

On April Fool's Day 2009, I found out that I had an aggressive form of breast cancer called Triple Negative Invasive Ductal Carcinoma, a cancer with one of the worst survival rates but highly treatable with chemotherapy. At the time, I was 30 years old, just 8 days shy of my 31st birthday. I had just moved out to Las Vegas this spring and wanted a fresh start since I was unemployed. Originally I had planned on receiving my surgery and treatment in Vegas, but once I found I had an insurance issue on my hands, I had to change course and move back to my home state.

After losing my job last fall, I took out a short term, major medical policy from one of the nation's largest insurers because the COBRA premiums were not manageable at the time. As of right now, I have met all my insurance deductibles and paid my premium in full. In the meantime, the insurer tried to deny my coverage stating the cancer was a pre-existing condition, two and a half months after I took out the policy. Even though I have fought with them to get my claims paid, with them stating it has gone through medical review and in fact the claims will be paid, they are still denying certain claims.

In addition, with the policy renewal on July 31st, the insurer did not renew the policy because they wanted to underwrite a pre-existing clause for my cancer. At that point, I was not eligible for any new individual policy. Medicaid itself won't cover me because I don't have children and am not a breast cancer patient over 40 diagnosed through the Early Detection Program. Right now, I can't afford the high risk pool because I've already used up almost all my savings treating my cancer and living. I can't meet a monthly premium of over \$400 and a new several thousand dollar deductible not being able to work full-time and battle cancer.

Currently I am 3 months into chemo treatments at the University of Iowa Hospitals and Clinics and participating in a clinical trial. During this time, I found out that I carry the Breast Cancer Gene, which dramatically increases my chances of having cancer again. I have six more months to go with each treatment costing around 10K and pending surgery that could cost upwards of 6 figures.

I'm a well educated, young Iowan that lives frugally and within my means. I did everything right for a person my age yet I'm being penalized for having cancer. Sickness doesn't have time frames; it doesn't wait until I can afford it; I didn't choose to be sick; it just happened to me.

Even though I have fought to receive a waiver for the Early Detection Program, it is not permanent coverage, and I couldn't have done this without knowing the right people to contact in the State Insurance Division. This current system is broken, especially for the younger, single population. As of last month, I am part of the largest uninsured demographic not because I chose to be, but because my insurance company has put me there.

None of us should have to stress about how we are going to pay for our treatment when we should be focusing on being well. We shouldn't have to worry about how we are going to pay our daily living expenses because our health care costs have eaten that up. I

can only hope that many others who have life threatening illnesses that are much sicker than I can get quality care without losing everything they have and decreasing their quality of life.

If health care reform is enacted NOW, I will be able to have the option to be insured either through a private plan or a public option. I'll no longer have to worry about a pre-existing condition limiting what I hope to be a cancer free, lengthy life. I can also go to the doctor on a preventative plan to try to keep my cancer out of my life or catch it earlier, keeping the cost down. I can choose my own doctor and health care plan with it still being affordable and the quality I require.