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Katie Heffernan Farrell shares her story as a breast cancer survivor at the Capitol in Hartford before Rep. Dorinda Borer, left, introduced a bill mandating health insurers expand coverage of breast and ovarian cancer screening and treatment. COURTESY

Removing financial barriers in fight against breast cancer

Bill that mandates expanded insurance coverage of diagnosis, treatment passes

By Susan Dunne
Hartford Courant

Jan Kritzman's mother and aunt had breast cancer. All of her great aunts died of breast cancer. "That was in the '50s and '60s, when no one talked about it. They'd say 'shhh, the big C,' but they wouldn't say C, they'd make it with their hands," Kritzman said.

So Kritzman knew getting breast cancer "wasn't a matter of

if, but when." When she was 65, she got a mammogram. The technician told Kritzman she didn't see anything but because she had dense breasts, a follow-up ultrasound would give her a more accurate assessment.

That ultrasound found cancer and the early detection saved her life.

Ten years later, Kritzman, of Newington, is alive and well and a prominent activist on behalf of

people with breast cancer. She is rejoicing this week, as a bill that she helped promote was passed by the Connecticut General Assembly.

SB358, introduced by State Rep. Dorinda Borer (D-115th District, West Haven) mandates that insurance companies cover diagnostic ultrasounds, which are often needed after inconclusive diagnostic mammograms, especially in women with dense breasts.

"The earliest possible detection is only achieved if there are no financial barriers," Kritzman said.

Julie Gershon of Avon, a breast radiologist, submitted written testimony on the bill when it was in the Insurance and Real Estate Committee.

"I see patients daily who present with breast symptoms requiring a diagnostic work up. The majority

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— Katie Heffernan Farrell, breast cancer survivor from West Haven

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of these patients will receive bills for charges not covered by insurance. It seems only just that all patients, whether asymptomatic or symptomatic, should be entitled to appropriate breast care and imaging, in order to exclude breast cancer," Gershon wrote. "It is sad to think that there are women delaying care, as they do not wish to pay for diagnostic testing."

Breast cancer survivor Katie Heffernan Farrell of West Haven, in her committee testimony, said, "Nothing ... elicits more of a feeling of desperation than when someone is worried [but] does not have the resources to be evaluated. Nothing is more hopeless or terrifying."

According to the Centers for Disease Control, breast cancer has an almost 99% survival rate, when caught early, but a 27% survival rate when caught in advanced stages.

In 2019, the state mandated coverage for ultrasounds recommended

by doctors to back up routine annual mammogram screenings. Most women start getting annual mammograms after age 40. Kritzman's enthusiastic activism also contributed to the passage of that bill. The new legislation extends the coverage to diagnostic procedures, for people of any age who find a lump or have reason to believe — from family history, medical history or doctor's analysis — that they are predisposed to breast cancer.

The bill also mandates coverage for MRIs, biopsies, prophylactic (preventative) mastectomies and breast reconstruction surgery, as well as routine ovarian cancer screenings. It passed the Senate on April 26 and the House on May 3. The mandate, which takes effect Jan. 1, 2023, applies to certain commercial health insurance policies.

"Connecticut was the first state in the country to require that people with dense breasts be told that they have dense breasts after a mammogram, so they know they might want to get an ultrasound, too. But

Connecticut was one of the last to equalize the coverage of ultrasound and mammogram for screening," Borer said of the 2019 legislation.

"But we knew we needed to revisit the issue and come back because there was a gap in the diagnostic area," she said. "Insurance companies were not recognizing that diagnostic needed to be covered as well."

Rep. Eleni Kavros DeGraw, who represents Avon and Canton, expressed her support of SB358 with a personal story. Years ago, she found a lump in her breast. She got a mammogram.

"I was told the mammogram was not enough. The doctor said, 'I'll send you for an ultrasound,'" DeGraw said. "That was all well and good, but it wasn't covered."

She fought the insurance company and lost. She had to pay about \$500 out of pocket.

"It just adds insult to injury to say, you've got to go in for more tests and by the way, the test is incredibly expensive," she said.

The testing determined that

DeGraw's lump was not cancer.

Years later, while on the campaign trail, she heard women tell similar stories. "One woman told me she was charged per breast, \$300 each," she said.

The CDC estimates about half of women have dense breasts, which reflects the amount of fibrous and glandular tissue compared with fatty tissue. As seen on a mammogram, breast density has a tendency to hide cancerous growths.

As Kritzman said "when you have dense breasts, your mammogram looks like a snowstorm. And you're looking for one snowflake."

According to the website of Are You Dense?, a Connecticut-based advocacy group for people with dense breasts, "a mammogram detects 98% of cancers in women with fatty breasts, it finds only 48% in women with the densest breasts."

Borer ensured that the bill uses gender-neutral language. "Men get breast cancer, too," she said.

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