MD HB 1259 Letter of Support Senate.pdf

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Position: FAV

AdvaMed
Advanced Medical Technology Association

AdvaMed The Medtech Association | MEDICAL IMAGING

1301 Pennsylvania Avenue, NW
Suite 400
Washington, D.C. 20004
P :: 202.783.8700
F :: 202.783.8750
W:: AdvaMed.org

March 26, 2024

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

Re: HB 1259 - Health Insurance - Breast and Lung Cancer Screening - Coverage Requirements

Chair Beidle, Vice Chair Klausmeier, and Members of the Committee:

On behalf of AdvaMed, the MedTech Association, and the AdvaMed Medical Imaging Division, we are writing in support of HB 1259, a bill increasing access to lung and breast cancer screening and diagnosis by reducing the burden of patient cost-sharing. Simply, this legislation will help save lives and allow more families to enjoy additional meaningful moments together.

AdvaMed is the largest association representing medical technology innovators and manufacturers. Our members are the device, diagnostics, medical imaging, and digital technology manufacturers transforming health care through earlier disease detection, less invasive procedures, and more effective treatments. They range from the smallest startups to multinational corporations.

AdvaMed Medical Imaging Division represents the manufacturers of medical imaging equipment and focused ultrasound devices. Our members have introduced innovative medical imaging technologies to the market, and they play an essential role in our nation's health care infrastructure and the care pathways of screening, staging, evaluating, managing, and effectively treating patients with cancer, heart disease, neurological degeneration, COVID-19, and numerous other medical conditions.

We commend Maryland for its leadership on this critical issue for patients. The rate of lung cancer screening for those who are eligible was shown to be at 5.8% in 2022.[1] Lung cancer is the leading cause of cancer deaths in the United States and half of patients are not diagnosed until their cancer has spread beyond their lungs and lymph nodes.[2]

Screening is also often underutilized in underserved populations, exacerbating health inequities.[3,4] The rate of cancer screening is lower among racial and ethnic

minority populations, compared to the white population. Further, cancer outcomes are often worse in minority populations compared to the white population.[5]

Additionally, under-utilization of critical screening services was further compounded during the COVID-19 pandemic. As has been reported, screening fell dramatically over the last few years, potentially increasing the burden of cancer and other disease on the American public.[6,7,8,9]

Screening saves lives, reduces suffering, and lowers costs for patients. Unfortunately, it is underutilized. This legislation enables patients – and their families – to focus solely on what is best for their health, rather than on whether or not they can afford needed, life-saving exams.

AdvaMed and the AdvaMed Medical Imaging Division are proud to support this legislation that puts patients first.

Sincerely,

Roxy Kozyckyj
Senior Director, State Government and Regional Affairs
AdvaMed

Adrienne Frederick
Senior Manager, Health Policy & State Government Affairs
AdvaMed Medical Imaging Division

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[1] https://www.lung.org/media/press-releases/state-of-lung-cancer-2022#:~:text=The%202022%20%E2%80%9CState%20of%20Lung,rates%20as%20low%20as%201%25.
[2] https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/lung-cancer-screening
[3] https://www.auntminnie.com/index.aspx?sec=sup&sub=imc&pag=dis&ItemID=139085
[4] https://www.kff.org/racial-equity-and-health-policy/issue-brief/racial-disparities-in-cancer-outcomes-screening-and-treatment/
[5] ibid
[6] Changes in Cancer Screening in the US During the COVID-19 Pandemic, JAMA, https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2792956
[7] Association of Cancer Screening Deficit in the United States With the COVID-19 Pandemic, JAMA Oncology https://pubmed.ncbi.nlm.nih.gov/33914015/
[8] A national quality improvement study identifying and addressing cancer screening deficits due to the COVID-19 pandemic, Cancer, https://pubmed.ncbi.nlm.nih.gov/35307815/
[9] The Impact of COVID-19 on Cancer Screening: Challenges and Opportunities, JMIR Cancer, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7599065/

HB1259 (Senate)_FAV_MedChi_MDCSCO_HI - Breast & Lu

Uploaded by: Danna Kauffman

Position: FAV

The Maryland State Medical Society

1211 Cathedral Street
Baltimore, MD 21201-5516
410.539.0872
Fax: 410.547.0915

1.800.492.1056

www.medchi.org

TO: The Honorable Pamela Beidle, Chair
Members, Senate Finance Committee
The Honorable Tiffany T. Alston

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

DATE: March 27, 2024

RE: **SUPPORT** – House Bill 1259 – *Health Insurance – Breast and Lung Cancer Screening – Coverage Requirements*

On behalf of The Maryland State Medical Society (MedChi) and the Maryland/District of Columbia Society of Clinical Oncology, we submit this letter of **support** for House Bill 1259.

House Bill 1259 expands health insurance coverage for breast and lung cancer screening. The bill adds image-guided breast biopsies to the definition of supplemental breast examinations, which is an essential tool in the screening and diagnosis of breast cancer. Image-guided breast biopsies are highly accurate and minimally invasive. They typically require smaller incisions, preserving healthy breast tissue and they remove less breast tissue compared to surgical biopsies. Additionally, the bill requires insurers to provide coverage for recommended lung cancer screening. As two of the deadliest cancers in the United States, we support updating the coverage requirements to include these early screenings for breast and lung cancer. Many people, especially in marginalized populations, are not able to pay the required cost sharing for these potential life-saving tests. Too often, people 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. For these reasons, we urge a favorable report.

Dr. Stacey Keen HB 1259 written testimony for Sena

Uploaded by: Gerard Evans

Position: FAV

Dr. Stacey Keen
HB 1259 Written Testimony for Senate
3/27/2024

To the Senate Finance Committee and Chair Senator Pamela Beidle:

My name is Dr. Stacey Keen. I'm immediate past president of the Maryland Radiological Society, a diagnostic radiologist with Advanced Radiology specializing in breast imaging, and a breast cancer survivor.

I'm writing in support of House Bill 1259, "Health Insurance - Breast and Lung Cancer Screening - Coverage Requirements."

Screening saves lives. There has been a more than 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 at a more advanced stage than would have been the case initially. More advanced cancers can lead to lower survival rates and greater more aggressive treatments at higher costs.

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.
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.

I urge you to support HB 1259. Thank you for your consideration of this significant bill.

Respectfully,
Stacey Keen, MD, FACR

HOUSE BILL 1259 TESTIMONY 3.7.24.pdf
Uploaded by: Lisa Mullen
Position: FAV

HOUSE BILL 1259 TESTIMONY 3.7.24

My name is Dr. Lisa Mullen. I am a breast imaging radiologist at Johns Hopkins Medicine. I am speaking in support of House Bill 1259.

Many studies have been published related to disparities and delays in breast cancer care. Delays in follow up after an abnormal screening mammogram and delays in obtaining a breast biopsy were found to be higher in Black, Hispanic and Asian women. Delays in other follow up imaging were found to be higher in Black women, those with Medicaid or no insurance, and women living in economically disadvantaged zip codes. The delays in every aspect of care are at least partially related to insurance coverage and the cost of follow up testing, and these factors disproportionally affect minority women.

Delays lead to decreased survival. Patients with breast cancer treatment delays of 3 months or more have 12% lower 5-year survival than those with shorter delays and longer delays are associated with more advanced stage. Low-income breast cancer patients have 5-year relative survival rates that are 9% lower than higher income patients. Black women are 41% more likely to die from breast cancer than White women and part of the racial disparity is due to more advanced stage at diagnosis and less access to high-quality treatment, likely due to financial barriers.

When breast cancer is small and does not involve regional lymph nodes, it is easier and less expensive to treat, with fewer complications and better long-term survival. Helping women to have access to diagnostic testing, including breast biopsies, will improve patient experience and outcomes, decrease overall health care costs, and help decrease racial disparities in breast cancer treatment.

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Breast Cancer Action: The Facts and Nothing But the Facts, available at: https://www.bcaction.org/site-content/uploads/2010/11/The-Facts-and-Nothing-but -the-Facts1.pdf Accessed 3/6/2023

HB 1259 - FIN - PHPA -LOSAA.pdf
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Position: FAV

Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Secretary

March 27, 2024

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

RE: House Bill 1259 – Health Insurance – Breast and Lung Cancer Screening – Coverage Requirements – Letter of Support as Amended

Dear Chair Beidle and Committee members:

The Maryland Department of Health (the Department) respectfully submits this letter of support for House Bill (HB) 1259 – Health Insurance – Breast and Lung Cancer Screening – Coverage Requirements. HB 1259 amends Article - Insurance Sections 15-814.1 and 15-860 which require certain insurers, health service plans, and health maintenance organizations to provide coverage for certain breast cancer and lung cancer-related procedures.

Lung cancer is the leading cause of cancer death in Maryland. In 2020, 3,450 Marylanders were diagnosed with lung cancer and 2,234 died from lung cancer.[1,2] The United States Preventive Services Task Force (USPSTF) grades lung cancer screening for eligible individuals as a "B" recommendation. Preventive services with an "A" or "B" grade recommendation are services that the USPSTF most highly recommends for preventive care and that have a high or moderate net benefit for patients. According to USPSTF, annual screening for lung cancer with low-dose computed tomography is of high or moderate net benefit in asymptomatic persons who are at high risk for lung cancer based on age, total cumulative exposure to tobacco smoke, and current smoking status or years since quitting smoking.[3]

However, various barriers can reduce the number of eligible adults who actually receive cancer screening. Lack of insurance coverage or prior authorization requirements have been cited as a

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[1] Maryland Department of Health. Maryland Cancer Registry, 2020.
[2] CDC WONDER. NCHS Underlying Cause of Death, 2020.
[3] U.S. Preventive Services Task Force, March 9, 2021.

barrier to lung cancer screening.[4, 5, 6, 7] One study found that prior authorization requirements (57%), lack of insurance coverage (53%), and coverage denials (31%) were the most commonly reported barriers to ordering lung cancer screening among primary care physicians.[8] The Department supports HB 1259 because it will help remove barriers, and therefore improve access to lung cancer screening and follow-up diagnostic procedures.

If you would like to discuss this further, please do not hesitate to contact Sarah Case-Herron, Director of Governmental Affairs at sarah.case-herron@maryland.gov.

Sincerely,

Laura Herrera Scott, M.D., M.P.H.
Secretary

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[4] Eberth JM, McDonnell KK, Sercy E, Khan S, Strayer SM, Dievendorf AC, Munden RF, Vernon SW. A national survey of primary care physicians: Perceptions and practices of low-dose CT lung cancer screening. Prev Med Rep. 2018 May 22;11:93-99. doi: 10.1016/j.pmedr.2018.05.013. PMID: 29984145; PMCID: PMC6030390.

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[6] Kota KJ, Ji S, Bover-Manderski MT, Delnevo CD, Steinberg MB. Lung Cancer Screening Knowledge and Perceived Barriers Among Physicians in the United States. JTO Clin Res Rep. 2022 Apr 22;3(7):100331. doi: 10.1016/j.jtocrr.2022.100331. PMID: 35769389; PMCID: PMC9234709.

[7] Ami E Sedani, Olivia C Davis, Shari C Clifton, Janis E Campbell, Ann F Chou, Facilitators and Barriers to Implementation of Lung Cancer Screening: A Framework-Driven Systematic Review, JNCI: Journal of the National Cancer Institute, Volume 114, Issue 11, November 2022, Pages 1449–1467, https://doi.org/10.1093/jnci/djac154

[8] Eberth JM, McDonnell KK, Sercy E, Khan S, Strayer SM, Dievendorf AC, Munden RF, Vernon SW. A national survey of primary care physicians: Perceptions and practices of low-dose CT lung cancer screening. Prev Med Rep. 2018 May 22;11:93-99. doi: 10.1016/j.pmedr.2018.05.013. PMID: 29984145; PMCID: PMC6030390.

RadNet SFC statement HB1259 image guided breast bi
Uploaded by: Michael Mabry
Position: FAV

Leading Radiology Forward
10461 Mill Run Circle, Suite 1020
Owings Mills, MD 21117

TO: The Honorable Pamela Beidle, Chair
The Honorable Katherine Klausmeier, Vice Chair
Members, Finance Committee

FROM: Steve Forthuber, President Eastern Operations

DATE: March 26, 2024

RE: **SUPPORT**: House Bill (HB) 1259 – *Health Insurance – Breast and Lung Cancer Screening – Coverage Requirements*

RadNet leads the nation in outpatient diagnostic imaging services with nearly 400 centers in eight states. RadNet has a major presence in Maryland and our Eastern Operations are headquartered in Baltimore. You may know us locally as Advanced Radiology, Community Radiology Associates, and American Radiology Associates with over 60 imaging centers throughout the state. RadNet is the largest provider of screening mammography and low-dose CT screenings for lung cancer in Maryland.

HB 1259 would help save the lives of Marylanders through the elimination of barriers to timely breast and lung cancer diagnoses caused by out-of-pocket costs and prior-authorization. Specifically, the bill would amend the current definition of "supplemental breast examination" to include image-guided breast biopsy for the purposes of insurers, health service plans, and health maintenance organization to provide coverage without patient cost-shares. Additionally, the bill would prohibit certain insurers, health service plans, and health maintenance organizations from requiring prior-authorization for lung cancer screening or supplemental diagnostic lung cancer imaging.

An estimated 3,000 Marylanders die from lung and breast cancer each year and lung cancer is the deadliest cancer in Maryland. Breast and lung cancers affect the African-American community disproportionately. Early detection and diagnosis save lives. Yet, cancer screening rates are lower among racial and ethnic minorities. Image-guided breast biopsy confirms the presence or absence of malignant tissue and is used to guide treatment if necessary. Patient out-of-pocket costs for image-guided breast biopsy can run in the thousands of dollars depending on site-of-service making cost a barrier to access and timely diagnosis. Most patients are unaware that they have lung cancer until symptoms present which are signs of late-stage disease. Maryland ranks 36th in the nation with respect to lung cancer screening with a rate of only 2.9 percent.[1] There's no reason to tolerate such low screening rates for lung cancer. Prior-authorization requirements delay patient care.

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 cancer at their earliest stage.

RadNet appreciates the opportunity to provide this statement before Finance Committee.

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[1] https://www.lung.org/research/state-of-lung-cancer/states/maryland