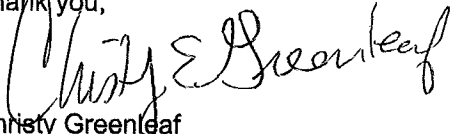
It's about the father who hopes to see his daughter walk down the aisle.

It's about the young woman who dreams of a future that cancer threatens to steal.

Metastatic breast cancer patients don't have time to waste. They shouldn't have to waste their energy fighting insurance barriers when they are already fighting for their lives.

I urge you to support LD 178. Let's put patients first and remove the unnecessary burdens that stand in the way of their care.

Thank you,

A handwritten signature in black ink, appearing to read "Christy E. Greenleaf". The signature is fluid and cursive, with the first name "Christy" being more prominent.

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