

To: Members of the Wisconsin Senate Committee on Health

Fr: Amy Lins

Dt: May 28, 2025

Re: SB 264, breast cancer screening and diagnostics (also known as Gail's Law)

Thank you for the opportunity to speak in favor of this bill. I've just recently gotten involved in breast cancer advocacy. I've never testified to the state legislature on any subject before or advocated for it. So what brings me here today?

In the last 18 months I've learned a lot about breast cancer. I've learned that there isn't one kind of breast cancer—there are over 17 kinds of breast cancer. I never knew that.

Hereditary/genetic mutations are a small number of breast cancers—90%+ of women who get breast cancer don't have any history or genetic mutations. But I always thought that the BRCA gene was the thing you had to be scared of. And there was no history of breast cancer in my family.

Over 40% of women have dense breasts and density increases with age. Women with dense breasts are 4-6x more likely to be diagnosed with breast cancer. And 70%+ of breast cancers involve dense breasts. I didn't know that having dense breasts elevated my breast cancer risk. I knew I had dense breasts, I didn't understand what that meant.

I've learned all this and more over the last 18 months because I had breast cancer in 2023 at the age of 56, and I started doing a lot of research to educate myself. It's not something I spent much time thinking about before, as I'm sure is the case with most people. We don't too much about the "what if" until it becomes the "what is".

I have a good prognosis and am currently "NED" or no evidence of disease. Now, I want to be a better advocate for myself. And be an advocate for and help other women who have or will have breast cancer. Those who maybe can't take a day off work to come here and speak, or those who are too sick to come tell their story, or those who are like the me of July 2023, the me that hadn't yet heard the words, "you have breast cancer." The research led me to discover the work being done on screening for those with dense breasts. And that led me here today.

I wanted to testify to support this bill because I think it is good common sense. There will probably be people testifying for and against it, and we all think we have good reasons for the positions we take.

Medical advancements like better screening methods often start as experimental and can take years to be widely accepted as standard practice.

It wasn't until 1976 that the American Cancer Society recommended mammograms for screening breast cancer. The old standard was the 2D mammogram for years. Then came the 3D mammogram in 2008. But screening mammograms don't work equally for everyone. For some, additional types of screening modalities work better and yield better images, detection, and results. And the evidence has been there now for over 2 decades.

The additional screening modalities for dense breasts now have strong evidence showing they work, but so far it is only available for those who can bear the financial burden of paying fully out of pocket or in some cases a coinsurance percentage. Technology keeps improving, and doctors should be able to choose the best screening tools for each patient, especially for those

at higher risk. Cost shouldn't stop women from getting these screenings, but many face financial barriers like co-pays or deductibles

Breast cancer affects many people and families, no matter where they live or who they are. Detecting the disease early and having good ways to diagnose it can make a big difference in saving lives. This is why laws like SB 264 are so important—they ensure women, especially those with dense breast tissue, can access better diagnostic tools. By supporting such measures, we're taking a big step forward in fighting breast cancer and improving healthcare for women

Gail's story inspired me. I'm doing well, I'm not dying— at least not today. But it should not take dying to make change happen.

Gail's Law aims to increase access to life-saving breast imaging with no cost sharing—which would be less than a dollar per member per year for insurance. Similar breast imaging legislation has been passed in over half the country and across the Midwest. I urge you to help make Wisconsin another state that is bringing the best in medical care to women of the state without the cost-sharing that makes many women decide against screening or put it off. In the long run, early detection and treatment cost much less than later stage treatments in terms of finances, and they have much better outcomes in terms of long term survival for the women involved.

We know early detection saves lives. Screening is the cornerstone of early detection. The benefits of screening can only be fully achieved when women have access to the full range of options appropriate for their specific situation and when all screening and diagnostics are on equal footing, cost wise.