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Finance Committee

Chair

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Senate Delegation



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THE SENATE OF MARYLAND  
ANNAPOLIS, MARYLAND 21401

**Testimony in Support of SB 272  
Health Insurance – Scalp Cooling Systems – Required Coverage**

Madam Chair, Mr. Vice Chair, and Members of the Senate Finance Committee:

SB 272 requires health insurance carriers that provide coverage for chemotherapy to also provide coverage for FDA-approved scalp cooling systems used to prevent or reduce hair loss associated with chemotherapy.

This bill addresses a discrete gap in Maryland's health insurance framework. State law already recognizes that cancer treatment involves more than chemotherapy alone and accordingly requires coverage for related supportive care, including fertility preservation when medically necessary and a hair prosthesis following cancer treatment. Scalp cooling serves a similar supportive-care function, yet it remains largely uncovered and accessible primarily to patients who can afford significant out-of-pocket costs.

SB 272 ensures that when a treating provider determines scalp cooling is clinically appropriate, access is not determined by a patient's financial circumstances.

## **Background**

Chemotherapy-induced alopecia is one of the most visible and distressing side effects of cancer treatment, particularly for women. Scalp cooling systems are FDA-approved medical devices designed to reduce hair loss by limiting blood flow to hair follicles during chemotherapy. These systems are already in use at major cancer centers in Maryland and are supported by clinical evidence and national treatment guidelines as an appropriate supportive-care option for certain patients.

## **Existing Law**

Maryland law currently mandates coverage for more than 50 health insurance benefits, including cancer chemotherapy, fertility preservation when medically necessary due to chemotherapy, and coverage for a hair prosthesis following cancer treatment.

Despite this framework, scalp cooling systems are frequently excluded from coverage or classified as cosmetic, leaving patients to pay thousands of dollars out of pocket or forgo the therapy entirely.

### **What SB 272 Does**

SB 272 requires coverage for FDA-approved scalp cooling systems when chemotherapy is covered.

The bill:

- Applies only to carriers already providing chemotherapy coverage;
- Limits coverage to FDA-approved, automated scalp cooling systems;
- Preserves provider discretion regarding clinical appropriateness;
- Takes effect prospectively for plans issued or renewed on or after January 1, 2027; and
- Does not apply to self-insured plans or public health insurance programs.

### **Fiscal Impact and MHCC Findings**

The Department of Legislative Services concluded that SB 272 would result in a minimal increase in special fund revenues for the Maryland Insurance Administration related to rate and form filings, and an indeterminate but likely minimal increase in State employee health plan expenditures beginning in FY 2027.

In addition, the Maryland Health Care Commission (MHCC), pursuant to its statutory mandate under §15-1501 of the Insurance Article, evaluated the medical, social, and financial impact of required coverage for scalp cooling systems. MHCC's actuarial analysis estimated that the impact on insurance premiums would range from **0.00% to 0.05%**, even under higher utilization assumptions. MHCC further found that financial barriers are a primary reason patients do not access scalp cooling, despite clinical support for its use.

## **Closing**

SB 272 represents a measured update to Maryland's health insurance framework. It aligns with the findings of the State's mandated benefit review process, recognizes scalp cooling as a legitimate component of cancer supportive care, and balances patient access with fiscal restraint.

You will hear today from patients and clinicians who can speak to the real-world impact of the current coverage gap. Their testimony underscores why this issue is best addressed through thoughtful, data-driven policy rather than access determined by ability to pay.

For these reasons, I respectfully request a favorable report on SB 272.

**Appendix A: Maryland Health Care Commission Mandate Study Letter**  
*(HB 1187 / SB 272 – January 9, 2026)*



January 9, 2026

The Honorable Heather Bagnell,  
Chair  
House Health Committee  
240 Taylor House Office Building  
Annapolis, MD 21401

**Re: House Bill (HB) 1187- Health Insurance- Scalp Cooling Systems-Required Coverage**

Dear Chair Bagnell:

The Maryland Health Care Commission (MHCC) is submitting this mandate study on ***HB 1187 - Health Insurance - Scalp Cooling Systems - Required Coverage*** in accordance with Insurance Article §15–1501, Annotated Code of Maryland, that requires the MHCC to assess the medical, social, and financial impact of proposed mandated health insurance bills that did not pass in the preceding legislative session. HB 1187 was introduced this past session and did not pass. HB 1187 would have required health insurers, nonprofit health service plans, and health maintenance organizations that provide coverage for chemotherapy to treat cancer to provide coverage for scalp cooling systems used for the preservation of hair in connection with chemotherapy treatment.

The report provides detailed information on the medical, social, and financial impact of HB 1187. Here are a few key points from the report:

Medical Impact:

- Scalp cooling works by lowering scalp temperature to reduce blood flow — and thus the delivery of chemotherapy agents—to hair follicles to prevent chemotherapy-induced hair loss, also known as chemotherapy induced alopecia (CIA).
- Automated scalp cooling, as the only FDA-approved type of scalp cooling, is approved for chemotherapy-induced hair loss related to solid tumor cancers, not blood cancers.
- Several studies conducted between 2017-2024 show that scalp cooling has 40-80% effectiveness at reducing or eliminating hair loss from chemotherapy.

- A 2021 survey of 600 oncology providers found that while the majority (62%) were generally supportive of scalp cooling, many oncologists expressed reservations about recommending it to patients. The most frequently cited reason was financial concerns (58%).
- Although the exact percentage of chemotherapy treatment locations offering automated scalp cooling remains uncertain, available information suggests that approximately 40–60% may currently provide access to this therapy. In addition, responses from the carrier survey of Maryland insurers indicated that carriers do not face challenges contracting with oncologists to ensure adequate availability of oncology services for their members.

Social Impact:

- CIA is one of the most feared side effects of chemotherapy treatment, particularly for women. Although this issue has not been examined in recent years, studies conducted between 2014 and 2019 suggest that up to 8–10% of women may consider refusing chemotherapy or opting for a less effective treatment regimen to avoid CIA.
- Information gathered by L&E suggests that most utilizers of scalp cooling are female, and about half of female chemotherapy patients elect to utilize scalp cooling. These findings are further supported by evidence that breast cancer patients—who are primarily women—represent the largest group utilizing scalp cooling.
- The responses from the L&E carrier survey to Maryland insurers conveyed that insurers do not currently cover scalp cooling treatment, including for self-funded employer groups. One insurer explained that coverage is excluded on the basis that the treatment is not deemed medically necessary (i.e., cosmetic in nature).
- Medicare began covering scalp cooling in 2022 with a one-time benefit of up to \$1,850. If finalized, it would provide reimbursement of \$1,897 for 7 scalp cooling treatments cycles (approximately the average number of treatment cycles per patient).
- While scalp cooling is considered effective in reducing chemotherapy-induced alopecia it remains costly, typically ranging from \$1,000 to \$3,000 out-of-



pocket without insurance, limiting access particularly for underserved populations. To address this disparity, some nonprofit organizations provide financial support to help patients access the treatment and promote equity in care.

Financial Impact:

- It is estimated that the financial impact ranges from 0.00%-0.05% of premium. This report provides a detailed discussion of the data and assumptions underlying that estimate.
- New York is the first state to mandate commercial insurance coverage for scalp cooling, with the requirement taking effect in January 2026 for the large group market. The report is unable to identify any publicly available fiscal impact analysis prepared by New York in connection with this mandate.
- Further, our actuarial consultant assumed a total average loss ratio of 85% based on information provided by Maryland insurers surveyed. L&E does not expect the introduction of coverage for scalp cooling treatment to have any material impact on retention (i.e., non-claims costs). Therefore, the projected 2026 premium PMPM is \$951.31.

We appreciate your consideration. If you have any questions, please do not hesitate to contact me at [douglas.jacobs@maryland.gov](mailto:douglas.jacobs@maryland.gov) or Ms. Tracey DeShields, Director of Policy Development and External Affairs at [tracey.deshields2@maryland.gov](mailto:tracey.deshields2@maryland.gov).

Sincerely,



Douglas Jacobs, MD, MPH  
Executive Director

cc:

The Honorable Joseline Pena-Melnyk, Speaker, House of Delegates

The Honorable Pamela Beidle, Chair, Senate Finance

The Honorable Latoya Nkongolo, Delegate, House of Delegates

Senate Finance Committee Members

Health Committee Members

The Honorable Meena Seshamani, Secretary, Maryland Department of Health (MDH)



Perrie Briskin, Deputy Secretary, Maryland Medicaid Administration, MDH  
Michael Huber, Deputy Chief of Staff, Governor's Office (on behalf of Governor Moore)  
Hannah Dier, Deputy Legislative Office, Governor's Legislative Office  
Jason Heo, Governor's Office  
Vijay Ramasamy, Senior Policy Advisor, Governor's Office  
Sarah Albert, Department of Legislative Services (5 hard copies)  
Lisa Simpson, Committee Counsel, House Health and Government Operations,  
Nathan McCurdy, Committee Counsel, Senate Finance  
Kenneth Yeates-Trotman, Director, Center for Analysis and Information Systems, MHCC  
Jason Caplan, Chief of Special Projects, Center for Analysis and Information Systems,  
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Meghan Lynch, Director, Governmental Affairs, MDH  
Tracey DeShields, Director of Policy Development and External Affairs, MHCC

