

My name is Erin Wright and today, I stand before you not only as a doctorally trained certified nurse-midwife and an Assistant Professor at Johns Hopkins School of Nursing, but also as a high-grade serous stage 3C ovarian cancer survivor. I am here representing both the American College of Nurse-Midwives (ACNM) and the Ovarian Cancer Research Alliance (OCRA) to express my strong support for this critical bill that mandates insurers, nonprofit health service plans, and health maintenance organizations to provide salpingectomy coverage for ovarian cancer prevention without imposing any financial barriers such as copayments, coinsurance, or deductibles.

Ovarian cancer is often referred to as a "silent killer" because its symptoms can be subtle and easily overlooked. My only symptom was bleeding. With only 30% of individuals diagnosed with my stage of cancer surviving five years or more, I know all too well the harsh realities and devastating impact of this disease. Approximately 20,000 women in the United States will receive this diagnosis each year, and too many lives are cut short by a cancer that could have been mitigated through preventative measures. Salpingectomy—removal of the fallopian tubes—has been shown to lower the risk of ovarian cancer by up to 50% in high-risk populations.

Yet, even with these proven benefits, the financial burden of this procedure often deters women from seeking it. This bill will empower women to take proactive steps for their health without the looming threat of financial strain. This is especially crucial for women in marginalized communities who already face significant barriers to accessing healthcare.

By prohibiting copayments, coinsurance, or deductibles on salpingectomy coverage, we ensure that all women, regardless of their socioeconomic status, can make informed medical decisions about their bodies and health without financial barriers. Health care choices should be grounded in medical necessity and personal circumstances, not dictated by one's ability to pay.

The stakes are incredibly high. Every day we delay action is a day that women remain vulnerable to a disease that could be significantly reduced through proactive care and support. By supporting this bill, we invest in women's health, demonstrate our commitment to preventative care, and move towards equitable access for all.

Let us stand together to provide the necessary tools for women to transform their risk into resilience. Thank you for your consideration, and I urge you to support this vital legislation.