

SB0551_FAV_MDACOG_HI - Ovarian Cancer Prevention W

Uploaded by: Christine Krone

Position: FAV



Maryland Section

Senate Finance Committee

March 4, 2026

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

POSITION: SUPPORT

The American College of Obstetricians and Gynecologists, Maryland Section (MD ACOG), which represents the Maryland physicians who serve the obstetrical and gynecological needs of Maryland women and their families, **supports** Senate Bill 551. Senate Bill 551 would require commercial insurers, nonprofit health service plans, and health maintenance organizations to provide coverage for salpingectomy when performed for ovarian cancer prevention.

Ovarian cancer is the deadliest gynecologic malignancy. According to the National Cancer Institute, in Maryland, approximately 270 women are diagnosed each year, and nearly 69% are diagnosed at an advanced stage, when survival rates are low and treatment is more intensive. Nationally, most high-ovarian cancers are now understood to originate in the fallopian tubes, making preventive salpingectomy, or removal of the fallopian tubes, a safe, effective, and evidence-based strategy to reduce cancer risk.

Patients who have completed childbearing should consider opportunistic salpingectomy at the time of pelvic surgery or as an alternative to tubal ligation (“having your tubes tied”). This approach provides both cancer risk reduction and permanent contraception, and it is far less invasive than removing the ovaries. Research shows that, when performed appropriately, salpingectomy does not increase surgical complications and does not impair ovarian function. By expanding access to preventive salpingectomy, Senate Bill 551 aligns with clinical guidance and supports patient-centered, evidence-based care.

Financial barriers should not prevent women from accessing a potentially life-saving procedure. Requiring coverage ensures that patients can make informed decisions with their clinicians without the burden of copays, deductibles, or other cost-sharing barriers.

Senate Bill 551 is a proactive, cost-effective public health measure. By preventing ovarian cancer before it develops, Maryland can save lives, reduce suffering, and lower the long-term costs of treating advanced cancer. Every year this coverage is delayed, more women face a preventable risk.

For these reasons, MD ACOG strongly urges a favorable report on Senate Bill 551 to improve access to preventive care and protect the health of Maryland women.

For more information call:

Christine K. Krone

J. Steven Wise

Danna L. Kauffman

Andrew G. Vetter

410-244-7000

MRS Letter of Support_SB 551.pdf

Uploaded by: Gerard Evans

Position: FAV



March 4, 2026

In support of Senate Bill 551: Health Insurance – Ovarian Cancer Prevention With Salpingectomy – Required Coverage and Prohibited Cost Sharing

Dear Chair Beidle and Members of the Senate Finance Committee:

My name is Dr. Lisa Mullen. I am a breast imaging radiologist at Johns Hopkins Medicine and Immediate Past President of the Maryland Radiological Society. I am writing in support of **Senate Bill 551**.

The American Cancer Society estimates that in 2026, about 21,010 women will receive a new diagnosis of ovarian cancer, and about 12,450 women will die from ovarian cancer. A woman's risk of getting ovarian cancer in her lifetime is 1 in 91. It turns out that most of the deadliest "ovarian" cancers do not start in the ovary. Rather, they begin in the fallopian tubes. The cancer cells shed from the end of the fallopian tube to spread all over the inside of the abdomen and pelvis. Most of these cancers present at an advanced stage and are not curable, despite aggressive treatment. The 5-year survival is only 55%.

In breast cancer screening, we say that "early detection saves lives." Annual screening mammography has been shown to substantially decrease mortality from breast cancer. Unfortunately, with fallopian tube cancer, there is no effective test for screening. Medical imaging tests (ultrasound, CT scans and MRI) are not effective for finding early disease and do not improve survival from the disease. Screening tests are not recommended.

The only intervention that has been shown to decrease mortality from fallopian tube cancer is surgical removal of the fallopian tubes (salpingectomy). A recent study showed that salpingectomy was associated with an 80% reduction in ovarian cancer risk! This surgery can be performed as a stand-alone procedure or can be accomplished during abdominal or pelvic surgeries performed for other reasons. On February 2, 2026, the European Society of Gynecological Oncology released consensus statements on this subject, in support of opportunistic salpingectomy for all eligible women undergoing gynecologic or non- gynecologic pelvic or abdominal surgery. Removal of the fallopian tubes could save the lives of many women. We need support for educational campaigns for women and their providers as well as insurance coverage for this life-saving procedure.

Please support this legislation, which would provide insurance coverage and prohibit cost-sharing for salpingectomy. Thank you for your consideration.

Lisa A. Mullen, MD, FACR, FSBI

Lisa A. Mullen, MD, FACR, FSBI
Maryland Radiological Society
Associate Professor
Breast Imaging Division, Johns Hopkins Medicine
601 N. Caroline Street, JHOC Suite 4120E
Baltimore, MD 21287

SB 551 Ovarian Cancer Prevention with Salpingectom

Uploaded by: Kathryn Feeley

Position: FAV



March 2, 2026

The Honorable Pamela Beidle

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

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

Dear Chair Beidle and Members of the Senate Finance Committee:

The Maryland State Council on Cancer Control (Council) respectfully submits this letter of support for Senate Bill 551 (SB 551), which would require health insurance carriers to provide coverage for salpingectomy for ovarian cancer prevention and prohibit cost sharing for this preventive service. This legislation aligns with the Council's commitment to advancing evidence-based cancer prevention strategies and reducing cancer-related morbidity and mortality among Marylanders.

Addressing Ovarian Cancer Risk Through Prevention

Ovarian cancer remains one of the deadliest cancers because we currently lack effective screening and have had no population-level prevention strategy to date. Nearly half of all cases are diagnosed at an advanced stage when available treatments are least effective.¹ Emerging evidence demonstrates that many high-grade serous ovarian cancers – the most common and deadly type, originate in the fallopian tubes rather than in the ovaries themselves. Opportunistic salpingectomy—removal of the fallopian tubes in lieu of tubal ligation or during other indicated pelvic or abdominal surgeries—has been shown to significantly reduce ovarian cancer risk without adversely affecting ovarian function. Population based data show that opportunistic salpingectomy can reduce the risk of serous ovarian cancer by as much as 80%.²

An Evidence-Based, Cost-Effective Preventive Strategy

Salpingectomy is increasingly recognized by leading medical and professional organizations as a safe, effective, and evidence-based approach to ovarian cancer prevention for all individuals. For many people, the most common time to choose salpingectomy is when seeking permanent contraception, where it can replace tubal ligation without increasing surgical risk or triggering menopause. When performed during other clinically appropriate procedures such as cholecystectomy or hysterectomy and other pelvic surgeries, it adds minimal surgical time and cost while offering long-term preventive benefit. Ensuring insurance coverage without cost

¹ Siegel RL, Kratzer TB, Wagle NS, Sung H, Jemal A. Cancer statistics, 2026. CA: A Cancer Journal for Clinicians. 2026;76(1):e70043. doi:10.3322/caac.70043

² Sowamber R, Mei AJ, Kaur P, et al. Serous Ovarian Cancer Following Opportunistic Bilateral Salpingectomy. JAMA Netw Open. 2026;9(2):e2557267. doi:10.1001/jamanetworkopen.2025.57267



sharing removes a key barrier to patient and provider adoption of this potentially life-saving preventive intervention.

Promoting Health Equity and Access to Preventive Care

Out-of-pocket costs can deter individuals from accessing preventive surgical options, particularly people from historically underserved or disproportionately impacted communities. SB 551 promotes equitable access to ovarian cancer prevention by ensuring that cost does not determine whether an individual can choose and benefit from this potentially lifesaving, proven intervention. This approach aligns with Maryland’s broader goals of advancing preventive care and reducing cancer disparities across the state.

For these reasons, the Maryland State Council on Cancer Control supports SB 551 and respectfully urges the Senate Finance Committee to give the bill favorable consideration.

Thank you for your leadership and continued commitment to improving cancer prevention and care for Marylanders.

Sincerely,

A handwritten signature in blue ink, appearing to read "Taofeek Owonikoko".

Taofeek Owonikoko, MD
Chair
Maryland State Council on Cancer Control

2026 ACNM SB 551 Senate Side.pdf

Uploaded by: Robyn Elliott

Position: FAV



Committee: Senate Finance Committee

Bill: Senate Bil 551 - Health Insurance - Ovarian Cancer Prevention With Salpingectomy - Required Coverage and Prohibited Cost Sharing

Hearing Date: March 4, 2026

Position: Support

The Maryland Affiliate of the American College of Nurse Midwives (ACNM) strongly supports *Senate Bil 551 - Health Insurance - Ovarian Cancer Prevention With Salpingectomy - Required Coverage and Prohibited Cost Sharing*. In 2024, the American College of Obstetrics and Gynecology reaffirmed that opportunistic salpingectomy, which means removal of the fallopian tubes as an addition to the primary surgical procedure, reduces the risk of ovarian cancer.ⁱ

Ovarian cancer represents 1% of cancer cases and 2% of cancer deaths reported in the U.S.ⁱⁱ Death rates are higher because ovarian cancer is difficult to detect, so most cases are identified in the later stages.ⁱⁱⁱ ACNM supports this legislation because it will reduce barriers to salpingectomy and save lives. Women should be able to choose salpingectomy, in consultation with their healthcare provider, without concern about insurance coverage or cost sharing.

We ask for a favorable report. If we can provide any additional information, please contact Robyn Elliott at relliott@policypartners.net or (443) 926-3443.

ⁱ <https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2019/04/opportunistic-salpingectomy-as-a-strategy-for-epithelial-ovarian-cancer-prevention>

ⁱⁱ <https://seer.cancer.gov/statfacts/html/ovary.html>

ⁱⁱⁱ <https://www.cancer.org/cancer/types/ovarian-cancer/detection-diagnosis-staging.html>

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Uploaded by: Matthew Celentano

Position: UNF



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

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