



Leading Radiology Forward

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TO: The Honorable Pamela Beidle, Chair
The Honorable Antonio Hayes, Vice Chair
Members, Senate Finance Committee

FROM: Steve Forthuber, President Eastern Operations

DATE: February 5, 2025

RE: **Favorable with Amendments:** Senate Bill (HB) 374 -- *Health Insurance - Cancer Screening for Professional Firefighters - Required Coverage (James "Jimmy" Malone Act)*

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 offers state-of-the-art imaging-based cancer screenings and works to break down the barriers so that all Marylanders have access to these services.

SB374 would require certain health insurers, nonprofit health service plans, and health maintenance organizations to provide coverage without the requirement for copayment, coinsurance, or deductible to professional firefighters for cancer screening in accordance with certain guidelines; and requiring the Secretary of Budget and Management and certain counties and municipalities to ensure that certain employee health benefit plans comply with coverage requirements for professional firefighters.

RadNet applauds the introduction of SB374. Firefighters face an increased risk of death from cancer. According to the National Institute for Occupational Safety and Health, firefighters have a 9 percent increase in all cancer diagnoses and a 14 percent increase in all cancer-related deaths compared to general population.¹ SB374 references cancer screening recommendations from the International Association of Fire Fighters (IAFF). Currently, the IAFF has cancer screening recommendations for the lungs, skin, breast, cervix, testes, prostate, thyroid, oral mucosa, bladder and colon.² RadNet supports regular cancer screenings for these front-line heroes and proposes the following amendments aimed at making these screenings more effective:

- **Lung Cancer Screening:**
 - Rather than age and smoking history, screening eligibility should start younger (e.g., age 40) and be based on fire-years (e.g., 10 years of service) because repeat exposures correlate to higher risks for lung cancer and other lung diseases.³
 - Many firefighters do not have a primary care clinician which presents a barrier to compliance if a clinician's order is required for lung cancer screening. We recommend that lung cancer screening should be covered without a clinician's order.
 - Supplemental or follow-up diagnostic lung cancer imaging such as ultrasound, CT, MRI, and image-guided biopsy should be covered without a cost-share.
- **Breast Cancer Screening:**
 - Screening mammography should be every year and start at age 40.
 - Supplemental or follow-up breast imaging such as diagnostic mammography, breast ultrasound, breast MRI, and image-guided breast biopsy should be covered by insurance and without a cost-share.
- **Colorectal Cancer Screening:** Screening modalities should include CT colonography (CTC).
- **Prostate Cancer Screening:** Screening modalities should include prostate MRI.

In conclusion, Maryland firefighters should have the peace-of-mind knowing that the state has their backs when it comes to their health including no-cost cancer screenings. RadNet stands ready to work with members of the General Assembly, its leadership, and other stakeholders towards comprehensive approach that puts the health of these heroes first. RadNet appreciates the opportunity to provide this statement before Senate Finance Committee.

¹ Daniels RD, Kubale TL, Yiin JH, et al. Mortality and cancer incidence in a pooled cohort of US firefighters from San Francisco, Chicago and Philadelphia (1950–2009) *Occupational and Environmental Medicine* 2014;71:388–397. <http://dx.doi.org/10.1136/oemed-2013-101662>

² https://www.iaff.org/wp-content/uploads/FFCancer_CancerScreenings.pdf

³ Pinkerton L, Bertke SJ, Yiin J, et al. *Occup Environ Med* 2020;77:84–93.