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On Behalf Of:
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I was diagnosed with breast cancer in December 2023. At the beginning of February 2024 I received a double mastectomy with a diep flap reconstruction. Unfortunately, I was part of the one percent of those who have a failed surgery and I lost the reconstructed breast on the right side.

Following the removal of the failed flap, I met with several surgeons who are considered experts in the field of reconstructive breast surgery. Dr. Kind out of Marin and Dr. Louie out of University of Washington, both assessed my body type and determined that I should have a thigh flap for my reconstruction. When I began to research my options for in network reconstruction, I realized that there were no surgeons in my network who would be able to do a PAP flap, which takes tissue from the back of the thigh and is possible to do without taking muscle. I met with Dr. Srinivasa out of Los Angeles, who confirmed that this would be the best type of reconstructive surgery for my body type. Dr. Srinivasa specializes in the PAP flap and would be able to provide the surgery for me but was out of network.

I requested a special case agreement due to this inadequacy in my network. However, even though there were no surgeons available in my network who could provide me with a PAP flap, I was denied the single case agreement and had to use my out of network benefits to go out of Oregon and do the surgery with Dr. Srinivasa.

It is a fact that not all women have PPO plans and are able to access out of network benefits in order to receive the surgery that they need. Alternative flap surgeries should be available to women at in network rates in order to resolve issues accessing the appropriate type of reconstructive surgery. Going through breast cancer alone is physically, emotionally and mentally taxing. Insurance companies should not make women jump through the added hoop of trying to access a single case agreement, which they often deny anyway, in order to receive proper care.