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March 4, 2026

The Honorable Pam Beidle
Chair, Senate Finance Committee
3 East
Miller Senate Office Building
Annapolis, MD 21401

Senate Bill 551 –Health Insurance – Ovarian Cancer Prevention with Salpingectomy – Required Coverage and Prohibited Cost Sharing

Dear Chair Beidle,

The League of Life and Health Insurers of Maryland, Inc. respectfully opposes *Senate Bill 551 –Health Insurance – Ovarian Cancer Prevention with Salpingectomy – Required Coverage and Prohibited Cost Sharing* and urges the committee to give the bill an unfavorable report.

The League and our members are committed to providing all preventive services to Marylanders. Under the ACA all preventive screenings are already covered by law, and carriers believe that for the most part SB 551 is a solution in search of a problem. Unfortunately, there is currently no reliable screening test for ovarian cancer in asymptomatic, average risk individuals. Instead, according to the CDC, diagnostic tools like CA-125 blood tests, transvaginal ultrasounds, and pelvic exams are used for high-risk patients or when symptoms arise, though these often have high false positive rates. Screening tests for ovarian cancer are not recommended for average-risk women because they have not been proven to reduce mortality and can lead to unnecessary, invasive procedures due to false positives. Because of the lack of reliability we urge the committee uses caution before moving forward with a mandate that is unproven.

While we support the intent of this legislation and will continue to make sure Marylander's needs are met, we also cannot support the prohibition on cost-sharing which takes away a key tool and fundamental mechanism to manage financial risk, manage utilization, and maintain plan affordability for Maryland consumers.

Under the ACA, each state must pay for every health plan purchased through the Maryland Health Benefit Exchange, the additional premium associated with any state-mandated benefit beyond the federally mandated essential health benefits. This means, should the Commissioner include the mandate in the State benchmark plan, the State would be required to defray the cost of the benefits to the extent it applies to the individual and small group market ACA plans.

The League opposes any additional mandated benefits to Maryland's law. Mandated benefits add cost to health insurance policies in our state and limit the ability of insurers to design benefits to best meet the needs of enrollees. Given the potential impact to health insurance costs in the State, Maryland law includes a statutory framework for review and evaluation of proposed mandated benefits by the Maryland Health Care Commission under § 15-1501 of the Insurance Article. The law requires the assessment of a proposed mandate for the social, medical and financial impact of the proposed mandate and equips the General Assembly with such information as the extent to which the service is generally utilized by a significant portion of the population; the extent to which the insurance coverage is already generally available; if coverage is not generally available, the extent to which the lack of coverage results in individuals avoiding necessary health care treatments; if coverage is not generally available, the extent to which the lack of coverage results in unreasonable financial hardship; and the level of public demand for the service. Before adopting this or any other mandated health benefit, we urge the Committee first request an evaluation of the proposed benefit to facilitate an informed decision.

For these reasons, the League urges the committee to give Senate Bill 551 an unfavorable report.

Very truly yours,

A handwritten signature in black ink, appearing to read "Matthew Celentano", with a long horizontal flourish extending to the right.

Matthew Celentano
Executive Director

cc: Members, Senate Finance Committee