



Written Testimony Supporting HB 815
Submitted to the House Health and Government Operations Committee
March 9, 2023

Chair Pena-Melnyk, Vice Chair Cullison, and Members of the Committee, thank you for the opportunity to provide testimony in support of House Bill 815.

I am Steve Forthuber, President of Eastern Operations for RadNet, headquartered in Baltimore. RadNet leads the nation in outpatient diagnostic imaging services. In Maryland, you will know us as Advanced Radiology, Community Radiology Associates, and American Radiology Associates. We are the largest provider of screening mammography and low-dose CT screenings for lung cancer in Maryland.

The purpose of HB 815 is to help save the lives of Marylanders through better education of the need for breast and lung cancer screening and through the elimination of barriers to follow-up/supplemental breast and lung cancer imaging caused by out-of-pocket costs, health inequities, and stigmas towards screenings and cancer.

Over 3,000 Marylanders die from lung and breast cancer each year and lung cancer is the deadliest cancer in Maryland. Early detection saves lives. You heard from other witnesses about how screening mammography has had a marked improvement in breast cancer mortality.¹ The same cannot be said about lung cancer.² Without lung cancer screening, most patients become aware of their disease when symptoms present which are indicative of late stage disease. There's no reason to tolerate such low screening rates for lung cancer. We can and must do better by removing barriers and by providing education to the communities that need it the most.

Early detection also saves money for all involved – patients, insurers, employers, and the health system overall. Mammography and low-dose CT can detect cancers at their earliest stages. This is important because the treatment costs for Stage 4 vs. Stage 1 disease is five-fold (or \$180,000) for breast cancer and three-fold (or nearly \$94,000) for lung cancer.³ Maryland Health Care Commission estimated that waiving cost-shares for supplemental breast imaging would add only \$0.83 cents per year to the health care premiums for the privately insured.⁵ We believe our bill would have a similar negligible effect.

No Marylander should be left behind in the fight against breast and lung cancer. As community-based providers on the front-line of cancer, our mission is to ensure that everyone in Maryland has ready, equitable, and affordable access to state-of-the-art imaging that will detect and diagnose breast and lung cancers at their earliest stage. We hope that you will join us in this fight and lead Maryland forward by supporting and passing HB 815.

Thank you.

¹ Howlader N, Noone AM, Krapcho M, et al. (eds.) SEER Cancer Statistics Review, 1975-2012, Table 4.13. National Cancer Institute. http://seer.cancer.gov/csr/1975_2012/, 2015

² <https://www.lung.org/research/state-of-lung-cancer/states/maryland>

³ Bonafede M, Kalra V, Miller J, et al. "Value analysis of digital breast tomosynthesis for breast cancer screening in a commercially-insured US population." *J of ClinicoEconomics and Outcomes Research*. 2015 Jan;7:1-11.

⁴ <https://www.tandfonline.com/doi/epdf/10.1080/03007995.2022.2047536?needAccess=true&role=button>

⁵ https://mgaleg.maryland.gov/cmte_testimony/2023/hgo/1Y3J9UEgu1PRuRdhN094w5UD8cwmwlpim.pdf