

Dear Chairwoman Dietrich and Members of the Senate Financial Institutions and Insurance Committee,

My name is Dr. Amy Patel, and I am a Breast Imaging Cancer Specialist, Medical Director of the Breast Care Center at Liberty Hospital, a part of The University of Kansas Health System, Associate Member of The University of Kansas Cancer Center, and Clinical Associate Professor of Radiology at The University of Kansas School of Medicine. I am also Chair of The American College of Radiology Radiology Advocacy Network and its Political Action Committee. I am submitting written testimony for S.B. 409.

As a physician on the front lines of breast cancer detection, I know if I detect a breast cancer 1 cm or less, the survival probability approaches 100% with less invasive treatment required. I know that if you have what is called dense breast tissue, the white you see on a mammogram, you have a 4 to 6 times increased risk of developing breast cancer, and that oftentimes in a woman with dense breasts, screening mammography alone as an evaluation tool is not enough when it comes to early breast cancer detection. That is why coverage for diagnostic breast imaging and supplemental screening examinations is so crucial. However, unfortunately, there are women who do not return for their diagnostic evaluation when a finding is seen on a routine screening mammogram because they simply cannot afford it. Also, at times, if a woman is feeling a breast lump or pain but cannot afford a diagnostic breast imaging evaluation, they will not seek the care they need. Then when they finally arrive to us, it is too late as the cancer has spread. I had a patient who faced this similar situation in 2019. She was 36-years-old. She cannot testify today because she is no longer living. She left behind a husband and a four-year-old daughter. I have encountered more patients since then as we also know the incidence of breast cancer is rising in young women. Similarly, we have patients who cannot afford supplemental screening out of pocket regardless of age, and if it means putting food on the table

versus having this lifesaving exam, they are going to do what they must do for their family.

These patients end up presenting to us with advanced disease when undergoing mammography alone. Unfortunately, these stories are not rare in this area as death rates from breast cancer in the state of Kansas exceed the national average.

We also know that early diagnosis can also significantly reduce the cost of treatment. Studies in high-income countries show that treatment costs for early-diagnosed patients are two to four times less expensive than treating those diagnosed with advanced-stage cancer. A U.S. study estimates the national cost savings from early diagnosis at \$26 billion per year.

Furthermore, multiple states have now passed similar legislation, including Arkansas, Oklahoma, Texas, Missouri, Utah, Colorado, Florida, and Virginia with others introducing this legislative session including Hawaii and New York.

I am a physician who has dedicated her life to saving patients from breast cancer at all costs, and who is on a mission to save more lives not just in our region but our country. This all stems from my rural northwest Missouri roots and seeing the healthcare disparities that existed and continue to exist today and particularly in our entire region of the country. I have heard arguments from the opposing side that passage of this type of legislation will drive up healthcare costs, which is completely to the contrary given that approximately 10% do not return for a callback for a diagnostic evaluation due to lack of coverage and when diagnosed later, it actually drives up healthcare costs due to more advanced and invasive treatments, and that radiologists are similar to opioid pill pushers and recommending diagnostic exams is similar to the opioid epidemic...I have heard it all. We as a breast cancer community find these comments offensive, hurtful, and counterintuitive in what we are trying to accomplish for our patients. We took the

Hippocratic oath to do no harm and with that comes mitigating pain, discomfort, and saving lives to the best of our ability. I strongly support passage of this critical legislation that has the potential to save so many lives and reduce overall cancer care costs in Kansas due to early detection.

Sincerely,

A handwritten signature in black ink, appearing to read 'Amy K. Patel', with a long horizontal line extending to the right.

Amy K. Patel, M.D.

Medical Director, The Breast Care Center at Liberty Hospital, The University of Kansas Health System

Associate Member, The University of Kansas Cancer Center

Clinical Associate Professor of Radiology, The University of Kansas School of Medicine

Chair, American College of Radiology Radiology Advocacy Network and RADPAC