NURSE PRACTITIONER
Association of Maryland

"Advocating for Nurse Practitioners since 1992"

Health Insurance - Genetic Testing and Cancer Imaging – Required Coverage and Prohibited Cost-Sharing

Position: **SUPPORT**

Dear Chair Beidle, Vice Chair Hayes, 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 Marland, I am writing to support SB 407.

My name is Dale Jafari. I am President of the Nurse Practitioner Association of Maryland and I have been a Nurse Practitioner in the State of Maryland for more than 27 years. I serve the five mid-shore communities of Talbot, Dorchester, Caroline, Queen Anne's, and Kent County. This is a rural area with multiple communities of medically underserved populations.

We support SB 407 for the significant improvement in access to specific healthcare modalities related to genetic predisposition for identified cancer-causing mutations. This Bill strikes a personal note for me in my Women's Health practice. Breast cancer rates on the Eastern Shore of Maryland and Delaware are amongst the highest in the country for reasons that are poorly understood. The care we render to the women we serve is targeted at early identification and, where possible, prevention of the development of breast cancer, ovarian cancer, colon cancer and other related cancers that may be genetically predisposed. We use standardized risk assessment tools in our practice to stratify our patients into the high risk we already have to the highest risk for those with a genetic mutation. We use a scoring tool called the Tyer Cuzick breast cancer assessment software to calculate multiple personal and family factors that relate to genetic predisposition resulting in a lifetime percentage of risk for the development of such cancers. A score of 20% or more is considered higher risk and triggers our high-risk breast protocol. This enhanced screening makes it more likely that we will identify a developing breast cancer at the earliest possible interval where 5-year disease-free breast cancer survival rates may exceed 95%. We follow the evidence-based practices set forth by the National Cancer Compendium in staggering breast imaging with mammogram and breast MRI at 6 mos. intervals and we see these patients for a clinical breast exam every 6 mos. rather than once a year. Those who are identified with a genetic mutation can be offered prophylactic mastectomy or chemoprophylaxis with tamoxifen to reduce the risk for cancer development. In so doing, these high-risk individuals may be spared from developing life-threatening breast cancer and will continue to actively participate in the lives of their family members as well as to continue as productive members of society. The benefit of risk identification by genetic testing is not limited to breast cancer as colon cancer screening frequency and techniques can also be modified for those identified with a genetic

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condition such as Lynch syndrome. Identification of Lynch syndrome tells me to step up my surveillance for uterine cancer risk as there is a co-association with this condition.

The Nurse Practitioner Association of Maryland is in full support of SB 476. Not for me; but for the many patients in our population who are not aware that they may be at high risk for a genetically predisposed cancer and have not yet been offered the opportunity to reduce their risk. I ask for a favorable vote for your constituents whose concerns may be allayed by a negative genetic test result. I ask for the removal of barriers to such testing and follow up so that insurers cannot deny our patients access to these potentially life and health preserving measures. Thank you for your consideration.

Sincerely,

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