

Submitter: Elizabeth Murrill
On Behalf Of:
Committee: Senate Committee On Health Care
Measure, Appointment or Topic: SB1137
March 14, 2025

To whom it may concern;

I would like to submit my testimony regarding my decision to seek care with out-of-network surgeons for my bilateral mastectomy with reconstruction for treatment of my invasive ductal carcinoma of the left breast.

While going through chemotherapy, I had the difficult task of establishing my surgical treatment plan which included the recommended mastectomy but then also determining what type of reconstruction I wanted. After much consideration of risks and benefits, I decided I want autologous tissue reconstruction. I saw my local plastic surgeon in central Oregon, Dr. Nick Vial, who does such procedures but only to find during the consultation that he only performs DIEP (deep inferior epigastric perforator) flaps which take tissue from the abdominal region. In his opinion, I was not a candidate given my lack of abdominal tissue, but with my body type he recommended that I should find a surgeon who does SGAP (superior gluteal artery perforator) flaps where the tissue is taken from the upper buttocks. I proceeded to have two additional consultations with Dr. James McCarthy in Portland, OR and Dr. Oscar Ochoa in San Antonio, TX who were both in-network for my health insurance provider and who I was led to believe, based on advertising and front desk information, performed SGAP flaps for reconstruction. However during each consultation both said they do not do SGAP flaps and instead they would recommend a DIEP flap for me but I would be significantly smaller in my breast size. As this was not my desire, I pursued further options. My fourth consultation was with Dr. David Cabiling in New Orleans, LA who recommended SGAP flaps. Unfortunately, he and his breast surgeon colleague, Dr. William Ordoyne were out-of-network for my health insurance provider, Regence. They were willing to do a single case agreement with Regence prior to surgery. Of note, they are in-network for many other insurance companies but have never reached a deal with Regence. I was told by Regence that in my situation a single case agreement is not ever entertained when there are other in-network plastic surgeons who perform autologous breast reconstruction-regardless of whether it would be the right procedure for my body type. I decided I needed to do what was best for me and had my surgery with the out-of-network surgeons despite the cost (\$25,250) and was very happy with the results.

Overall I felt dismissed and frustrated by my health insurance provider. I had seen three in-network plastic surgeons who would not do reconstruction of my breasts in

the way that would give me the best outcomes for my body type. The fourth plastic surgeon could do this, but it would be out-of-network and cost a significant amount of money out-of-pocket for me. Having a breast cancer diagnosis and going through neoadjuvant chemotherapy is already so hard. Then to have to decide how to regain some resemblance of who I was with my breast reconstruction only to be told that my health insurance provider will not even consider a single case agreement with the surgeons who made me feel as close to whole as possible was heartbreaking and stressful.

I urge you to support SB 1137 and ensure patients in Oregon have coverage for all types of autologous tissue reconstruction and make health insurance companies work with out-of-network providers if necessary.

Sincerely,
Elizabeth Murrill
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