2023_Diagnostic Imaging_Written Testimony Maryland
Uploaded by: Angelica Katz
Position: FAV

Written Testimony Supporting SB 184
Submitted to the Senate Finance Committee
2/08/23
By Susan G. Komen

Chair Griffith, Vice Chair Klausmeier, and Members of the Committee, thank you for the opportunity to provide testimony in support of Senate Bill 184, which relates to coverage of medically necessary breast imaging. My name is Angelica Katz and I am the Northeast Regional Manager at Susan G. Komen®.

Komen is the world's leading nonprofit breast cancer organization representing the millions of people who have been diagnosed with breast cancer. Komen has an unmatched, comprehensive 360-degree approach to fighting this disease across all fronts—we advocate for patients, drive research breakthroughs, improve access to high quality care, offer direct patient support and empower people with trustworthy information. Komen is committed to supporting those affected by breast cancer today, while tirelessly searching for tomorrow's cures. We advocate on behalf of the estimated 5,640 people in Maryland who will be diagnosed with breast cancer and the 849 who will die from the disease in 2023 alone.

Widespread access to preventive screening mammography is available to millions of women as a result of the Affordable Care Act (ACA). Unfortunately, most individuals at a higher risk of breast cancer or those requiring follow-up imaging due to an abnormal mammogram result face hundreds to thousands of dollars in patient cost sharing for this required imaging – all before they are even potentially diagnosed with breast cancer. Mammography is only the initial step in the early detection process and is not able to alone diagnose cancer. Early detection of breast cancer is not possible without the medically necessary diagnostic follow-up or additional supplemental imaging required to rule out breast cancer or confirm the need for a biopsy. An estimated 16 percent of women screened with modern digital mammography will require follow-up imaging.

The use of breast cancer screening and follow-up diagnostics have led to significant increases in the early detection of breast cancer in the past 30 years. However, this is not true across all demographics. Evidence shows that commercially insured Black breast cancer patients were diagnosed at a later stage and had a higher mortality rate when compared with their white counterparts with the same insurance status. Additionally, Hispanic women tend to be diagnosed with later stage breast cancers than non-Hispanic white women which may be due to delays in follow-up after an abnormal mammogram.

A Komen-commissioned study found the out-of-pocket costs for patients to be high, with much variation for diagnostic breast imaging. For example, average patient cost for a mammogram is $234, and for a breast MRI, $1,021. The study also found that the inconsistency in cost and coverage is a recognized concern among patients, and health care providers. Which leads to additional stress and confusion for patients who are already dealing with the daunting possibility of a breast cancer diagnosis.

Unfortunately, we often receive calls and emails from individuals who are unable to afford the out-of-pocket costs for their recommended breast imaging. Without assistance, many will simply delay or forego these medically necessary tests. This delay can mean that patients will not seek care until the cancer has spread making it much deadlier and much more costly to treat. Breast cancer can be up to five times more expensive to treat when it has spread beyond the breast to other parts of the body.

Additionally, screening delays and cancellations during the COVID-19 pandemic have raised concerns about associated increases in “missed’ and late-stage cancer diagnoses and mortality. Although we don’t know the full impact of the pandemic, emerging data in the two years since the pandemic has reinforced these concerns. The potentially “missed” cancers could be larger and more advanced once ultimately detected, often requiring the use of diagnostic imaging.

As committed partners in the fight against breast cancer, we know how deeply important it is for all cancer patients to have fair and equitable access to the breast imaging that may save their lives. As such, we support Senate Bill 184 and urge you to pass this critical legislation.

Thank you for your consideration.

LOS SB0184 Breast Cancer.pdf
Uploaded by: Beverly Lang
Position: FAV

NURSE PRACTITIONER
Association of Maryland

"Advocating for NPs in Maryland since 1992"

February 5, 2023

Re: SB 0184 Health Insurance: Diagnostic and Supplemental Examinations for Breast Cancer – Cost-Sharing

Position: Support

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

On behalf of the over 800 members, the Nurse Practitioner Association of Maryland, Inc. (NPAM), and the over 8,000 Nurse Practitioners licensed to practice in Maryland, I am writing in support of **SB 0184 Health Insurance: Diagnostic and Supplemental Examinations for Breast Cancer – Cost-Sharing**.

This bill would prohibit insurers, nonprofit health service plan, and health maintenance organizations that provide coverage for diagnostic and supplemental breast examinations from imposing a copayment, coinsurance, or deductible requirement for the examination resulting in increased access to care for all Marylanders.

The personal and economic burden of breast cancer is great, and Maryland is currently facing an increase number of patients who present with later stage cancers. Early screening and follow-up studies and imaging as indicated must be accessible to all our citizens. Unfortunately, high deductibles, high co-pays, and extreme out-of-pocket expenses are further burdening some of our most marginalized populations.

The Nurse Practitioner Association of Maryland is in full support of **SB 184 Health Insurance: Diagnostic and Supplemental Examinations for Breast Cancer – Cost-Sharing** and we ask that the Committee vote in favor of this bill. Should you have any questions, please feel free to contact me.

Beverly Lang MScN, RN, ANP-BC, FAANP
Executive Director,
Nurse Practitioner Association of Maryland Inc.
Office: 443-367-0277
Fax: 410-772-7915
NPAMexdir@npedu.com

SB 0184 SUPPORT DJ.pdf
Uploaded by: Beverly Lang
Position: FAV

Bill: **SB 184 Health Insurance: Diagnostic and Supplemental Examinations for Breast Cancer – Cost-Sharing**

Position: **SUPPORT**

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

My name is Dale Jafari and I have been a Nurse Practitioner in Women's Health for more than two decades. I can speak to the impact of an insurer who will not cover the cost for diagnostic services for women who have an abnormality identified on a screening mammogram or who have been identified as high risk for breast cancer based upon their personal or family history. While most can undergo the screening without out-of-pocket expense, many are shocked to learn that the diagnostic imaging or follow-up studies may not be covered by their insurance plan. This creates a barrier to care and may force the patient to defer the follow up studies because of economic constraints. Additionally, patients whose lifetime risk for Breast Cancer exceed the expected range must be screened more aggressively than a woman of low or average risk. This may include genetic testing for mutations associated with high risk for breast cancer, more frequent breast exams, and mammograms alternating with breast MRI at 6-month intervals to identify an abnormality at the earliest interval. Overall, Maryland is currently facing an increase in the number of patients who are presenting with later stage cancers. Unfortunately, high deductibles, high co-pays, and extreme out-of-pocket expenses are further burdening some of our most marginalized populations.

It is my hope that SB 184 be given a favorable report so that our patients may undergo medically necessary procedures when faced with an abnormal finding on mammogram.

Should you have any questions, please feel free to contact me.

Sincerely,

S. Dale G. Jafari

S. Dale G. Jafari, DNP, FNP-BC
dalegjafari@gmail.com

SB0184_FAV_MedChi, MDCSCO, MACHC, MDACOG_HI - Diag

Uploaded by: Danna Kauffman

Position: FAV

The Maryland State Medical Society
63711 Cathedral Street
Baltimore, MD 263701-5516
410.539.0872
Fax: 410.547.0915
1.800.492.1056
www.medchi.org

TO: The Honorable Melony Griffith, Chair
Members, Senate Finance Committee
The Honorable Pamela Beidle

FROM: Danna L. Kauffman
Pamela Metz Kasemeyer
J. Steven Wise
Andrew G. Vetter
Christine K. Krone
410-244-7000

DATE: February 8, 2023

RE: **SUPPORT** – Senate Bill 184 – *Health Insurance – Diagnostic and Supplemental Examinations for Breast Cancer – Cost-Sharing*

On behalf of the Maryland State Medical Society, the Maryland/District of Columbia Society of Clinical Oncology, the Mid-Atlantic Association of Community Health Centers, and the Maryland Section of the American College of Obstetricians and Gynecologists, we submit this letter of **support** Senate Bill 184.

Diagnostic breast examinations or supplemental breast examinations are essential tools in the screening and diagnosis of breast cancer. An abnormal result from a breast cancer screen may require additional imaging, including mammographic views, ultrasound, or less frequently magnetic resonance imaging, to exclude or confirm the existence of cancer. However, many women, especially in marginalized populations, are not able to pay the required cost sharing for these potential life-saving tests. Too often, these women delay care until the cancer has spread to other parts of the body or has significantly worsened, decreasing the survival rate, and resulting in increased health care costs.

Therefore, the above-named organizations urge a favorable vote on Senate Bill 184.

SB 184_EMD_Favorable_FIN.pdf
Uploaded by: End Medical Debt Maryland
Position: FAV

END MEDICAL DEBT MARYLAND

Testimony on SB 184
Health Insurance - Diagnostic and Supplemental Examinations for Breast Cancer - Cost-Sharing
Hearing of the Senate Finance Committee
February 8, 2023

Position: **FAVORABLE**

Dear Honorable Chair Griffith and Members of the Senate Finance Committee:

We are End Medical Debt Maryland, a statewide coalition of nearly 70 organizations and dozens of volunteers. Our members are labor unions, faith leaders, patients, health justice advocates, consumer rights proponents, lawyers, healthcare workers, and community members impacted by medical debt. Collectively, we represent over 350,000 Marylanders. Our coalition's goal is clear: we fight for legislation that will ultimately end medical debt. **We strongly support SB 184** and urge the Committee to issue a FAVORABLE report.

SB 184 would prohibit insurers, nonprofit health services plans and other carriers from requiring a copayment, coinsurance or deductible requirement for diagnostic breast examinations and supplemental breast examinations. Breast cancer is the most commonly diagnosed cancer and in Maryland alone, 5760 residents will be diagnosed with breast cancer this year.[1] Socioeconomic status impacts breast cancer outcomes as low-income women have lower rates of breast cancer screening and greater probability for late-stage diagnosis.[2] There are also racial disparities in breast cancer mortality as research supports that Black women are less likely to be diagnosed with breast cancer but more likely to die from it than their White counterparts.[3] This is due to many factors, including tumor biology and genetics as

[1] American Cancer Society, Estimated New Cases, 2023, https://cancerstatisticscenter.cancer.org/#!/state/Maryland (last visited on February 7, 2023).

[2] Clement G. Yedjou et al., Health and Racial Disparity in Breast Cancer, 1152 Adv Exp Med Biol. 31 (2019).

[3] Bobby Daly MD et al., A perfect storm: How tumor biology, genomics, and health care delivery patterns collide to create a racial survival disparity in breast cancer and proposed interventions for change, 65 CA Cancer J. Clin. 221 (2015).

well as disparities in access to screening, care and treatment.[4] Copays, coinsurance and deductible requirements further exacerbate these disparities and can discourage Marylanders from seeking breast cancer screenings and medically necessary supplemental screenings.

No one should have to choose between affording timely breast cancer screenings and paying their rent or mortgage, buying food or paying for other necessary bills. But this is the situation that many Marylanders find themselves in, especially as costs of basic necessities continue to rise. SB 184 would allow more Marylanders to access timely breast cancer screenings and supplemental screenings without having to worry about the cost. If passed, SB 184 would bring Maryland one step closer towards eliminating medical debt and socioeconomic and racial inequities in healthcare access.

Ashley Black, Esq.
(410) 625-9409 ext. 224, blacka@publicjustice.org
Submitted on behalf of End Medical Debt Maryland

[4] *Id.*

SB 184_Dr. Keen_FAV.pdf
Uploaded by: Hayley Evans
Position: FAV

Senator Melony Griffith, Chair
Senate Finance Committee
3 East, Miller Senate Office Building
Annapolis, MD 21401

February 7th, 2023

RE: Senate Bill 184 – FAVORABLE – Health Insurance – Diagnostic and Supplemental Examinations for Breast Cancer – Cost-Sharing

Dear Chair Griffith and Members of the Finance Committee:

I am writing in support of the legislation SB 184 – Diagnostic and Supplemental Examinations for Breast Cancer – Cost-Sharing, to eliminate out-of-pocket costs for breast cancer patients.

Screening saves lives. There has been a 40% reduction in mortality from breast cancer in the United States since the initiation of widespread screening mammography in the late 1980's. In order to save lives and decrease medical expenses, we must find breast cancer early at its most curable stages and be able to act on these findings.

My job as a breast imaging specialist includes looking for findings on screening mammograms suspicious for breast cancer and to pursue these findings with further evaluation as needed by additional mammographic views, ultrasound, and/or MRI, as well as biopsy to confirm the diagnosis of cancer.

Unfortunately, I have personally seen multiple patients decline or cancel the recommended studies because of the inability to pay for them. Some who eventually returned were diagnosed with cancer more advanced than would have been the case initially. More advanced cancers can lead to greater treatment costs and lower survival rates.

In addition to being a breast imaging specialist, I'm a breast cancer survivor. My own cancer was found on a screening mammogram. I was able to promptly undergo the necessary additional mammographic views and ultrasound that led to my biopsy and diagnosis of cancer. Had those additional studies been delayed and my cancer not been detected at such an early stage, I might not be here today over 20 years later.

I know the anxiety of being diagnosed with breast cancer. The addition of financial concerns at the already highly stressful diagnostic time places an even greater burden both emotionally and financially upon patients and their families.

In conclusion, I strongly support the bill sponsored by Komen, SB 184 – Diagnostic and Supplemental Examinations for Breast Cancer – Cost-Sharing, to eliminate out-of-pocket costs for breast cancer patients.

Sincerely,

Dr. Stacey J. Keen, MD, FACR

SB 184 Favorable Cornerstone Gov. Affairs.pdf
Uploaded by: Jenna Massoni
Position: FAV

Senate Bill 184
Position: Support
Senate Finance Committee
February 8, 2023
Jenna Massoni, Cornerstone Government Affairs

Chairwoman Griffith, Vice Chairwoman Klausmeier, and Members of the Finance Committee,

Thank you for the opportunity to provide written testimony in support of Senate Bill 184. My name is Jenna Massoni and I work with Cornerstone Government Affairs as a representative of Susan G. Komen.

The purpose of this legislation is to eliminate out of pocket costs for Diagnostic and Supplemental Imaging Examinations for Breast Cancer. From passing this bill in 9 other states, Komen believes that this legislation will have a profound impact for eliminating healthcare barriers for Marylanders.

To address the concern of cost implications, in a Maryland Health Care Commission study, we were sent a report (see below) indicating the estimated cost impact from this legislation. MHCC estimated that the elimination of cost-sharing for diagnostic imaging examinations would add about $0.07 cents per member per month, or about $0.83 cents per year to privately insured health care premiums. Additionally, the fiscal notes from the 9 states who passed this legislation have shown negligible impacts on insurance premiums.

We respect the work of Maryland's private health insurers and spoke with each private insurer during the interim. This bill does not create a new coverage mandate, it addresses cost-share requirements for health plans that already provide coverage screening and diagnostic services. The bill ensures that patients who need this follow up for medically necessary reasons, do not forego the test due to unaffordable out-of-pocket costs.

Breast Cancer is one of the most diagnosed cancers in MD. In fact, Maryland has ranked among the top states in breast cancer mortality. It is extremely necessary to address this issue at the state level until it's passed in Congress by Komen's legislation that has been introduced at the federal level.

Thank you for your time and I request a favorable report for SB184.

Jenna Massoni
Cornerstone Government Affairs, representing Susan G. Komen

STATE OF MARYLAND

Andrew N. Pollak, MD
CHAIR

Ben Steffen
EXECUTIVE DIRECTOR

MARYLAND HEALTH CARE COMMISSION

4160 PATTERSON AVENUE – BALTIMORE, MARYLAND 21215
TELEPHONE: 410-764-3460 FAX: 410-358-1236

February 7, 2022

The Honorable Sheree Sample-Hughes
Speaker Pro Tem, Health and Government Operations Committee
Maryland House of Delegates
6 Bladen St., Room 313
Annapolis, MD 21401-1991

RE: Request for Cost Estimate to Eliminate Cost-Sharing for Diagnostic Screening for Breast Cancer and Diagnostic Evaluation of the Breast

Dear Delegate Sheree Sample-Hughes:

The Maryland Health Care Commission (MHCC) is pleased to submit this response to your January 11, 2022 letter requesting a study to estimate the cost impact of eliminating cost-sharing requirements for diagnostic imaging examinations for diagnostic evaluation of the breast. **MHCC estimates that the elimination of cost-sharing will add about $0.07 per member per month or about $0.83 per year to privately insured health care premiums.** It is important to note that mammography screening is considered an essential health benefit under the Affordable Care Act and a preventive health care service in the fully-insured large group market; therefore, mammography screening is not subject to cost-sharing. As a result, this analysis is an estimate on the elimination of cost sharing for diagnostic testing only.

The results of our analysis indicate that the cost impact, if the member out of pocket (OOP) cost requirements for diagnostic imaging examinations or diagnostic evaluations of the breast were eliminated, is about $0.07 per member per month (PMPM). We expect this cost to remain relatively flat with modest changes in utilization for women ages 30 and older, since there were slight variations in the member OOP costs over the last four years (2017 - 2020). However, after a modest decrease (-6.3%) in 2018, the cost per service shows a steady increase through 2020, ending up at about 14.5%. The PMPM allowed charges across the entire fully-insured population have been relatively stable (averaging about $0.19) over the last four years, despite slight volatility in utilization (decrease in 2018, increase in 2019, and then a decrease in 2020).

Analysis of the Utilization and Costs of Diagnostic Screening for Breast Cancer and Diagnostic Evaluation of the Breast

Study Year	No. of Services per 1,000 Female Members (age ≥ 30)	Utilization Trend	Cost per Service (age ≥ 30)	Unit Cost Trend	PMPM			
					Allowed Charges	Member Cost Share	Premium	Member Cost Share as a % of Premuim
2020	20	-2.9%	$196	14.5%	$0.21	$0.07	$569	0.01%
2019	20	1.0%	$171	4.4%	$0.18	$0.07	$526	0.01%
2018	20	-7.4%	$164	-6.3%	$0.17	$0.06	$485	0.01%
2017	21		$175		$0.20	$0.06	n/a	n/a

Using the average 2018 PMPM premiums by market ($547 for individual, $448 for small group, and $485 for fully-insured large group) from MHCC's "*Study of Mandated Health Insurance Services as Required Under Insurance Article §15-1502"* premiums were projected out one year to 2019 and two years to 2020 using annual PMPM allowed observed medical trends by market. Results show in the above table that the cost for eliminating the member cost-sharing is about 0.01% of premium across all markets (individual, small group, and fully-insured large group). Although costs for the illness burden for the privately fully-insured population, level of benefit coverage, and medical management will vary by insurance market due to differences in health insurance carrier medical management and care coordination, information from health insurance carriers is not available to quantify such differences. Therefore, the same estimated PMPM premium impact for each market was used across all health insurance carriers although the percent of premium would vary slightly across the individual, small group, and large group markets.

MHCC has been charged with conducting a systematic assessment of potential changes in health benefits through added mandates under Insurance Article §15-1501, Annotated Code of Maryland. Typically, MHCC would contract with an external actuarial consulting firm to complete the analysis and formulate estimates. Given the urgency of this legislative request and the current limits of the MHCC budget, an experienced actuary at MHCC conducted the work. I am satisfied that MHCC completed this analysis with similar rigor as if MHCC had contracted with an actuarial consultant.

If you have any questions about these findings, please do not hesitate to contact me at 410-764-3566 or ben.steffen@maryland.gov.

Sincerely,

Ben Steffen
Executive Director

Technical Attachment

MHCC used the Maryland All-Payer Claims Database (APCD) as the data source for this analysis. Specifically, institutional services (outpatient only), professional services, and eligibility files were used. The APCD population includes all Maryland residents enrolled in private (commercial) fully-insured health plans. For purposes of this analysis, only the claims experience for females 30 years of age and older were selected from the APCD since the cost elimination would apply to that cohort. However, when calculating the per member per month (PMPM) costs, the entire fully-insured population (i.e., no age restriction), including the individual market, the small group market, and the large group market, was used to calculate member exposure. However, the insurance carrier Kaiser (no fee-for-service claims for professional services due to capitation) and the Federal Employees Health Benefits (FEHB) Program (Federal decision to exclude all FEHB data from State APCDs including Maryland) populations were excluded in this study. Finally, the CPT and ICD codes used in this analysis included CPT: 76090, 76091, 76499, 76641, 77046, 77047, 77048, 77049, 77051, 77061, 77062, 77065, 77066, 78800, G0279, G0204, G0206; and ICD 10: Z12.31, N63, R92.0, R92.1, R92.2, R92.8. We excluded all mammogram CPT screening codes. These services are covered under the Affordable Care Act (ACA) list of essential health benefits (EHB) and under preventive services for large fully-insured employers.

About 33.8% (252,732 members per month on average) of the entire 2020 privately fully-insured population are female and are at least thirty years or older. Of that 33.8%, about 2.7% (or 6,908 females per month on average) had a diagnostic imaging examination or diagnostic evaluation of the breast claim during 2020. These 6,908 females are about 0.9% of the entire fully-insured population in the APCD.

In 2019, about 33.3% (255,116 members per month on average) of the entire privately fully insured population were female and at least thirty years or older. Of that 33.3%, about 3.1% (or 7,800 females per month on average) had a diagnostic imaging examination or diagnostic evaluation of the breast claim during 2019. These 7,800 females are about 1.0% of the entire fully-insured population in the APCD.

Premium Projections

Year	Market	Premium PMPM	Member Exposure	Premium Dollars	Allowed Medical Trend
2018	Individual	$547	1,750,412	$957,475,364	
2018	Small Group	$448	2,898,261	$1,298,420,928	
2018	Large Group	$485	4,777,154	$2,316,919,690	
2018	Total	**$485**	9,425,827	$4,572,815,982	
2019	Individual	$601	1,680,357	$1,009,169,174	5.4%
2019	Small Group	$479	2,882,757	$1,381,820,320	6.4%
2019	Large Group	$528	4,617,604	$2,439,143,827	5.3%
2019	Total	**$526**	9,180,718	$4,830,133,322	5.6%
2020	Individual	$547	1,945,662	$1,063,653,917	
2020	Small Group	$533	2,760,457	$1,470,576,572	
2020	Large Group	$602	4,268,221	$2,567,815,637	
2020	Total	**$569**	8,974,340	$5,102,046,127	

Notes: (1) Source of 2018 premium PMPMs by insurance market is
MHCC's "Study of Mandated Health Insurance Services as Required Under Insurance Article §15-1502"
(2) Premium dollars for base year 2018 are calculated as premium PMPM times member exposure
(3) Premium dollars for base year 2018 are trended one year to 2019 using the 2019 annual allowed medical trends
(4) Premium dollars for base year 2018 are trended two years to 2020 using the 2019 annual allowed medical trends
(5) Source of member exposure and allowed medical trends is the Maryland APCD.
(6) Population is Maryland residents enrolled in privately fully-insured health plans. This population excludes Kaiser and FEHB

Description of CPT and ICD 10 Codes

Codes	Description
CPT:	
77061	Digital breast tomosynthesis; unilateral
77062	Digital breast tomosynthesis; bilateral
76499	Unlisted diagnostic radiographic procedure
76090	Mammography; diagnostic, unilateral
76091	Mammography; diagnostic, bilateral
77051	Mammogram unilateral CAD Diagnostic
77066	Diagnostic mammography, producing direct 2D digital image, bilateral, all views
77065	Diagnostic mammography, producing direct 2D digital image, unilateral, all views
76641	Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; complete
78800	Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; limited
77048	Magnetic resonance imaging, breast, without contrast material; unilateral
77049	Magnetic resonance imaging, breast, without contrast material (s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; bilateral
77046	Magnetic resonance imaging, breast, without contrast material (s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral
77047	Magnetic resonance imaging, breast, without contrast material; bilateral
G0279	Diagnostic digital breast tomosynthesis, unilateral or bilateral
G0204	Diagnostic mammography, including when performed; bilateral
G0206	Diagnostic mammography, including CAD when performed; unilateral
ICD 10:	
Z12.31	Encounter for screening mammogram for malignant neoplasm of breast
N63	Unspecified lump in breast
R92.0	Mammographic microcalcification found on diagnostic imaging of breast
R92.1	Mammographic calcification found on diagnostic imaging of breast
R92.2	Inconclusive mammogram

SB184 Testimony 02082023.pdf
Uploaded by: Laura Crandon
Position: FAV

6030 Daybreak Circle
Suite A150-207
Clarksville, MD 21029

EIN: 84-4901951

Good afternoon. My name is Laura Crandon. I am a resident of Fulton, MD, a former health insurance executive, and a lifelong Maryland resident. I am founder of Touch4Life™, a 501(c)(3) non-profit headquartered in Clarksville, MD in Howard County Touch4Life is committed to Breast Health Equity. Our mission is to increase the breast health IQ of BIPOC and underserved communities and eliminate breast cancer outcomes disparities. Speaking of disparities, In August of 2015, I received a mammogram report of dense breasts. What I didn't know then but know now, is that dense breasts are a 2X risk factor for Black women; It means the radiologist can't see. Only 20% of Black women are referred for addi5ional screening including ultrasound or MRI, which is what should have happened for me. Instead, just 5 months later and 7 months before my next scheduled mammogram, I found a lump doing a self-exam in the shower. That turned out to be an aggressive form of triple posi5ive breast cancer, stage 2B. Had I been referred for additional screening ea4lier, I would have caught it ea4lier and pe4pahs it wouldn5't have returned 2 years later to metastasize to my brain. SB184 is a step in the right direction. However, other states such as CT and PA have much more comprehensive legislation to eliminate barriers to additional screening, biomarkers and genetic testing. I urge you to pass this bill and immediately begin wor4king on a successor to bring MD up to par such that no woman is left behind or dead because our coverage is inadequate because women like me are 41% more likely to die from breast cancer than our white sisters; 2X as likely to develop aggressive Triple Negative Breas5 Cancer under the age of 35, which is below the mammogram screening guideline; and 3 times more likely to die from breast cancer at a young age. Let's do something to change that grim statistic. SB184 is a start. Thank you.

FORCE_MD SB184 Comments_Written.pdf
Uploaded by: Lisa Schlager
Position: FAV

FORCE

Facing Hereditary Cancer EMPOWERED

February 8, 2023

RE: SB184
Health Insurance–Diagnostic and Supplemental Examinations for Breast Cancer–Cost-Sharing

Position: SUPPORT

Honorable Chair Griffith, Vice Chair Klausmeier, and Members of the Finance Committee,

Thank you for the opportunity to comment on Senate Bill 184, which would expand coverage of life-saving breast screenings and diagnostic imaging in Maryland.

FORCE is a national nonprofit that advocates for people facing hereditary cancers. The majority of our constituents carry an inherited genetic mutation that significantly increases their risk of cancers including breast, ovarian, prostate, pancreatic and colorectal cancer. Our organization and the Maryland residents we serve strongly support SB184.

Hereditary cancers often occur at younger ages and can be very aggressive. Members of our community also face a greater risk of recurrence and additional primary cancers. Accordingly, national medical guidelines recommend that high-risk individuals undergo more intensive, more frequent cancer screenings starting at younger ages than the general population.

For example, women who carry a BRCA1 genetic mutation have up to a 70% lifetime risk of breast cancer—versus a 13% risk in the general population. National Comprehensive Cancer Network NCCN guidelines recommend that these individuals start screening with annual breast MRIs at age 25. Yearly mammograms (3D mammography, if available) should commence at age 30, alternating with the MRIs every 6 months. This regimen is advised until age 75, when screening is considered on an individual basis.

The only other option for those at high risk of breast cancer is prophylactic mastectomy. But surgery is never something to be taken lightly and isn't a feasible or desirable option for everyone.

These evidence-based options enable high-risk individuals to be proactive with their health, detecting cancer earlier when it is easier to treat, or preventing it altogether. Unfortunately, many of the guideline-recommended screenings and risk-reduction measures are not viewed as essential care by health insurers, and coverage policies vary. The cost of high-risk screenings is often applied to a person's deductible or denied altogether.

As a result, these patients face a dilemma: forgo the expert-recommended health services or shoulder the cost of tests such as annual breast MRIs—which can cost thousands of dollars—and mammograms before the age of 40 (when they are covered with no cost-sharing under the ACA). Ultimately, this exacerbates health disparities because the least financially stable individuals can't afford the recommended interventions. It also costs the health system more money due to later-stage cancer diagnoses.

Similarly, for women with any level of cancer risk, a suspicious mammogram can lead to a myriad of diagnostic tests. Once again, many patients face significant out-of-pocket costs for this imaging. Studies show that individuals facing high cost-sharing are less likely to have the recommended follow-up care. This leads to delayed cancer diagnoses, which are more challenging to treat and more expensive for our healthcare system.

Breast cancer accounts for about 30% of all new female cancers. It is the most common cancer in Maryland women, and second only to lung cancer in related deaths. We don't know why most people get cancer. However, with advances in the field of genetics about 10% of Americans learn that they have an inherited genetic mutation that increases their cancer risk. These are the poster children for prevention and early detection.

We must ensure that those at risk of breast cancer can be proactive with their health. It will save lives and money while helping to reduce health disparities. This is why we strongly support SB184 and urge you to endorse this legislation, ensuring that women in Maryland can access the breast screenings and diagnostic exams they need.

SB 184 Economic Action Maryland Health Insurance -

Uploaded by: Marceline White

Position: FAV

Testimony to the Senate Finance Committee
SB 184 Health Insurance-Diagnostic and Supplemental Exams for Breast Cancer -Cost-Sharing
Position: Favorable

February 8, 2023

The Honorable Melony Griffith, Chair
Senate Finance Committee
Third Floor, Miller Senate Office Building
Annapolis, Maryland 21401
cc: Members, Senate Finance

Honorable Chair Griffith and Members of the Committee:

Economic Action Maryland (formerly the Maryland Consumer Rights Coalition) is a people-centered movement to expand economic rights, housing justice, and community reinvestment for working families, low-income communities, and communities of color. Economic Action Maryland provides direct assistance today while passing legislation and regulations to create systemic change in the future.

We are writing today in support of SB 184.

Economic Action Maryland has been working to reduce medical debt and expand access to affordable health care for the past five years. According to a 2022 Urban Institute report, 10% of Maryland households have medical debt in collections.

While mammograms are an important preventive care measure, research has found that the costs associated with mammograms and additional breast-cancer imaging has risen over the past decade and has been rising rapidly over the past few years in conjunction with high-deductible health care plans.

As the cost of auto insurance, gas, food, utilities, and rent increases, working families may cut back on other expenses. In fact, research has shown that as prices rise for additional medical testing, fragile households are likely to forego these tests in order to meet their basic household needs.

A 2020 Gonzales poll found that 17% of Maryland households delayed medical care because of concerns about costs while 53% of Marylanders who already had a bill in collection delayed medical care because of cost concerns.

This year, 5,760 Maryland residents will be diagnosed with breast cancer. Breast cancer has the highest incidence and second highest death rate of cancers in Maryland. Annual mammograms are proven to help detect breast cancer early and lead to better treatment options and remission rates for patients. High costs should not be a deterrent to treatment. Today in Maryland, it is.

SB 184 will reduce the high costs of mammograms and other imaging, expand access to this important preventive measure, and curb medical debt for outpatient treatment.

For all these reasons, we support SB 184 and urge a favorable report.

Best,

Marceline White
Executive Director

2209 Maryland Ave · Baltimore, MD · 21218 · 410-220-0494
info@econaction.org · www.econaction.org · Tax
ID 52-2266235

4b - SB 184 - FIN - MACHO- LOS.docx.pdf
Uploaded by: Maryland State of
Position: FAV

2023 SESSION
POSITION PAPER

BILL: **SB 184 – Health Insurance – Diagnostic and Supplemental Examinations for Breast Cancer – Cost–Sharing**
COMMITTEE: **Finance Committee**
POSITION: **Letter of Support**

BILL ANALYSIS: Senate Bill (SB) 184 Prohibits insurers, non-profit health service plans, and health maintenance organizations that provide coverage for diagnostic and supplemental breast examinations from imposing a copayment, coinsurance, or deductible requirement for the examination.

POSITION RATIONALE: The Maryland Association of County Health Officers (MACHO) strongly supports SB 184. SB 184 protects women at higher-than-average risk of breast cancer from costs that may present barriers to appropriate, potentially life-saving evaluation. Supplemental screening with MRI is recommended by expert organizations including The American College of Obstetrics and Gynecology and The American Cancer Society for all women as young as 25 years of age with high-risk genetic mutations[1] and those with family histories that significantly elevate lifetime risk.[2] Diagnostic evaluation is critical for women at average risk who have suspicious findings on their routine screening mammograms.

The Affordable Care Act (ACA) prevents health insurers from imposing co-payments or applying deductibles to standard screening mammograms.[3] Unfortunately, ACA cost protection was not extended to supplemental or diagnostic procedures to detect breast cancer. As a result, women at higher-than-average risk and those with concerning findings on their initial evaluation are subjected to out-of-pocket costs that disproportionately prevent early cancer detection in lower-income Marylanders. These delays in diagnosis result in more women with late-stage cancers, higher treatment costs, and greater disparities in breast cancer mortality.

SB 184 closes an important loophole in the Affordable Care Act. This change in policy will remove a major barrier for lower-income women at high risk of breast cancer and for those with suspicious findings on routine screening exams. As we focus on closing health disparities, this bill will take us one step closer.

For these reasons, the Maryland Association of County Health Officers submits this letter of support for SB 184. For more information, please contact Ruth Maiorana, MACHO Executive Director at rmaiora1@jhu.edu or 410-937-1433. *This communication reflects the position of MACHO.*

1 https://www.acog.org/clinical/clinical-guidance/technology-assessment/articles/2013/06/digital-breast-tomosynthesis
2 https://acsjournals.onlinelibrary.wiley.com/doi/full/10.3322/canjclin.57.2.75
3 https://www.hrsa.gov/womens-guidelines

SB184 Diagnostic Examinations.pdf
Uploaded by: Pamela Beidle
Position: FAV

PAMELA G. BEIDLE
Legislative District 32
Anne Arundel County

Finance Committee

Vice Chair
Executive Nominations Committee

James Senate Office Building
11 Bladen Street, Room 202
Annapolis, Maryland 21401
410-841-3593 · 301-858-3593
800-492-7122 *Ext.* 3593
Pamela.Beidle@senate.state.md.us

THE SENATE OF MARYLAND
ANNAPOLIS, MARYLAND 21401

February 8, 2023

SB 184
Health Insurance – Diagnostic & Supplemental Examinations for Breast Cancer Cost-Sharing

Good afternoon, Chairwoman Griffith, Vice Chairwoman Klausmeier, and Members of Finance;

Thank you for the opportunity to provide testimony in support of Senate Bill 184, a bill to eliminate out of pocket costs for Diagnostic and Supplemental Examinations for Breast Cancer. For the record, my name is Senator Pam Beidle, and I am speaking with you as the sponsor of Senate Bill 184.

I'll start with a fun fact that this bill was introduced in 2018 by then Delegate, and now Lieutenant Governor, Aruna Miller. We are thrilled to be able to re-introduce this bill.

I personally wanted to sponsor this bill because I have been through a situation exactly like this. My follow up visit, after a suspicious mammogram, required a $400 co-pay **before** I could schedule my MRI. Many women cannot afford that up front charge and may go without follow-up.

This legislation is important to me because a woman dies every 12 minutes from breast cancer according to the Susan G Komen foundation.

Diagnostic breast imaging is used as a follow-up test after finding an abnormality on a screening mammogram. Diagnostic imaging examinations include diagnostic mammography, breast ultrasound, and breast MRI's. A Susan G. Komen-commissioned study found that the average out-of-pocket costs for diagnostic imaging examinations ranged from $234 to $1,021. Patient advocates have voiced their concerns about the costs of these tests, as some patients are unable to afford them, resulting in delay of care.

In 2023, 5,760 women will be diagnosed with breast cancer and 850 will die from the disease in Maryland. These diagnostic imaging examinations are critical to allow for early detection and to catch the disease before it spreads. As legislators, we can eliminate this barrier to healthcare in Maryland.

To provide you with some data, 12-16% of women screened with a mammogram require a follow up diagnostic imaging examination. Outside of that 12-16%, diagnostic imaging examinations are also used for breast cancer patients in recovery who receive tests every 6-months to a year during remission, to hopefully confirm that they remain cancer-free.

This legislation also covers the out-of-pocket costs for supplemental examinations, which includes diagnostic testing for those who have a personal or family medical history that classifies them as having an increased risk of breast cancer.

Another aspect of this bill that's critical to discuss is its posture in creating fair and equal coverage for all individuals. Evidence shows that commercially insured African American breast cancer patients were diagnosed at a later stage and had a higher mortality rate, when compared with their white counterparts with the same insurance status.

As we continue to fight for the cure for breast cancer, our goal with this bill is to create equitable access to breast imaging. All Marylanders deserve that, and I think it's the least we can do to try and combat this disease.

Thank you for your time and I request a favorable report for Senate Bill 184.

2023_Diagnostic Imaging_Written Testimony Maryland
Uploaded by: Rebekah Glick
Position: FAV

Written Testimony Supporting SB 184
Submitted to the Senate Finance Committee
2/08/23
By Susan G. Komen

Chair Griffith, Vice Chair Klausmeier, and Members of the Committee, thank you for the opportunity to provide testimony in support of Senate Bill 184, which relates to coverage of medically necessary breast imaging. My name is Angelica Katz and I am the Northeast Regional Manager at Susan G. Komen®.

Komen is the world's leading nonprofit breast cancer organization representing the millions of people who have been diagnosed with breast cancer. Komen has an unmatched, comprehensive 360-degree approach to fighting this disease across all fronts—we advocate for patients, drive research breakthroughs, improve access to high quality care, offer direct patient support and empower people with trustworthy information. Komen is committed to supporting those affected by breast cancer today, while tirelessly searching for tomorrow's cures. We advocate on behalf of the estimated 5,640 people in Maryland who will be diagnosed with breast cancer and the 849 who will die from the disease in 2023 alone.

Widespread access to preventive screening mammography is available to millions of women as a result of the Affordable Care Act (ACA). Unfortunately, most individuals at a higher risk of breast cancer or those requiring follow-up imaging due to an abnormal mammogram result face hundreds to thousands of dollars in patient cost sharing for this required imaging – all before they are even potentially diagnosed with breast cancer. Mammography is only the initial step in the early detection process and is not able to alone diagnose cancer. Early detection of breast cancer is not possible without the medically necessary diagnostic follow-up or additional supplemental imaging required to rule out breast cancer or confirm the need for a biopsy. An estimated 16 percent of women screened with modern digital mammography will require follow-up imaging.

The use of breast cancer screening and follow-up diagnostics have led to significant increases in the early detection of breast cancer in the past 30 years. However, this is not true across all demographics. Evidence shows that commercially insured Black breast cancer patients were diagnosed at a later stage and had a higher mortality rate when compared with their white counterparts with the same insurance status. Additionally, Hispanic women tend to be diagnosed with later stage breast cancers than non-Hispanic white women which may be due to delays in follow-up after an abnormal mammogram.

A Komen-commissioned study found the out-of-pocket costs for patients to be high, with much variation for diagnostic breast imaging. For example, average patient cost for a mammogram is $234, and for a breast MRI, $1,021. The study also found that the inconsistency in cost and coverage is a recognized concern among patients, and health care providers. Which leads to additional stress and confusion for patients who are already dealing with the daunting possibility of a breast cancer diagnosis.

Unfortunately, we often receive calls and emails from individuals who are unable to afford the out-of-pocket costs for their recommended breast imaging. Without assistance, many will simply delay or forego these medically necessary tests. This delay can mean that patients will not seek care until the cancer has spread making it much deadlier and much more costly to treat. Breast cancer can be up to five times more expensive to treat when it has spread beyond the breast to other parts of the body.

Additionally, screening delays and cancellations during the COVID-19 pandemic have raised concerns about associated increases in “missed’ and late-stage cancer diagnoses and mortality. Although we don’t know the full impact of the pandemic, emerging data in the two years since the pandemic has reinforced these concerns. The potentially “missed” cancers could be larger and more advanced once ultimately detected, often requiring the use of diagnostic imaging.

As committed partners in the fight against breast cancer, we know how deeply important it is for all cancer patients to have fair and equitable access to the breast imaging that may save their lives. As such, we support Senate Bill 184 and urge you to pass this critical legislation.

Thank you for your consideration.

2023 Legislation(MHCC SB 184 Diagnostic and Supple

Uploaded by: Ben Steffen

Position: INFO

MARYLAND
Health Care
Commission

Randolph S. Sergent, Esq, Chairman
Ben Steffen, Executive Director

February 8, 2023

The Honorable Melony Griffith
Chair, Senate Finance Committee
3 East Miller Senate Office Building
11 Bladen Street
Annapolis, MD 21401

Re: SB 184 – Health Insurance - Diagnostic and Supplemental Examinations for Breast Cancer - Cost-Sharing – Letter of Information

Dear Chair Griffith:

The Maryland Health Care Commission (the "MHCC") is submitting this letter of information on *SB 184 – Health Insurance - Diagnostic and Supplemental Examinations for Breast Cancer - Cost-Sharing***.**

This bill prohibits insurers, nonprofit health service plans, and health maintenance organizations that provide coverage for diagnostic and supplemental breast examinations from imposing a copayment, coinsurance, or deductible requirement for the examination; and generally relating to health insurance and diagnostic and supplemental examinations for breast cancer.

Last year the MHCC was asked to conduct an analysis to estimate the cost impact of eliminating cost-sharing requirements for diagnostic imaging examinations for screening or diagnostic evaluation of the breast. The MHCC is charged with conducting a systematic assessment of potential changes in health benefits through added mandates under Insurance Article §15-1501, Annotated Code of Maryland.

First, it is important to note that mammography screening is considered an essential health benefit under the Affordable Care Act and a preventive health care service in the commercial fully insured market; therefore, screening is not subject to cost sharing. This analysis is an estimate on the elimination of cost sharing for diagnostic testing only, which often would follow a screening mammography when changes in breast tissue are identified or where the screening results are inconclusive. **We found that the elimination of cost-sharing will add about $0.07 per member per month (PMPM) or about $0.83 per year to privately insured health care premiums.**

The results of our analysis indicate that the cost impact, if the member out of pocket (OOP) cost requirements for diagnostic imaging examinations or diagnostic evaluations of the breast were eliminated, is about $0.07 per member per month (PMPM). We expect this cost to remain relatively flat with modest changes in utilization for women ages 30 and older, since there were slight variations in the member OOP costs over the last four years (2017-2020).

However, after a modest decrease (-6.3%) in 2018, the cost per service shows a steady increase through 2020, ending up at about 14.5%. The PMPM allowed charges across the entire fully insured population have been relatively stable (averaging about $0.19) over the last four years, despite slight volatility in utilization (decrease in 2018, increase in 2019, and then a decrease in 2020).

Study Year	No. of Services per 1,000 Female Members (age ≥ 30)	Utilization Trend	Cost per Service (age ≥ 30)	Unit Cost Trend	PMPM			
					Allowed Charges	Member Cost Share	Premium	Member Cost Share as a % of Premuim
2020	20	-2.9%	$196	14.5%	$0.21	$0.07	$569	0.01%
2019	20	1.0%	$171	4.4%	$0.18	$0.07	$526	0.01%
2018	20	-7.4%	$164	-6.3%	$0.17	$0.06	$485	0.01%
2017	21		$175		$0.20	$0.06	n/a	n/a

Using the average 2018 PMPM premiums by market ($547 for individual, $448 for small group, and $485 for fully insured large group) from MHCC's *"Study of Mandated Health Insurance Services as Required Under Insurance Article §15-1502"* premiums were projected out one year to 2019 and two years to 2020 using annual PMPM allowed observed medical trends by market. Results show in the above table that the cost for eliminating the member cost-sharing is about 0.01% of premium across all markets (individual, small group, and fully insured large group).

Although costs for the illness burden for the privately fully insured population, level of benefit coverage, and medical management will vary by insurance market due to differences in health insurance carrier medical management and care coordination, information from health insurance carriers is not available to quantify such differences. Therefore, the same estimated PMPM premium impact for each market was used across all health insurance carriers although the percent of premium would vary slightly across the individual, small group, and large group markets.

If you have any questions about these findings, please do not hesitate to contact me at 410-764-3566 or ben.steffen@maryland.gov.

Sincerely,

Ben Steffen,
Executive Director

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Position: INFO

MARYLAND
Health Care
Commission

Randolph S. Sergent, Esq, Chairman
Ben Steffen, Executive Director

February 8, 2023

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Chair, Senate Finance Committee
3 East Miller Senate Office Building
11 Bladen Street
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Ben Steffen,
Executive Director