

WRITTEN TESTIMONY

In Support of House Bill 0393

Before the Maryland House

2026 Regular Session

Hearing Date: February 5, 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 House Bill 0393**

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 House Bill 0393 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

House Bill 0393 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,

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