2026 SB0272 Testimony For 2026-02-04.pdf
Uploaded by: Alan Lang
Position: FAV

Testimony For SB0272

Honorable Senators

Please enter a favorable report for SB0272.

I support requiring certain insurers, nonprofit health service plans, and health maintenance organizations (collectively known as carriers) that provide coverage for chemotherapy to treat cancer to provide coverage for scalp cooling systems used for the preservation of hair in connection with the chemotherapy treatment. Having cancer is difficult enough without losing one's hair. Chemotherapy often makes one weak and nauseous, but losing one's hair is just an added indignity to the emotional toll of cancer.

Scalp cooling gives people undergoing chemotherapy the option to mitigate hair loss. Hair loss during chemotherapy doesn't just impact how someone looks, it can announce to the world that someone is sick. I believe eligible patients should have the choice to keep their diagnosis private.

Scalp cooling is slowly gaining FDA approval. One example I found is the Amma System by Cooler Heads .

Cooler Heads | Portable FDA-Cleared Scalp Cooling System

Also, CPT Codes needed for Insurance and Medicare billings related to Mechanical Scalp Cooling, are going into effect January 1, 2026.

https://www.coolerheads.com/#:~:text=The%20American%20Medical%20Association%20(AMA)%20has%20assigned%20Category%20I%20CPT%20Codes%20for%20Mechanical%20Scalp%20Cooling%2C%20going%20into%20effect%20January%201%2C%202026.

The University of California at San Francisco has a Cold Cap website that discusses the benefits and costs of Cold Cap care.

Cold Cap Therapy: Cost, Insurance and Financial Assistance | Patient Education | UCSF Health

It is my understanding that a key to cancer recovery is having a positive outlook, and being able to keep one's hair will certainly improve patients' morale. By passing this bill to nudge the insurance companies to offer this coverage it would go a long way to helping Maryland cancer patients undergoing chemotherapy.

So please enter a favorable report for SB0272.

Alan Lang
45 Marys Mount Road
Harwood, Maryland 20776
Legislative District 30B
410-336-9745
Alanlang1@verizon.net
February 2, 2026

Statement in Support of Senate Bill 0272.pdf
Uploaded by: Alysen Regiec
Position: FAV

Bill #: SB 0272
Committee: Senate Finance Committee
Position: Favorable
Hearing Date: Wednesday, February 4, 2026

My name is Alysen Regiec, and I live in Anne Arundel County, Maryland. I am an eight-year breast cancer survivor and a strong advocate for scalp cooling. I submit this testimony in strong support of Senate Bill 0272, which would require insurance coverage for scalp cooling during chemotherapy.

In 2018, I was treated for Stage 2A HER2-positive breast cancer at Chesapeake Oncology and Hematology Associates (COHA) at Baltimore Washington Medical Center. My treatment included TCHP chemotherapy—a powerful four-drug regimen—followed by surgery and radiation. During chemotherapy, I used the DigniCap scalp cooling system, and it made an extraordinary difference in my experience. Preserving my hair allowed me to continue working in the office and maintain a sense of normalcy during a deeply challenging time.

As a mother of two young children, it was especially important that they not see their mom looking sick. Maintaining our routines and shielding them from fear helped me stay grounded, and scalp cooling played a critical role in that stability. It transformed a difficult journey into one that felt more manageable and dignified.

Unfortunately, scalp cooling was **not covered by insurance** and came with significant out-of-pocket cost. I was fortunate to have family support, but many patients do not. **No one should have to sacrifice well-being because of cost.** I continue to question why such a meaningful and evidence-based option remains inaccessible to so many.

I respectfully urge a favorable recommendation on Senate Bill 0272 so that more Maryland cancer patients can benefit from this important and meaningful therapy.

Sincerely,
Alysen Regiec

SB0272_FAV_MDCSCO_HI - Scalp Cooling Systems - Req

Uploaded by: Danna Kauffman

Position: FAV

MDCSCO
MARYLAND/DISTRICT OF COLUMBIA SOCIETY OF CLINICAL ONCOLOGY

Senate Finance Committee
February 4, 2026
Senate Bill 272 – *Health Insurance – Scalp Cooling Systems – Required Coverage*
POSITION: SUPPORT

On behalf of the Maryland/District of Columbia Society of Clinical Oncology (MDCSCO), we strongly support *Senate Bill 272: Health Insurance – Scalp Cooling Systems – Required Coverage*. This bill requires health insurance carriers that provide coverage for chemotherapy to treat cancer to cover scalp cooling systems used to preserve hair during chemotherapy. Maryland law establishes a statutory framework for the Maryland Health Care Commission (MHCC) to review and evaluate proposed mandated benefits under § 15-1501 of the Insurance Article for their social, medical, and financial impacts and to provide the General Assembly with that information. At the request of now-Speaker Joseline Pena-Melnyk, the MHCC conducted this assessment, and the findings are available in the HB1187 Scalp Cooling Mandate Study.

Scalp cooling systems are designed to help patients preserve their hair during chemotherapy treatment for certain cancers. This therapy, which involves wearing a cold cap on your head before, during, and after chemotherapy administration, can reduce hair loss. The U.S. Food and Drug Administration has approved these devices. It is well-documented that chemotherapy treatment often results in hair loss for patients. Given its highly visible nature, the fear of hair loss is particularly high among women undergoing cancer treatment. Maryland has already recognized the stress and anxiety losing one's hair causes in a patient battling cancer. Section 15-836 of the Insurance Article requires a health insurer to provide, for an enrollee or insured whose hair loss results from chemotherapy or radiation treatment for cancer, coverage for one hair prosthesis.

Recently, New York passed similar legislation mandating insurance coverage for these systems. Maryland can once again be a leader in health insurance coverage by becoming the second state to mandate coverage for these systems. MDCSCO urges a favorable vote.

For more information call:
Danna L. Kauffman
J. Steven Wise
410-244-7000

SB 272 Written Testimony.pdf
Uploaded by: Dawn Gile
Position: FAV

DAWN D. GILE
Legislative District 33
Anne Arundel County

Finance Committee

Chair

Anne Arundel County
Senate Delegation

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11 Bladen Street, Suite 3 East
Annapolis, Maryland 21401
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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)*

MARYLAND Health Care Commission

Marcia Boyle, MS, Acting Chair
Douglas Jacobs, MD, MPH, Executive Director

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 or Ms. Tracey DeShields, Director of Policy Development and External Affairs at 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, MHCC
Meghan Lynch, Director, Governmental Affairs, MDH
Tracey DeShields, Director of Policy Development and External Affairs, MHCC

Maryland Catholic Conference_FAV_SB272.pdf
Uploaded by: Diane Arias
Position: FAV

MARYLAND CATHOLIC CONFERENCE

February 4, 2026

Senate Bill 272
Health Insurance - Scalp Cooling Systems - Required Coverage
Senate Finance Committee

Position: Favorable

The Maryland Catholic Conference (MCC) is the public policy representative of the three (arch)dioceses serving Maryland, which together encompass over one million Marylanders. Statewide, their parishes, schools, hospitals, and numerous charities combine to form our state's second largest social service provider network, behind only our state government.

Senate Bill 272 requires certain insurers, nonprofit health service plans, health maintenance organizations, and managed care 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; and applying the Act to all policies, contracts, and health benefit plans issued, delivered, or renewed in the State on or after January 1, 2027.

Chemotherapy-induced alopecia (CIA) is one of the most distressing and unpredictable side effects of cancer treatment, affecting approximately 65% of patients.[1] This legislation is unique in addressing the significant impact of chemotherapy-related hair loss on individuals. Cancer patients undergoing chemotherapy often experience complete loss of body hair, including scalp hair, eyebrows, and eyelashes. This visible change can profoundly affect a patient's self-image and social interactions, leading to uncomfortable or intrusive encounters. Appearance plays a key role in societal relationships, and hair loss can further isolate patients during an already challenging time.

A promising innovation to combat CIA is scalp cooling therapy, which helps preserve hair by slowing follicle activity and reducing hair breakage. Studies have shown that scalp cooling systems can effectively decrease hair loss, allowing patients to maintain a sense of normalcy while undergoing treatment. By preserving their hair, patients may experience less emotional distress and feel more comfortable engaging in daily life. However, with cancer treatment costs often exceeding $100,000, access to scalp cooling therapy is limited by financial constraints.[2] If

[1] https://pmc.ncbi.nlm.nih.gov/articles/PMC7563013/
[2] https://www.cancercenter.com/community/blog/2023/07/managing-cancer-treatment-cost

this treatment can improve the quality of life for cancer patients, it should be made more accessible and affordable.

Recognizing the dignity of each person, Pope Francis reminds us: *"Even in suffering and illness, we are fully men and women, without diminishment, recognizing ourselves in that unified psycho-physical-spiritual totality that is typical only of the human person."*[3] This legislation seeks to honor that dignity by supporting cancer patients with treatments that provide hope, healing, and a sense of normalcy in their journey.

For these reasons, the Maryland Catholic Conference asks for a favorable report on **SB 272**.

Thank you for your consideration.

[3] https://www.catholicnewsagency.com/news/250574/pope-francis-talks-to-cancer-association-about-power-of-redemptive-suffering

My Cold Capping Story by Diane Fantone (1).pdf
Uploaded by: Diane Fantone
Position: FAV

My Cold Capping Story By Diane Fantone

Hello,
My name is Diane Fantone and I was diagnosed in December of 2022 with breast cancer in my right breast, after all the emotional testing I found out I had a non hormone based cancer called Triple Negative, which is an aggressive form of breast cancer. I was stage 2A after all the testing and learned I was grade 3, which is aggressive. I was totally beside myself and always prided myself on being a healthy woman; eating well and exercising regularly. I had my mind spinning with all the doctor appointments and trying to get in touch with myself and trying to figure out what was the right course of action. I needed a plan. After all the testing and meeting with all sorts of doctors and getting second opinions, I had a plan in place and I was to receive six months of chemopathy (Maryland Oncology) followed my surgery (Luminis)(double mastectomy) then on to 39 rounds of proton (radiation) treatment at University of Maryland.

It was suggested to me since I was having chemo that I might want to try cold capping to help keep my hair as with chemo being especially hard and having to have the Red Devil treatment (Adriamycin) can be so harsh on my body.. The cost at the time for cold capping was $1.500 which was not covered by insurance. It was a tough cost to shallow after all the other high medical bills. My family and I decided to give the cold capping a try, we figured it was worth the cost of trying to preserve my hair for as long as possible. I followed the Paxman Cold Capping Facebook page for pro tips and was so surprised to hear of all the positive stories that women from all over the world shared about being able to keep their hair. They gave me the confidence that I too might be lucky to keep my hair or part of it and feel somewhat normal and not look like I was sick while going through my treatment. We were on board.

The treatments throughout my whole process were hard and I can't say one step was easier than another. My first step was chemo and during chemo my friends/family would come and help me get the cold cap set up prior to treatment with all my head gear and ensure everything was tight fitting and that I was good to go for treatment. When the cold cap was fitted I looked like one of The Cone Heads from SNL, as much as I was scared I did get a laugh out of looking at myself in the mirror. I religiously followed all the instructions and made sure all was correct as it was so costly I wanted to give it my best shot. I wanted my hair and my dignity. Also when cold capping you have to stay longer for your treatments in order for it to be effective and work. For example I had to start 30 minutes prior treatment and 90 on the back side in order for the machine to cool properly. It is a process that I and so many were willing to take.

Cold capping worked for most of my treatments which I will say was a nice transition to have my hair and be able to post on the Paxman FB page about my achievements. I did have some shredding and eventually at the end I did lose my hair, but I kept most of it about until the last month. . NOT all women do and there are many great success stories out there of women and how they have kept a large majority of their hair. . I will say my time being bald was short and sweet as my hair grew back fast and quick and although I had not had short hair in years this was a nice change to sport some new hair styles. With cold capping your hair tends to grow

back faster and thicker than without. The effects of the granular loss and the quick regrowth was nice for my family especially my teenage daughter who took the diagnoses very hard.

Receiving a cancer diagnosis is one of the hardest cards anyone can get dealt, knowing your faith is in strength and courage one can only hope to make it as easy as possible. Hair is an important part of one's appearance, we as everyday people have the control to cut it, grow it, style it however we choose.. When cancer treatments tell you another story you have no choice but to stay the course and get better. Cold Capping for women (and men) is an important tool to help maintain and stimulate growth of hair during harsh treatments. I feel that it would be very beneficial for insurance companies to help with the cost of this essential element for cancer patients. My own personal story is one of great admiration for the women before me and the women after me who were brave enough to try and successfully use the cold capping system. I believe Insurance companies need to provide this benefit so others who are financially challenged have this amazing opportunity/resource to give them strength and feel normal while going through treatment.

To close I hope you will consider this bill to have the insurance companies pay for hair cooling systems to help ease the burden of cost and give cancer patients a sense of pride.

ONS - Scalp Cooling - Maryland SB 272.pdf
Uploaded by: ELENI VALANOS
Position: FAV

Oncology Nursing Society
Support. Synergy. Strength.

To:	Maryland Senate Finance Committee
From:	Oncology Nursing Society
Date:	February 4, 2026
RE:	Support SB 272 – Ensure Cancer Patient Access to Scalp Cooling Treatments

On behalf of the Oncology Nursing Society (ONS) and the more than 730 oncology nurse members in the state of Maryland, we would like to express our strong support for SB 272, which would require coverage for scalp cooling treatment for patients undergoing chemotherapy.

Scalp cooling—also known as cryotherapy, "cold caps," or scalp-cooling systems—is an evidence-based therapy used during chemotherapy infusions to reduce the risk of chemotherapy-induced alopecia (CIA), or hair-loss. Scalp cooling works by vasoconstriction, which minimizes the amount of chemotherapy reaching the hair follicles. It is administered before, during, and after chemotherapy infusions. The American Medical Association (AMA) recently adopted a resolution urging insurers to cover scalp-cooling therapy as medically necessary supportive care.

Oncology nurses witness firsthand the profound emotional, physical, and psychological toll that a cancer diagnosis and treatment can take on a person, including the daunting prospect of CIA. Hair loss is one of the most visible and distressing side effects of cancer treatment, and can lead to patients selecting a less effective treatment to retain their hair or even refusal of treatment. For many patients, it represents the moment when their illness becomes public. Preserving hair can improve treatment adherence, reduce anxiety, depression, and stigma, support quality of life and a sense of normalcy, and strengthen patient empowerment during an already overwhelming time.

Despite its importance, scalp cooling remains financially inaccessible for many, as out-of-pocket costs can reach thousands of dollars over a treatment course. Insurance coverage is essential to ensure equitable access to this standard-of-care option. Without coverage mandates, access remains determined by a patient's financial resources rather than medical need.

SB 272 would ensure that patients do not have to choose between financial strain and maintaining their dignity during cancer treatment.

We thank you for your attention to this important matter and encourage the committee to advance SB 272. Should you require any further information or wish to discuss our support, please feel free to contact healthpolicy@ons.org

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ONS is a professional association that represents the over 100,000 oncology nurses in the United States and is the professional home to more than 35,000 members. ONS is committed to promoting excellence in oncology nursing and the transformation of cancer care. Since 1975, ONS has provided a professional community for oncology nurses, developed evidence-based education programs and treatment information, and advocated for patient care, all in an effort to improve the quality of life and outcomes for patients with cancer and their families.

SB 272 Letter.pdf
Uploaded by: Elyse Knight
Position: FAV

Dear Members of the Maryland General Assembly,

I am writing in strong support of Senate Bill 272, which would require health insurance coverage for scalp cooling, commonly known as cold capping, for patients undergoing chemotherapy.

I am a breast cancer survivor, and during my chemotherapy treatment, I chose to use cold capping to reduce hair loss. While this treatment does not change medical outcomes, it has a profound impact on mental health, dignity, and quality of life during an already overwhelming time. Unfortunately, cold capping was not covered by my insurance, and I was forced to pay $2,800 out of pocket while also managing the many other financial and emotional burdens of cancer treatment.

Hair loss is one of the most visible and traumatic side effects of chemotherapy. Preserving my hair helped me maintain a sense of normalcy, privacy, and control at a time when so much felt out of my control. While I didn't keep all my hair, I was able to wear a ball cap that covered the bald spots on my scalp. Not needing to consistently wear wigs and to be able to not lose all of my hair greatly helped as I battled cancer. The benefit of cold capping is NOT cosmetic; it is deeply tied to mental health, self-esteem, and overall well-being.

Access to cold capping should not depend on a patient's financial situation. No one fighting cancer should have to choose between emotional well-being and financial stability. SB 272 would help ensure equitable access to this FDA-cleared treatment and prevent patients from facing unnecessary financial hardship during an already life-altering experience.

I respectfully urge you to support SB 272 and help make cancer care in Maryland more compassionate, comprehensive, and equitable for all patients.

Thank you for your time, consideration, and commitment to the health and dignity of Maryland residents.

Best regards,

Elyse Knight

Breast Cancer SURVIVOR!

SB0272-HB1187 support ltr_francine scott.pdf
Uploaded by: Francine Scott
Position: FAV

Statement in Support of Senate Bill 0272/House Bill 0393

My name is Francine Scott and I was diagnosed in 2021 with an aggressive form of breast cancer. My daughter was a 9th grader and I was 49 years old. In addition to the emotional, physical and spiritual challenges of such a diagnosis, those first few weeks following an initial diagnosis bring an overwhelming amount of information to process and upon which to make life-altering, immediate decisions.

One such decision for me was whether or not to pursue cold capping in an attempt to prohibit or reduce the known expected complete hair loss associated with my projected five months of aggressive chemo treatments. When this newer medical option—cold capping—was introduced to me to assist with keeping my hair during chemo, I was eager to learn more and make a decision about using it.

Though I did pursue getting "fitted" and counseled for the process and was lined up to add it to my treatment, unfortunately, I ultimately decided against it when learning that my health insurance would not cover the cost. As my employment was affected during my long treatment process, I needed to conserve our family's finances for other obligations.

I did completely lose my hair within just two weeks of starting my chemo treatments. It was yet another "side effect" of chemo that I buckled up to endure. A forced complete loss of hair is a challenging thing to live with and even more of a burden to carry during a completely vulnerable time when one endures a loss of identity and control over their body. I had to wear hats (for both sun protection during the summer months and for warmth during the colder months) and endured a level of self consciousness when out in public, in work environments, or with family with friends—a constant reminder to me and the world that I was ill and in a battle for my life being treated with toxic drugs. And this does not include the effect on my teen daughter.

Though my hair did grow back—after a nearly two-year process—it also brought with it a strange and awkward period of hair re-growth that was slow, a completely different texture, and lacking any of my formally natural blonde hair color. It was a day of rejoicing when my hair grew back to close to the length it was when I had originally started treatment and my hair stylist was able to work her magic. Following a few hours in my stylist's chair, I, for the first time in a very long time, actually recognized who was looking back at me in the mirror. Two years is a very long time to not recognize yourself. That moment and feeling of empowerment was one that I will never ever forget ... and one that I hope no one else ever has to experience.

I support passage of SB0272/HB0393 to have health insurance providers cover the cost of cold capping for anyone having to endure chemo treatments where hair loss is expected.

Supporting these warriors through an already grueling treatment with preserving dignity, hope and a sense of self by keeping their hair in tact carries no price tag.

Gratefully,
Francine Scott

Support SB0272.pdf
Uploaded by: Gayle Verreault
Position: FAV

Statement in Support of Senate Bill 0272

My name is Gayle Verreault, and I was diagnosed with breast cancer in 2013. At that time, my treatment required a double mastectomy without nipple sparing. I share this because, as a woman, losing such a significant part of my identity was incredibly difficult. While I was fortunate to avoid chemotherapy then, I was strongly advised to undergo a total hysterectomy due to my diagnosis, family history, and the presence of the BRCA gene. Once again, losing another part of what makes me a woman—and the changes that came with it—was a painful experience.

Fast forward to 2023, I was diagnosed with aggressive breast cancer that required chemotherapy. The thought of losing my hair was extremely stressful and made me feel self-conscious. Hair loss is an outward sign of illness, how would this effect my children. I worried about how I would continue working in the school system with young elementary students. How would they see me? Would they understand?

When I learned about scalp cooling systems as a way to preserve my hair, I was eager to try it. However, discovering that my insurance would not cover it added another layer of stress. How could we afford it? Despite the financial strain, I decided to proceed with cold capping. I was able to keep my hair for most of my treatment, though eventually, I chose to cut my hair short due to hair thinning and clumping. Still, I continued using the cooling system throughout the remaining treatments. I firmly believe that it helped restrict blood flow to the scalp, reducing the amount of chemotherapy reaching my hair follicles. As a result, I noticed that my hair grew back faster and thicker compared to others undergoing treatment at the same time who were not as fortunate or did not use cold capping.

I truly believe that cold capping made a significant difference in my cancer journey. No one should have to choose between preserving their dignity and affording treatment. I strongly support SB 0272 and urge its passage to ensure that insurance coverage includes this vital option for patients facing chemotherapy.

Sincerely,
Gayle Verreault

2026 SB272 NAPNAP.pdf
Uploaded by: JD Murphy
Position: FAV

National Association of Pediatric Nurse Practitioners℠
MD: CHESAPEAKE

February 2, 2026

Maryland Senate
Finance Committee
3 East Miller Office Building
Annapolis, Maryland 21401

Dear Honorable Chair, Vice-Chair, and Members of the Committee:

On behalf of the pediatric nurse practitioners (PNPs) and fellow pediatric-focused advanced practice registered nurses (APRNs) of the National Association of Pediatric Nurse Practitioners (NAPNAP) Maryland Chesapeake Chapter, we are writing to express our **support of SB 272 Health Insurance - Scalp Cooling Systems - Required Coverage.**

Cancer is an unfortunate reality for many children, adolescents, and young adults in Maryland. Among the many side effects of chemotherapy, hair loss stands out as a particularly distressing experience and often leads to feelings of anxiety, low self-esteem, and altered body image, exacerbating the psychological challenges already faced during treatment. Scalp cooling systems have been shown to be effective in reducing the incidence of chemotherapy-induced alopecia in pediatric patients. By cooling the scalp during treatment, these systems help constrict the blood vessels in the scalp, minimizing the absorption of chemotherapy agents that cause hair loss. By supporting HB 393, we can ensure that children in Maryland have access to important resources that promote not only their physical health but also their emotional well-being during an incredibly challenging time. Coverage for scalp cooling systems will alleviate some of the financial burdens on families, allowing them to focus on what matters most – their child's health and recovery. Moreover, providing coverage for these systems aligns with our commitment to comprehensive cancer care for children. It reflects an understanding that combating cancer is not only about treating the disease itself but also addressing the holistic needs of our young patients and their families.

For these reasons, the Maryland Chesapeake Chapter of NAPNAP extends their support of SB 272 Health Insurance - Scalp Cooling Systems - Required Coverage and requests a favorable report. The pediatric advanced practice nurses of your state are grateful to you for your attention to these crucial issues. The Maryland Chapter of NAPNAP membership includes over 200 primary and acute care pediatric nurse practitioners who are committed to improving the health and advocating for our state's pediatric patients. If we can be of any further assistance, or if you have any questions, please do not hesitate to contact the Maryland Chapter legislative chair, Dr. JD Murphy, at mdchesnapnapleg@outlook.com.

Sincerely,

Dr. Jessica D. Murphy DNP, CPNP-AC, CPHON, CNE
Maryland Chapter Legislative Chair

Evgenia Ogordova

Dr. Evgenia Ogorodova DNP, CPNP-PC
Chapter Legislative Co-Chair

Dr. Yvette Laboy DNP, CPNP-AC, CCRN, CPN; Chapter President

Lindsay J Ward

Ms. Lindsay Ward MSN, CPNP-PC, IBCLC; Immediate Past-President

Samantha Hoffman

Dr. Samantha Hoffman DNP, MS, CPNP-PC; Chapter President-elect

Franklin Testimony in support of SB272.pdf
Uploaded by: Kara Franklin
Position: FAV

Kara Kiebler Franklin

Testimony in Support of SB272 Health Insurance - Scalp Cooling Systems - Required Coverage

Good afternoon, Chair Beidle, Vice Chair Hayes, and members of the Senate Finance Committee.

My name is Kara Franklin. While I work in the General Assembly, today I'm not here as a staffer. I'm here as a breast cancer survivor. I'm here for my friends who have endured chemotherapy, for those currently facing it, and for women who may one day be forced to make choices no one should have to make while fighting for their lives. I'm deeply grateful to Senator Gile and Delegate Nkongolo for introducing this legislation and for supporting women.

Maryland has already recognized that cancer treatment should not come with added financial penalties simply because of how care is delivered. Senate Bill 272 continues that promise. It tells patients, clearly and compassionately, that we will not make an already devastating diagnosis harder to bear. We might not be the first state to take this step, but we should not fall behind when it comes to supporting women facing cancer with dignity, empathy, and common sense.

While I did not personally undergo chemotherapy during my initial diagnosis, like many cancer survivors, I live with the reality that my cancer could return. If it does, I will almost certainly face chemotherapy. In that moment, when fear and uncertainty are already overwhelming, I would hope Maryland would stand alongside other states in supporting women during one of the most vulnerable times of their lives.

I have close friends who were forced to weigh the cost of cold cap systems against groceries, rent, and other basic needs during treatment. Some simply couldn't afford it. That's unacceptable. To those outside this experience, hair loss may seem cosmetic. To someone with cancer, it's deeply personal. Cancer takes your sense of safety. It takes your health. It steals your ability to plan for the future.

Preserving hair isn't about vanity. It's about dignity and choice. For many women, access to cold cap therapy can reduce or eliminate the need for wigs altogether, giving them options at a time when very few options exist. Losing your hair can feel like losing the last visible piece of who you were before the diagnosis – cold capping can allow you to hold onto normalcy when everything else feels out of control. That choice alone can make a profound difference in how someone moves through treatment and recovery.

From a fiscal perspective, the impact of this bill is minimal, but the benefit is enormous. Treatments that help mitigate side effects like hair loss can prevent emotional harm that is often more damaging, and longer lasting, than the diagnosis itself. Supporting patients' mental and emotional well-being is not an extra, it's a necessary part of effective care.

For all of these reasons, I respectfully request a favorable report for Senate Bill 272. Thank you for your time and consideration.

1545 Hornbeam Drive
Crofton, MD 21114
kfranklingu@gmail.com

K. Alder Testimony.pdf
Uploaded by: Kathryn Alder
Position: FAV

My name is Katie Alder and I'm from Frederick, Maryland. Next week marks the one year anniversary of the day I was diagnosed with breast cancer at 29 years old. Over the past year, I've gone through 14 rounds of chemo, 2 surgeries, and the loss of control over so many aspects of my body, my life, and my future. Through all the uncertainty, having access to scalp cooling gave me the opportunity to hold on to control over the way I presented myself to the world. It meant that I could tell people what I was going through on my own terms, rather than being instantly identifiable as someone with cancer. Even though I suddenly felt different from everyone else my age, I didn't have to look different too.

Now, as I'm getting closer to finishing up treatment and finally starting to imagine life on the other side of all this, growing out my hair is one less thing to worry about. This fall, I'll be marrying my fiance Josh, who spent hours learning how to put my cold cap on and tighten it perfectly. At our wedding, I will have scars from my port and my surgeries, and I will be a different person than I was before my diagnosis in so many ways, but I won't be wearing a wig, and I'm so thankful for that.

I know how lucky I am to have had access to scalp cooling, and I want every other cancer patient to have the same opportunity. Thank you for your consideration.

Testimony (2).pdf
Uploaded by: Laura DelBorrell
Position: FAV

Testimony in FAVOR of SB 0272 (HB 0393)

Thank you for allowing me to speak today.

I was diagnosed with stage 3 grade 3 triple negative and ER+ breast cancer back in August. This is my first time facing cancer, and I am currently still going through chemotherapy and have a very long journey filled with surgeries, radiation, and scans ahead of me . Like many patients, I began treatment extremely overwhelmed—trying to process a diagnosis I never expected while continuing to show up every day as a mother to my two daughters and a wife to my husband.

Shortly after my diagnosis, I was informed about cold capping—a method shown to significantly reduce hair loss during chemotherapy. However, I was then informed of the cost. Because insurance does not cover cold capping, the cost, upwards of $3000, made it inaccessible to me, as it does for so many patients. It is unfortunate because I do feel that cold capping could have helped preserve a sense of normalcy and emotional stability for me and my family during my treatment. I can't begin to explain the sadness and shock I felt when clumps of my hair began falling out, even though I thought I was fully prepared for it.

Chemotherapy takes so much from a person—time, energy, a sense of normalcy. Hair loss due to chemotherapy is often described as cosmetic, but for patients in treatment, it is deeply personal and emotional. It's the moment when illness becomes public, when strangers know your diagnosis before you've chosen to share it. Losing my hair has meant losing confidence and control at a time when so much has already been taken away from me. It has meant my daughters watching their mother physically change in ways I cannot shield them from. In addition, I feel like I have lost my sense of femininity and self-expression. Seeing my bald head every day is a constant reminder of the chokehold this disease has on me.

Patients should not have to choose between financial strain and emotional well-being while fighting cancer. Insurance coverage for cold capping is a compassionate, commonsense step toward more comprehensive cancer care. Insurance already covers other appearance-related cancer needs such as breast reconstruction, wigs, and prosthetics. Cold capping fits squarely within this same category of medically necessary quality of life care.

House Bill 0393 and Senate Bill 0272 address this current gap in care. These bills recognize that cancer treatment is not only about survival, but also about mental health, dignity, and the well-being of patients and their families.

I respectfully ask Maryland lawmakers to pass HB0393 and SB0272 so cancer patients across our state can receive more compassionate, comprehensive care. Thank you for your time and consideration.

Laura DelBorrell

7421 Green Valley Road Frederick, MD 21701

SB0272 Scalp Cooling Systems - Testimony 020426 P
Uploaded by: Lauren Michalski
Position: FAV

My name is Lauren Michalski

I am the Executive Director of the MARYLAND-DC Society of Clinical Oncology.

MDCSCO HAS SUBMITTED A LETTER IN SUPPORT OF SB0272.

We greatly appreciate the efforts of Senator Gile to bring this particular piece in cancer care to the attention of this committee and the Maryland General Assembly.

My cancer was diagnosed in January of 2021 during the COVID lockdown. My surgery was in February. I received chemotherapy that Spring and immunotherapy for a year.

I was offered cold cap therapy, but unfortunately, it was an added cost and added time in the chair. Not yet knowing the final tally of the expenses I was yet to incur, I chose not to have it and did my best to remain positive and grateful for having choices in my battle to beat cancer!

I cut my hair short, but nonetheless, it was brutal to watch what was left, eventually fall out.

As you get used to the new look of your body, post surgery, HAIR MATTERS: emotionally, physically and spiritually.

I am asking this committee to help cancer patients keep this part of their care in their OWN CONTROL and not that of the insurance underwriters and actuaries.

GIVE each cancer patient the choice without financial constraints and allow for peace of mind as they go through their own journeys. It's so important!

Thank you for your time. Stay well.

SB0272 Scalp Cooling 2:4:26.pdf
Uploaded by: Lynn Mortoro
Position: FAV

MEPPN
Maryland Episcopal Public Policy Network

TESTIMONY IN SUPPORT OF SB0272

Health Insurance - Scalp Cooling Systems - Required Coverage

FAVORABLE

TO: Chair Pamela Beidle, Vice Chair Antonio Hayes and members of the Senate Finance Committee.

FROM: Lynn Mortoro, member of the Maryland Episcopal Public Policy Network (MEPPN)

DATE: February 4, 2026

Dear Chair Senator Beidle, Vice Chair Senator Hayes and all member of the Senate Finance Committee.

Thank you for allowing me to testify on behalf of this bill.

I am a retired registered nurse and for the last 12 years of my working, I was in an oncology clinic.
I am also a member of the Episcopal Church.

My job was to support women (and men) during their chemotherapy. This included many pieces, but one of the most important was emotional support as they dealt with many of the side effects, hair loss for some was one of the most devastating.

The Episcopal Church General Convention further urges Episcopalians to advocate for addressing the specific health care needs of women and girls. This statement is applicable here because most of the concern is with women and hair loss.

The Maryland Episcopal Public Policy Network (MEPPN) requests a FAVORABLE report

The Maryland Episcopal Public Policy Network (MEPPN) is a ministry of The Episcopal Diocese of Maryland, The Episcopal Diocese of Washington, and The Delaware-Maryland Synod ELCA

Bourestom_SB0272_Finance_Committee_Written_Testimo
Uploaded by: Melissa Bourestom
Position: FAV

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

Scalp Cooling Legislation MD.pdf
Uploaded by: Nancy Marshall
Position: FAV

The Rapunzel Project™

The Rapunzel Project
PO Box 963
Wayzata, MN 55391

February 2, 2026

Dear Chair Beidle, Vice Chair Hayes, and Members of the Committee:

We are writing to you to express our strong support for Maryland Senate Bill 0272, which would require specified insurers to provide coverage of scalp cooling for patients seeking to preserve their hair while undergoing chemotherapy.

If enacted, Maryland would become just the third state in the nation to mandate this coverage – important, compassionate, long overdue support for cancer patients.

The Rapunzel Project is a nonprofit with the mission of creating awareness of the existence and efficacy of scalp cooling, the only way patients can retain their hair during chemotherapy. Studies indicate that approximately 75% of cancer patients say hair loss is the most feared side effect of chemotherapy, and it is estimated that as many as 14% of patients refuse chemotherapy because of hair loss – a potentially life threatening decision.

We discovered scalp cooling in 2009, when co-founder Shirley Billigmeier used cold caps during six rounds of TCH chemo and saved 90+% of her hair; she had been expected to become completely bald. At the time few American doctors knew of the process, and almost none thought it would work. We founded The Rapunzel Project to create awareness of scalp cooling – patients can't choose to save their hair if they don't know that choice is available.

Naively we thought that within a decade scalp cooling would become the standard of care in the U.S., as it has long been in the UK. This belief was reinforced when the FDA cleared scalp cooling systems as safe and effective in 2015 and again in 2017.

While awareness has grown and physician acceptance is now high, access remains deeply inequitable. Scalp cooling is often not even recommended to patients by providers for fear that they cannot afford it. Insurance coverage is spotty, varies by state and by plan, and pays inadequately even when covered.

In 2017, Aetna publicly acknowledged that scalp cooling is medically necessary to prevent chemotherapy-induced alopecia – yet did not make it a covered benefit. Starting in 2022, Medicare officially approved reimbursement for scalp cooling, but only reimburses clinics, not patients. This restrictive policy means patients can only access this benefit if their clinic has invested in the equipment and supplies, which most have been reluctant to do.

After working with cancer patients for over 15 years, plus our own personal experiences, we believe hair preservation matters for several deeply human reasons:

1. **Identity** – Patients see themselves in the mirror, not a stranger, even while being treated
2. **Privacy** – Patients can control who knows about their illness; also they can shield children
3. **Empowerment** – Patients can choose to help themselves when they otherwise feel helpless
4. **Vanity** – Not a trivial reason, but usually not the primary motivation

Scalp cooling also protects the hair follicles, allowing regrowth to begin even while chemotherapy is ongoing and preventing long-term follicle damage. Even when not fully effective, patients experience faster and healthier regrowth.

Scalp cooling is not for everyone; it is extremely cold, and requires additional hours of capping beyond the chemotherapy infusion time. But most patients tell us it completely changes their cancer journey. Chemotherapy becomes medicine, not punishment which lasts months or years after treatment until patients successfully regrow normal hair.

We firmly believe that every eligible patient should have the option of scalp cooling; access should not depend on personal wealth, geography, or insurance loopholes. SB0272 is a thoughtful, humane, evidence-based step toward equitable cancer care in Maryland.

Thank you for your time and for your leadership on this important issue.

Kind regards,

Nancy Marshall Shirley Billigmeier

Nancy Marshall and Shirley Billigmeier
Co-founders, The Rapunzel Project

EIN 27-1189440
www.rapunzelproject.org
info@rapunzelproject.org
612-749-1303

Letter to the General Assembly in Support of SB027

Uploaded by: Rossalynn Abbott Ripper

Position: FAV

SB0272/HB0393
Favorable
Rossalynn Abbott Ripper
1303 Cape St. Claire Road
Annapolis, MD 21409

February 1, 2026

Dear Senator Gile and the Senate Finance Committee,

My name is Rossalynn Abbott Ripper. I'm an Annapolis resident, a mother, a business executive, a patient advocate and a breast cancer survivor. Although still in active treatment for HER2+ breast cancer, I successfully completed three months of chemotherapy in May 2025. Through scalp cooling, I was able to keep all my hair. I have spent the last year advocating for Marylanders to have access to scalp cooling and have it covered by insurance. I'm testifying in person and in writing, in favor of Maryland SB0272/HB0393.

Receiving a breast cancer diagnosis is a life altering event. The moment of my diagnosis will forever be engrained in my mind and it's something that I think about every day. My initial thoughts were wondering if I was strong enough mentally and physically to get through cancer, if I could afford it, because even with health insurance, a cancer diagnosis is a financial burden. I worried about how I would maintain normalcy at my job and for my son. The most painful reality was that I was going to lose my hair. I was completely devastated. It wasn't until I spoke with my Oncologist at Luminis Health Anne Arundel Medical Center, where I learned that I would be a candidate for scalp cooling. Based on my chemo regimen, I would have a chance to keep my hair. Scalp cooling brings the temperature of your head to a very cold temperature to restrict the blood flow to hair follicles so that chemotherapy cannot get in to create hair loss. It utilizes a soft silicone cap connected to a refrigeration unit, often allowing patients to retain a significant amount of hair.

As excited as I was to learn about the technology, I wasn't prepared to learn that scalp cooling was not covered by my insurance because it was considered "cosmetic", and that to receive the treatment, I would have to pay for it myself. Again, a devastating blow. Fortunately, I was able to pay $2,400 for the cost of my scalp cooling treatments. Through online support groups, I quickly realized that not only did my insurance company not cover scalp cooling, but that it is not covered by insurance in Maryland, and widely not covered throughout the United States (New York and Louisiana are exceptions).

We as cancer patients go through so much. Being able to keep my hair during chemotherapy through scalp cooling, changed the trajectory of my overall cancer journey and made a meaning difference in my life. It's not just about hair. Keeping your hair during chemo by using scalp cooling provides patients with hope and privacy, it allows one to maintain their identity and improves the mental well-being of those going through chemo. Chemo patients are paying thousands of dollars out of pocket to save their hair, yet most insurance companies will allow coverage of a wig. The thousands of women I interact with in online

support groups, would much prefer to keep their own hair. Marylanders in chemo right now are having to decide between paying the mortgage and saving their hair. Young women, who are chemo patients are having to decide between freezing their eggs for a future family or saving their hair. Marylanders on fixed incomes who cannot afford scalp cooling have no choice but to lose their hair. This does not have to be the case. We can do something about it together!

Now is the time to pass this meaningful legislation:

- As demonstrated to you by live, virtual and written testimony on scalp cooling, the need is there. Chemo patients across the state want access to scalp cooling and have it covered by insurance.

- We took the feedback offered from failed House Bill 1187 in 2025 and made the necessary changes requested. 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 and to provide coverage for scalp cooling systems used for the preservation of hair in connection with chemotherapy treatment.

- In January 2026, the Maryland Health Care Commission submitted a mandate study of HB 1187 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. The study shows no significant financial impact on the insurance companies for this treatment, and it states that it can improve the mental and social wellbeing of chemo patients.

- The American Medical Association (AMA) has established new Category I CPT® codes for mechanical scalp cooling, which took effect on January 1, 2026**.** The establishment of these codes set up a billing pathway for medical institutions to bill insurance companies for scalp cooling. As a result, scalp cooling can now be more widely available to patients seeking to maintain their sense of identity and psychosocial wellbeing during cancer treatment.

- Scalp cooling, like the Paxman Scalp Cooling System, which I used, and other cooling systems, are FDA-cleared, and are clinically proven medical devices designed to reduce chemotherapy-induced alopecia (hair loss) by lowering scalp temperature before, during, and after treatment.

In closing, scalp cooling is a game-changer for those undergoing chemo. I am a beneficiary of that. My hope is that we can make scalp cooling accessible and affordable for all Marylanders. I respectfully ask the Senate Finance Committee to pass this impactful

legislation. My thoughts are with all Marylanders dealing with a cancer diagnosis. Thank you, Senators, for your time.

Sarah Campbell SB 0272 Written Testimony 2-2-2025.
Uploaded by: Sarah Campbell
Position: FAV

Bill #: State Bill 0272
Committee: Senate Finance Committee
Position: Favorable
Hearing Date: February 4, 2026

I am writing to express my support for State Bill 0272, which mandates health insurers, nonprofit health service plans, and managed care organizations providing chemotherapy coverage also cover scalp cooling systems. My name is Sarah Campbell, a lifelong Maryland resident currently living in Calvert County and a 6-year breast cancer survivor who utilized the Paxman Scalp Cooling System in 2020.

I was diagnosed with stage 3 HER2+ breast cancer on January 27, 2020. Due to the aggressive nature of the diagnosis, I started chemotherapy 2.5 weeks later. When I first met with my oncologist, he explained that I would need six rounds of docetaxel and carboplatin before I could have surgery. I learned during my pre-chemo "class" at Anne Arundel Medical Center that hair-loss is a guaranteed side effect from these two chemotherapy drugs. My initial fear at diagnosis was that I would not live to raise my daughters, who were ages 2 and 4 at the time. Once I understood my full treatment plan, I was upset that I would be in various treatment for a year and it was beyond my control to hide it from anyone. While I could minimize the impacts of most side effects to my life, I could not easily hide the hair loss. I was concerned losing my hair would stress my kids, and I wanted to minimize the impacts to them as much as possible. I did not want everyone, from clients I interacted with to parents at drop off; to know I was in cancer treatment. I did not want pitying looks at the store, which people are apt to give, especially when they see you are a mom to young kids. I was not ashamed of the diagnosis, but I was not comfortable with people unexpectedly asking me about it at the time.

The nurse I met with for my pre-chemo "class" introduced me to the Paxman Scalp Cooling System that the hospital had in the infusion center, which I was unaware of, but was a viable solution that could give me some semblance of control over my diagnosis. The Paxman Scalp Cooling System cost for six rounds of chemo was $1,600 in February 2020. There were many other costs for me to consider when making my decision to scalp cool, including:

- I could not predict the costs for chemo, a bilateral mastectomy, radiation, and 18 rounds of targeted therapy. Spending $1,600 on the scalp cooling system at the very beginning of my treatment year was hard to justify.
- I knew that I was going to be on a reduced income that year because I was planning to go on short term disability during surgery and radiation in combination with a reduction in hours.

Fortunately, I had two aunts who paid for most of my scalp cooling treatment, making it a reality for me. When I decided to get a pixie hair cut 7 months after my last chemotherapy to even out the regrowth, I learned the parents at drop off thought I made a radical hair cut decision and had no idea I received chemo. I also learned that a lot of people who knew I was going through chemo thought my chemo regimen was not bad because I kept my hair and did not look sick. I am so fortunate I was able

to use the Paxman Scalp Cooling System because it allowed me to share my cancer diagnosis and treatment on my own terms and mask the severity of the illness from my kids. Access to scalp cooling systems should be available to everyone who wants to use them, regardless of cost.

Thank you,
Sarah Campbell
Chesapeake Beach, Maryland

SB272_LeagueLifeHealthInsurers_UNF
Uploaded by: Matthew Celentano
Position: UNF

The League of Life and Health Insurers of Maryland

15 School Street, Suite 200
Annapolis, Maryland 21401
410-269-1554

February 4, 2026

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

Senate Bill 272 – Health Insurance – Scalp Cooling Systems – Required Coverage

Dear Chair Beidle,

The League of Life and Health Insurers of Maryland, Inc. respectfully opposes *Senate Bill 272 – Health Insurance – Scalp Cooling Systems – Required Coverage* and urges the committee to give the bill an unfavorable report.

This bill would require carriers to provide coverage for scalp cooling systems used for the preservation of hair in connection with chemotherapy treatment. This is a new mandate, and because in this time of heightened sensitivity to affordability in health insurance markets, while laudable, is inappropriate as we all struggle to keep access as widely available as possible. Additional mandates increase costs and threaten that accessibility to Marylanders. We are also opposed as the coverage falls outside of the definition of medical necessity, as well as scalp cooling is not recommended, according to the American Cancer Society, for everyone, especially for patients with certain cancers, liver problems, or cold allergies.

Furthermore, coverage mandates limit flexibility and consumer choice. Employers and insurers should retain the ability to design benefit plans that reflect the priorities and needs of their populations. Patients who value scalp cooling systems should have the option to pursue them independently, without shifting the cost to the broader insured population.

Traditionally, 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 remains deeply committed to the treatment of cancer and cancer related treatments, but carriers cannot support this bill at this time. For the above reasons, The League urges an unfavorable report on Senate Bill 272.

Very truly yours,

Matthew Celentano
Executive Director

cc: Members, Senate Finance Committee

2026 Session - MHCC - SB 272 - HI -Scalp Cooling S

Uploaded by: Douglas Jacobs

Position: INFO

MARYLAND Health Care Commission

Marcia Boyle, MS, Acting Chair
Douglas Jacobs, MD, MPH, Executive Director

February 4, 2026

The Honorable Pamela Beidle
Chair, Finance Committee
3 East Miller Senate Office Building
Annapolis, Maryland 21401

Re: SB 272 - Health Insurance – Scalp Cooling Systems – Required Coverage

Dear Chair Beidle and Committee Members,

The Maryland Health Care Commission (MHCC) respectfully submits this letter of information on *Senate Bill (SB) 272 Health Insurance – Scalp Cooling Systems – Required Coverage*. *SB 272* requires certain insurers, nonprofit health service plans, and health maintenance organizations which provide coverage for chemotherapy to treat cancer to provide coverage for scalp cooling systems.

As a result of chemotherapy, patients often experience hair loss as a condition known as chemotherapy-induced alopecia (CIA).[1] Scalp cooling caps were designed to lower scalp temperature, reduce blood flow, and thus reduce the delivery of chemotherapy agents to hair follicles, therefore reducing the effects of CIA.

MHCC, in response to HB 1187 which did not pass in the 2025 legislative session, completed the *Evaluation of Scalp Cooling Systems Coverage (2025)*, with contractor support. This report provided information on the medical, social, and financial impact of HB 1187 in the 2025 legislative session and focused on requiring insurers to cover scalp cooling treatments for patients receiving chemotherapy treatment. Currently, no insurers in Maryland cover scalp cooling treatments.

Automated scalp-cooling, the only FDA-approved type of scalp cooling, is approved for chemotherapy-induced hair loss related to solid tumors (not blood cancers). The report found that the majority of oncology providers were supportive of scalp cooling but many expressed reservations on recommending it to patients – most frequently this was due to patient costs of the treatment.

[1] SHAREing & CAREing. Cold Caps & Scalp Cooling Therapy: A Breakthrough for Cancer Patients. https://shareing-careing.org/cold-caps-scalp-cooling-therapy-a-breakthrough-for-cancer-patients/. Published February 11, 2025

While scalp cooling treatments are considered effective in addressing this concern, it remains costly, typically ranging from $1,000-$3,000 out-of-pocket, with no insurance coverage. Several studies between 2017-2024 show scalp cooling systems are between 40-80% effective at reducing or eliminating hair loss from chemotherapy. Several studies between 2014 and 2019 suggest that up to 10% of women consider refusing chemotherapy treatment or opting for less effective treatments to avoid chemotherapy related hair loss.

Our actuarial estimates show that the financial impact ranges from 0.00% to 0.05% of premium and does not indicate an expected material impact on retention (non-claims costs).

We hope you find this information helpful in considering SB 272 during the 2026 legislative session. If you have any questions, please do not hesitate to contact me at douglas.jacobs@maryland.gov or Ms. Tracey DeShields, Director of Policy Development and External Affairs, at tracey.deshields2@maryland.gov or 410-764-3588.

Sincerely,

Douglas Jacobs, MD, MPH
Executive Director

cc: Senate Finance Committee

SB 272 - FIN - MHCC - LOI.pdf
Uploaded by: State of Maryland (MD)
Position: INFO

MARYLAND Health Care Commission

Marcia Boyle, MS, Acting Chair
Douglas Jacobs, MD, MPH, Executive Director

February 4, 2026

The Honorable Pamela Beidle
Chair, Finance Committee
3 East Miller Senate Office Building
Annapolis, Maryland 21401

Re: SB 272 - Health Insurance – Scalp Cooling Systems – Required Coverage

Dear Chair Beidle and Committee Members,

The Maryland Health Care Commission (MHCC) respectfully submits this letter of information on *Senate Bill (SB) 272 Health Insurance – Scalp Cooling Systems – Required Coverage*. *SB 272* requires certain insurers, nonprofit health service plans, and health maintenance organizations which provide coverage for chemotherapy to treat cancer to provide coverage for scalp cooling systems.

As a result of chemotherapy, patients often experience hair loss as a condition known as chemotherapy-induced alopecia (CIA).[1] Scalp cooling caps were designed to lower scalp temperature, reduce blood flow, and thus reduce the delivery of chemotherapy agents to hair follicles, therefore reducing the effects of CIA.

MHCC, in response to HB 1187 which did not pass in the 2025 legislative session, completed the *Evaluation of Scalp Cooling Systems Coverage (2025)*, with contractor support. This report provided information on the medical, social, and financial impact of HB 1187 in the 2025 legislative session and focused on requiring insurers to cover scalp cooling treatments for patients receiving chemotherapy treatment. Currently, no insurers in Maryland cover scalp cooling treatments.

Automated scalp-cooling, the only FDA-approved type of scalp cooling, is approved for chemotherapy-induced hair loss related to solid tumors (not blood cancers). The report found that the majority of oncology providers were supportive of scalp cooling but many expressed reservations on recommending it to patients – most frequently this was due to patient costs of the treatment.

[1] SHAREing & CAREing. Cold Caps & Scalp Cooling Therapy: A Breakthrough for Cancer Patients. https://shareing-careing.org/cold-caps-scalp-cooling-therapy-a-breakthrough-for-cancer-patients/. Published February 11, 2025

While scalp cooling treatments are considered effective in addressing this concern, it remains costly, typically ranging from $1,000-$3,000 out-of-pocket, with no insurance coverage. Several studies between 2017-2024 show scalp cooling systems are between 40-80% effective at reducing or eliminating hair loss from chemotherapy. Several studies between 2014 and 2019 suggest that up to 10% of women consider refusing chemotherapy treatment or opting for less effective treatments to avoid chemotherapy related hair loss.

Our actuarial estimates show that the financial impact ranges from 0.00% to 0.05% of premium and does not indicate an expected material impact on retention (non-claims costs).

We hope you find this information helpful in considering SB 272 during the 2026 legislative session. If you have any questions, please do not hesitate to contact me at douglas.jacobs@maryland.gov or Ms. Tracey DeShields, Director of Policy Development and External Affairs, at tracey.deshields2@maryland.gov or 410-764-3588.

Sincerely,

Douglas Jacobs, MD, MPH
Executive Director

cc: Senate Finance Committee