Written Testimony Supporting SB 476
Submitted to the Finance Committee
2-12-2025
By Susan G. Komen

Chair Beidle, Vice Chair Hayes and Members of the Committee, thank you for the opportunity to provide testimony in support of SB 476, which relates to coverage of genetic testing for inherited cancer mutations and the recommended screenings based on the results of that testing. My name is Angelica and I am the Regional Manager for State Policy and Advocacy 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 6,270 people in Maryland will be diagnosed with breast cancer and the 830 who will die from the disease in 2025 alone.

Genetic testing can provide important information to breast cancer patients, their family members and their medical providers. Not only do the results from genetic testing help individuals and their family members understand their inherited risk of breast cancer, but they can be a catalyst for patients to access targeted prevention and treatment strategies.

Germline testing is a type of test that looks for inherited mutations that have been present in every cell of the body since birth. These tests use blood, saliva or cheek cells.

Approximately 5-10 percent of breast cancer is inherited, and the lifetime risk of breast cancer is increased 20-49 precent for women with risk gene mutations and 50 percent or higher for women with high-risk gene mutations. Identification of inherited cancer risk can help guide decisions regarding recommended screenings for the early detection of cancer, personalized cancer treatments and risk-reducing medical treatments. Individuals with an inherited mutation often require additional imaging based on their inherited mutation and lifetime risk.

In the past, genetic testing for inherited breast cancer mutations only checked for mutations in BRCA 1 and BRCA 2 genes. Now, it's common to be tested for multiple other moderate to high-risk gene mutations in a practice called panel testing or multi-gene testing. Studies have shown an estimated 83 percent of eligible patients that underwent multi-gene panel testing had changes to their medical management, including modifications in imaging follow-up and chemotherapy strategy.

It is critical that patients with a personal or family history of breast cancer have equitable access to genetic testing and medically recommended screenings in accordance with evidence based, clinical practice guidelines. According to a 2020 American Association for Cancer Research Report, 65 percent of young white women with breast cancer were offered genetic testing, whereas only 36 percent of young Black women with breast cancer were offered this same testing. Additional studies show that under resourced patients were more likely to utilize genetic testing following a cancer diagnosis and less likely following a family history of cancer, resulting in a missed opportunity for mutation detection and cancer prevention for these patients.

By eliminating the cost barrier to genetic testing and evidence-based screenings, all patients will have access to critical information regarding their lifetime cancer risk and ensure they have access to medically recommended early detection and cancer surveillance.

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 genetic testing services that may save their lives. As such, we support SB 476 and urge you to pass this critical legislation.

Thank you for your consideration.