

## WRITTEN TESTIMONY

### In Support of Senate Bill 0272

### Before the Maryland Senate Finance Committee

### 2026 Regular Session

**Hearing Date: February 4, 2026**

#### Introduction

My name is **Melissa Bourestom**, and I work for **Paxman**, manufacturer of the **Paxman Scalp Cooling System**, an FDA-cleared device used to minimize hair loss from chemotherapy. I respectfully submit this written testimony in **support of Senate Bill 0272**.

Patients appearing before the Committee have spoken compellingly about the personal and emotional impact of chemotherapy-induced hair loss and the role scalp cooling can play during treatment. This written testimony is intended to supplement those perspectives by addressing **clinical acceptance, availability, cost, insurance coverage, fiscal impact, and health equity**.

#### Clinical Acceptance and Guidelines

Scalp cooling is **clinically accepted and well established** in U.S. oncology practice. It is referenced in the **NCCN Clinical Practice Guidelines in Oncology** as a category 2A treatment option for select patients undergoing chemotherapy, reflecting its role in contemporary cancer care.

In 2022, the **American Medical Association** adopted a resolution supporting insurance coverage for scalp cooling, and the **American Society of Clinical Oncology** has supported its integration into standard oncology practice. This includes national efforts to strengthen reimbursement infrastructure, most recently through the transition of scalp cooling services to **Category I CPT codes**.

**These guidelines and policy positions reflect broad consensus among oncologists that scalp cooling is a clinically appropriate component of contemporary cancer treatment.**

#### Availability in Maryland and Nationwide

Scalp cooling is widely available. More than **900 cancer centers nationwide** offer FDA-cleared scalp cooling systems. In Maryland, **23 cancer centers** currently provide scalp cooling, including both **NCI-designated comprehensive cancer centers** — **Johns Hopkins** and the **University of Maryland**.

Despite this availability, Maryland providers currently treat scalp cooling as a cash-pay service. Centers are not billing insurers, not because the technology lacks clinical acceptance, but because insurance coverage remains **inconsistent, unpredictable, and administratively uncertain**.

As a result, access to scalp cooling in Maryland is determined largely by a patient's **ability to pay out of pocket**, rather than by clinical appropriateness.

## **Cost, Coverage Gaps, and Equity**

The average cost to a patient for scalp cooling is approximately **\$2,500**, paid out of pocket, while chemotherapy itself typically costs **tens of thousands of dollars** over the course of treatment.

This misalignment places a disproportionate burden on patients with limited financial resources at a particularly vulnerable point during treatment. Excluding scalp cooling from standardized insurance coverage perpetuates disparities in access to cancer care, even when the service is available within the same care setting.

## **Fiscal Impact**

The **Maryland General Assembly's Fiscal and Policy Note** concludes that Senate Bill 0272 will result in a **minimal overall cost increase**.

Our experience administering scalp cooling in the United States for more than **ten years** supports this conclusion. Utilization is limited to a defined patient population and represents a small incremental cost relative to overall chemotherapy spending. **For insurers, the fiscal impact is modest and predictable. For patients, the impact is substantial, removing a significant financial barrier during a period of care that is a financial burden for many.**

## **Conclusion**

Senate Bill 0272 addresses a focused gap in cancer care by aligning insurance coverage with current clinical practice, professional guidelines, and existing treatment infrastructure. **For Maryland patients, this legislation promotes predictable coverage, advances health equity, and helps ensure that access to medically appropriate cancer treatment is not determined by personal financial means.**

**Respectfully submitted,**

**Melissa Bourestom  
Paxman**