

Maryland Catholic Conference_FAV_SB518.pdf

Uploaded by: Diane Arias

Position: FAV



February 12, 2025

Senate Bill 518
Health Insurance - Screening for Ovarian Cancer - Required Coverage and
Prohibited Cost Sharing
Senate Finance Committee

Position: Favorable

The Maryland Catholic Conference (MCC) is the public policy representative of the three (arch)dioceses serving Maryland, which together encompass over one million Marylanders. Statewide, their parishes, schools, hospitals, and numerous charities combine to form our state's second largest social service provider network, behind only our state government.

Senate Bill 518 requires certain insurers, nonprofit health service plans, and health maintenance organizations to provide individuals over at least 45 years of age with coverage for certain preventive screenings for ovarian cancer, including MRI and CT scans; and prohibiting the insurers, nonprofit health service plans, and health maintenance organizations from imposing a copayment, coinsurance, or deductible requirement on coverage for the preventive screenings.

Expanding insurance coverage for ovarian cancer screening for women over 45 is a life-affirming measure that has the potential to save countless lives. Ovarian cancer remains one of the leading causes of cancer-related deaths among women, and early detection is critical in improving survival rates. Unfortunately, many women, particularly those at higher risk, face significant barriers to diagnostic testing, including financial burdens and limited access to preventive care. Providing coverage for life-saving screenings would empower women and their families with essential knowledge about their health, allowing them to take proactive steps in managing their care.

Early detection not only improves treatment outcomes but also alleviates the fear and uncertainty that often accompany undiagnosed health conditions. In Maryland, the 2021 incidence rate of ovarian cancer was 9.9 per 100,000 women, compared to the national rate of 10.1.¹ Studies have shown that more frequent surveillance—every three to four months—for

¹ <https://statecancerprofiles.cancer.gov/quick-profiles/index.php?statename=maryland>

women at high risk significantly improves early detection and outcomes.² As women age, regular healthcare visits become increasingly necessary to maintain their overall well-being. Ensuring access to preventative screenings supports the dignity of life by addressing the needs of a vulnerable population that may otherwise be burdened by rising healthcare costs. It is our moral responsibility to advocate for robust, life-affirming healthcare that not only preserves dignity but also provides critical, potentially life-saving interventions.

For these reasons, the Maryland Catholic Conference asks for a favorable report on **SB 518**.

Thank you for your consideration.

² <https://pubmed.ncbi.nlm.nih.gov/38353066/>

2025 ACNM SB 518 Senate Side.pdf

Uploaded by: Erin Wright

Position: FAV



Committee: Senate Finance Committee

Bill Number: Senate Bill 518 – Health Insurance – Screening for Ovarian Cancer – Required Coverage and Prohibited Cost Sharing

Hearing Date: February 12, 2025

Position: Support

The Maryland Affiliate of the American College of Nurse Midwives (ACNM) strongly supports *Senate Bill 518 – Health Insurance – Screening for Ovarian Cancer – Required Coverage and Prohibited Cost Sharing*. The legislation requires state-regulated private plans to cover ovarian cancer screenings, including diagnostic tools, without cost sharing.

Ovarian cancer is the deadliest of gynecological cancers for women. An estimated 12,740 women died from ovarian cancer in 2024. The survival rate for ovarian cancer is lower than other types of cancer diagnoses.ⁱ Symptoms take longer to present, leading many women to be diagnosed at a later stage. Insurance coverage should extend beyond screening tools. Diagnostic imaging is essential in identifying ovarian cancer, as other clinical tests may not yield a definitive diagnosis. Magnetic resonance imaging (MRI) and computed tomography (CT) are highly effective in determining ovarian diagnosis.ⁱⁱ

ACNM strongly supports this bill. Ensuring women have access to MRIs and CT scans is essential to increasing the survival rates among those with ovarian cancer. We ask for a favorable report. If we can provide any further information, please contact Robyn Elliott at relliott@policypartners.net or (443) 926-3443.

ⁱ <https://ocrahope.org/for-patients/gynecologic-cancers/ovarian-cancer/ovarian-cancer-statistics/>

ⁱⁱ <https://ajronline.org/doi/10.2214/AJR.09.3522>

SB518_JH_FAV

Uploaded by: Gerard E. Evans

Position: FAV



*Lisa A. Mullen, MD, FACR, FSBI
President, Maryland Radiological Society
Associate Professor*

Breast Imaging Division
Johns Hopkins School of Medicine
601 N. Caroline St, JHOC 4120E
Baltimore, MD 21287

February 12, 2025

In support of Senate Bill 518: Health Insurance- Ovarian Cancer Prevention With Salpingectomy-Required Coverage and Prohibited Cost Sharing

Dear members of the Maryland Senate Finance Committee:

My name is Dr. Lisa Mullen. I am a breast imaging radiologist at Johns Hopkins Medicine and current President of the Maryland Radiological Society. I am writing in support of Senate Bill 518.

The American Cancer Society estimates that in 2025, about 20,890 women will receive a diagnosis of ovarian cancer, and about 12,730 women will die from ovarian cancer. A woman's risk of getting ovarian cancer in her lifetime is 1 in 91. All women are at risk for this cancer, although some women with gene mutations and/or family history are at higher risk.

It turns out that most of the deadliest "ovarian" cancers do not start in the ovary. Rather, they begin in the fallopian tubes. The cancer cells shed from the end of the fallopian tube to spread all over the inside of the abdomen and pelvis. Most of these cancers present at an advanced stage and are not curable, despite aggressive treatment. The 5-year survival is only 55%.

In breast cancer screening, we say that "early detection saves lives". Annual screening mammography has been shown to substantially decrease mortality from breast cancer. Unfortunately, with fallopian tube cancer, there is no effective test for screening. Medical imaging tests (ultrasound, CT scans and MRI) are not effective for finding early disease and do not improve survival from the disease. Screening tests are not recommended.

The intervention with the most promise to decrease incidence and mortality from fallopian tube cancer is surgical removal of the fallopian tubes (salpingectomy). This surgery can be performed as a stand-alone procedure or can be accomplished during abdominal or pelvic surgeries performed for other reasons. Removal of the fallopian tubes could save the lives of many women. We need support for educational campaigns for women and their providers as well as insurance coverage for this life-saving procedure.

We urge you to support Senate Bill 518, which would provide insurance coverage and prohibit cost-sharing for salpingectomy.

Thank you for your consideration.

Sincerely,

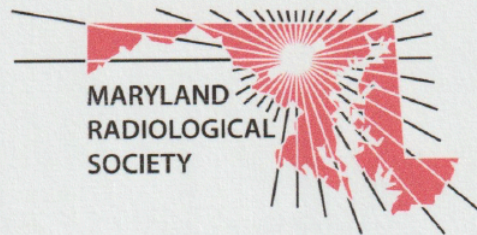
Lisa A. Mullen, MD, FACR, FSBI

*Lisa A. Mullen, MD, FACR, FSBI
President, Maryland Radiological Society
Associate Professor
Breast Imaging Division
Johns Hopkins Medicine
601 N. Caroline St., JHOC Suite 4120E
Baltimore, MD 21287*

SB518_MRS_FAV

Uploaded by: Gerard E. Evans

Position: FAV



THE MARYLAND RADIOLOGICAL SOCIETY, INC.

A CHAPTER OF THE AMERICAN COLLEGE OF RADIOLOGY

February 12, 2025

In support of Senate Bill 518: Health Insurance- Ovarian Cancer Prevention With Salpingectomy- Required Coverage and Prohibited Cost Sharing

Dear members of the Maryland Senate Finance Committee:

My name is Dr. Lisa Mullen. I am a breast imaging radiologist at Johns Hopkins Medicine and current President of the Maryland Radiological Society. I am writing in support of Senate Bill 518.

The American Cancer Society estimates that in 2025, about 20,890 women will receive a diagnosis of ovarian cancer, and about 12,730 women will die from ovarian cancer. A woman's risk of getting ovarian cancer in her lifetime is 1 in 91. All women are at risk for this cancer, although some women with gene mutations and/or family history are at higher risk.

It turns out that most of the deadliest "ovarian" cancers do not start in the ovary. Rather, they begin in the fallopian tubes. The cancer cells shed from the end of the fallopian tube to spread all over the inside of the abdomen and pelvis. Most of these cancers present at an advanced stage and are not curable, despite aggressive treatment. The 5-year survival is only 55%.

In breast cancer screening, we say that "early detection saves lives". Annual screening mammography has been shown to substantially decrease mortality from breast cancer. Unfortunately, with fallopian tube cancer, there is no effective test for screening. Medical

imaging tests (ultrasound, CT scans and MRI) are not effective for finding early disease and do not improve survival from the disease. Screening tests are not recommended.

The only intervention that has been shown to decrease mortality from fallopian tube cancer is surgical removal of the fallopian tubes (salpingectomy). This surgery can be performed as a stand-alone procedure or can be accomplished during abdominal or pelvic surgeries performed for other reasons. Removal of the fallopian tubes could save the lives of many women. We need support for educational campaigns for women and their providers as well as insurance coverage for this life-saving procedure.

We urge you to support Senate Bill 518, which would provide insurance coverage and prohibit cost-sharing for salpingectomy.

Thank you for your consideration.

Sincerely,

Lisa A. Mullen, MD, FACR, FSBI

President, Maryland Radiological Society

Associate Professor

Breast Imaging Division

Johns Hopkins Medicine

601 N. Caroline St., JHOC Suite 4120E

Baltimore, MD 21287

SB518_WomensCaucus_FAV

Uploaded by: Maryland Women's Caucus

Position: FAV

DEL. DANA JONES, DISTRICT 30A
President

DEL. MICHELE GUYTON, DISTRICT 42B
1st Vice-President

DEL. JENNIFER WHITE HOLLAND, DISTRICT 10
2nd Vice-President

DEL. SARAH WOLEK, DISTRICT 16
Secretary



DEL. LINDA FOLEY, DISTRICT 15
Treasurer

DEL. KAREN R. TOLES, DISTRICT 25
Parliamentarian

DEL. JACQUELINE T. ADDISON, DISTRICT 45
At Large

DEL. KYM TAYLOR, DISTRICT 23
At Large

WOMEN LEGISLATORS OF MARYLAND
THE MARYLAND GENERAL ASSEMBLY

February 11, 2025

To: Senator Pamela Beidle, Chair
Senator Antonio Hayes, Vice Chair
Finance Committee

The Maryland Women's Caucus is proud to express our unanimous support for **SB518: Health Insurance - Screening for Ovarian Cancer - Required Coverage and Prohibited Cost Sharing**. This critical legislation is an essential step toward ensuring that Maryland women have access to life-saving, evidence-based ovarian cancer screenings without financial barriers.

Ovarian cancer is the fifth-leading cause of cancer-related deaths among women and is often referred to as the "silent killer" because it is frequently diagnosed at an advanced stage. The five-year survival rate for ovarian cancer detected in its early stages is over **90%**, yet nearly **80% of cases are diagnosed in later stages** due to a lack of routine screening and early detection. Many women—especially those from underserved communities—face financial obstacles in obtaining preventive screenings such as MRI and CT scans, which could detect ovarian cancer earlier and significantly improve survival rates.

SB518 removes financial barriers by requiring insurance providers to cover preventive screenings for ovarian cancer in individuals aged 45 and older, without imposing burdensome copayments, coinsurance, or deductibles. Ensuring that women have access to these screenings will not only save lives but also reduce long-term healthcare costs associated with late-stage cancer treatment.

As the Maryland Women's Caucus, we are deeply committed to advancing policies that protect and support women's health. We know that **early detection saves lives**, and no woman should have to delay or forgo critical screenings due to financial concerns. This legislation prioritizes preventive care, promotes health equity, and strengthens Maryland's commitment to improving health outcomes for women across the state.

For these reasons, we strongly urge the Senate Finance Committee to issue a **favorable report** for SB518. By passing this legislation, Maryland will take a crucial step toward reducing cancer-related mortality and ensuring that all women—regardless of income or background—have access to the care they need and deserve.

Thank you for your time and consideration. We appreciate your commitment to improving the health and well-being of Marylanders.

2025 MCHS SB 518 Senate Side.pdf

Uploaded by: Robyn Elliott

Position: FAV



Maryland Community Health System

Committee: Senate Finance Committee

Bill Number: Senate Bill 518 – Health Insurance – Screening for Ovarian Cancer – Required Coverage and Prohibited Cost Sharing

Hearing Date: February 12, 2025

Position: Support

The Maryland Community Health System supports *Senate Bill 518 – Health Insurance – Screening for Ovarian Cancer – Required Coverage and Prohibited Cost Sharing*. The legislation requires state-regulated private insurance plans to cover ovarian cancer screening and diagnosis tools without cost sharing. Ovarian cancer is the deadliest gynecological cancer.ⁱ Women with ovarian cancer have lower survival rates because symptoms do not present early enough. To increase survival rates, it is essential that women have coverage of diagnostic tests, in addition to screening tools. MRIs and CT scans are essential in identifying ovarian cancer as early as possible.ⁱⁱ

We ask for a favorable report. If we can answer any questions, please contact Robyn Elliott at relliott@policypartners.net.

ⁱ <https://www.cdc.gov/ovarian-cancer/statistics/index.html>

ⁱⁱ <https://ajronline.org/doi/10.2214/AJR.09.3522>

SB518_SponsorAmendment

Uploaded by: Senator Charles

Position: FAV

SENATE BILL 518

J5

5lr1752

By: **Senator Charles**

Introduced and read first time: January 23, 2025

Assigned to: Finance

A BILL ENTITLED

1 AN ACT concerning

2 **Health Insurance – Ovarian Cancer Prevention With Salpingectomy –**
3 **Required Coverage and**
4 **Prohibited Cost Sharing**

4 FOR the purpose of requiring certain insurers, nonprofit health service plans, and health
5 maintenance organizations to provide coverage for salpingectomy for ovarian
6 cancer prevention; and generally relating to insurance coverage for salpingectomy
7 for ovarian
8 cancer prevention.

7 BY adding to
8 Article – Insurance
9 Section 15–861
10 Annotated Code of Maryland
11 (2017 Replacement Volume and 2024 Supplement)

12 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND,
13 That the Laws of Maryland read as follows:

14 **Article – Insurance**

19 **15–861.**

20 **(A) THIS SECTION APPLIES TO:**

21 **(1) INSURERS AND NONPROFIT HEALTH SERVICE PLANS THAT**
22 **PROVIDE HOSPITAL, MEDICAL, OR SURGICAL BENEFITS TO INDIVIDUALS OR GROUPS**
23 **ON AN EXPENSE–INCURRED BASIS UNDER HEALTH INSURANCE POLICIES THAT ARE**
24 **ISSUED OR DELIVERED IN THE STATE; AND**

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.
[Brackets] indicate matter deleted from existing law.

sb0518

1 **(2) HEALTH MAINTENANCE ORGANIZATIONS THAT PROVIDE**
2 **HOSPITAL, MEDICAL, OR SURGICAL BENEFITS TO INDIVIDUALS OR GROUPS UNDER**
3 **CONTRACTS THAT ARE ISSUED OR DELIVERED IN THE STATE.**

4 **(B) AN ENTITY SUBJECT TO THIS SECTION SHALL PROVIDE AN INDIVIDUAL**
5 **WITH COVERAGE FOR SALPINGECTOMY FOR TREATMENT FOR**
6 **OVARIAN CANCER PREVENTION.**

7 **(C) (1) EXCEPT AS PROVIDED IN PARAGRAPH (2) OF THIS SUBSECTION,**
8 **AN ENTITY SUBJECT TO THIS SECTION MAY NOT IMPOSE A COPAYMENT,**
9 **COINSURANCE, OR DEDUCTIBLE REQUIREMENT ON COVERAGE FOR**
10 **SALPINGECTOMY FOR OVARIAN CANCER PREVENTION.**

11 **(2) IF AN INSURED OR ENROLLEE IS COVERED UNDER A**
12 **HIGH-DEDUCTIBLE HEALTH PLAN, AS DEFINED IN 26 U.S.C. § 223, AN ENTITY**
13 **SUBJECT TO THIS SECTION MAY SUBJECT SALPINGECTOMY FOR OVARIAN**
14 **CANCER PREVENTION TO THE DEDUCTIBLE REQUIREMENT OF THE HIGH-**
15 **DEDUCTIBLE PLAN.**

16 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall apply to all
17 policies, contracts, and health benefit plans issued, delivered, or renewed in the State on or
18 after January 1, 2026.

19 SECTION 3. AND BE IT FURTHER ENACTED, That this Act shall take effect
20 January 1, 2026.

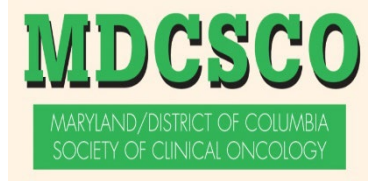
SB0518_UNF_MedChi, MDCSCO_HI - Screening Ovarian C

Uploaded by: Danna Kauffman

Position: UNF



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



Senate Finance Committee
February 12, 2025

Senate Bill 518: *Health Insurance – Screening for Ovarian Cancer – Required Coverage and Prohibited Cost Sharing*
POSITION: OPPOSE

On behalf of The Maryland State Medical Society (MedChi) and the Maryland/District of Columbia Society of Clinical Oncology (MDCSCO), we submit this letter of opposition to Senate Bill 518, which would require health insurance carriers to provide an individual at least 45 years old with coverage for preventive screenings for ovarian cancer, including magnetic resonance imaging and computed tomography scans.

Ovarian cancer is the second most common gynecologic cancer in the United States. Ovarian cancer causes more deaths than any other cancer of the female reproductive system. Despite this, the U.S. Preventative Services Task Force (USPSTF) recommends against screening for ovarian cancer in asymptomatic women.

Specifically, the USPSTF “found adequate evidence that screening for ovarian cancer does not reduce ovarian cancer mortality. The USPSTF found adequate evidence that the harms from screening for ovarian cancer are at least moderate and may be substantial in some cases, and include unnecessary surgery for women who do not have cancer. Given the lack of mortality benefit of screening, and the moderate to substantial harms that could result from false-positive screening test results and subsequent surgery, the USPSTF concludes with moderate certainty that the harms of screening for ovarian cancer outweigh the benefit, and the net balance of the benefit and harms of screening is negative.”¹

MedChi and MDCSCO support the USPSTF's recommendations. As such, we urge an unfavorable vote.

For more information call:

Danna L. Kauffman
J. Steven Wise
Drew Vetter
Christine Krone
410-244-7000

¹ Recommendation by the USPSTF - [ovarian-cancer-final-rec-statement.pdf](#)

DOCS-#238712-v1-SB_518_League_OPPOSE_Mandate.pdf

Uploaded by: Matthew Celentano

Position: UNF



15 School Street, Suite 200
Annapolis, Maryland 21401
410-269-1554

February 12, 2025

The Honorable Pam Beidle
Chair, Senate Finance Committee
3 East
Miller Senate Office Building
Annapolis, MD 21401

Senate Bill 518 – Health Insurance Screening for Ovarian Cancer – Required Coverage and Prohibited Cost Sharing

Dear Chair Beidle,

The League of Life and Health Insurers of Maryland, Inc. respectfully opposes *Senate Bill 518 – Health Insurance Screening for Ovarian Cancer – Required Coverage and Prohibited Cost Sharing* and urges the committee to give the bill an unfavorable report.

The League and our members are committed to finding ways that all screenings and preventive care can be covered when appropriate, but we unfortunately cannot support this approach, especially without premium impact analysis. We also contend that ovarian tangential cancer preventive screenings are already covered. The inclusion of MRI's and computed tomography scans may not be appropriate and a wasteful use of health care resources. It also must be noted that there is currently no specific ovarian cancer screening test, to there is nothing to be mandated to cover, nor a protocol for requirement.

Under the ACA, each state must pay for every health plan purchased through the Maryland Health Benefit Exchange, the additional premium associated with any state-mandated benefit beyond the federally mandated essential health benefits. This means, should the Commissioner include the mandate in the State benchmark plan, the State would be required to defray the cost of the benefits to the extent it applies to the individual and small group market ACA plans.

The League opposes any additional mandated benefits to Maryland's law. Mandated benefits add cost to health insurance policies in our state and limit the ability of insurers to design benefits to best meet the needs of enrollees. Given the potential impact to health insurance costs in the State, Maryland law includes a statutory framework for review and evaluation of proposed mandated benefits by the Maryland Health Care Commission under § 15-1501 of the Insurance Article. The law requires the assessment of a proposed mandate for the social, medical and financial impact of the proposed mandate and equips the General Assembly with such information as the extent to which the service is generally utilized by a significant

portion of the population; the extent to which the insurance coverage is already generally available; if coverage is not generally available, the extent to which the lack of coverage results in individuals avoiding necessary health care treatments; if coverage is not generally available, the extent to which the lack of coverage results in unreasonable financial hardship; and the level of public demand for the service. Before adopting this or any other mandated health benefit, we urge the Committee first request an evaluation of the proposed benefit to facilitate an informed decision.

For these reasons, the League urges the committee to give Senate Bill 518 an unfavorable report.

Very truly yours,

A handwritten signature in black ink, appearing to read "Matt Celentano", followed by a long horizontal flourish line extending to the right.

Matthew Celentano
Executive Director

cc: Members, Senate Finance Committee

SB 518 - MIA - LOI.pdf

Uploaded by: Marie Grant

Position: INFO

WES MOORE
Governor

ARUNA MILLER
Lt. Governor



MARIE GRANT
Acting Commissioner

JOY Y. HATCHETTE
Deputy Commissioner

DAVID COONEY
Associate Commissioner
Life and Health Unit

200 St. Paul Place, Suite 2700, Baltimore, Maryland 21202
Direct Dial: 410-468-2471 Fax: 410-468-2020
1-800-492-6116 TTY: 1-800-735-2258
www.insurance.maryland.gov

Date: February 12, 2025

Bill # / Title: Senate Bill 518 - Health Insurance – Screening for Ovarian Cancer – Required Coverage and Prohibited Cost Sharing

Committee: Senate Finance Committee

Position: Letter of Information

The Maryland Insurance Administration (MIA) appreciates the opportunity to provide information regarding Senate Bill 518.

This bill creates a new mandated benefit for preventive screenings for ovarian cancer for individuals 45 years old and older, and includes magnetic resonance imaging and computed tomography scans. The bill requires that the coverage be provided without cost-sharing requirements, except that a deductible may be applied to coverage under high-deductible health plans.

At present, screening for ovarian cancer is not listed as a recommended screening by the United States Preventative Services Task Force (USPSTF), and the latest USPSTF clinical report raises awareness of the potential for complications that could result from the screening process.

The bill as drafted would only apply to a limited subset of the targeted insured population - namely those in the large group market and the individual grandfathered market. This is because current Maryland law specifies that mandates required after December 31, 2011 are not applicable to the non-grandfathered individual and small employer markets if the mandates are not included in the State benchmark plan for Essential Health Benefits. Screening for ovarian cancer would be a new mandate - meaning that, if it is the sponsor's intent for the new mandate to apply to the non-grandfathered individual and small employer markets, the bill would need to include express text indicating that it applies to these markets "irrespective of § 31-116(a), (c), and (d)" of the Maryland Insurance Article. However, making this change would have the effect of triggering Affordable Care Act (ACA) defrayal requirements – meaning that the State would have to cover the costs for any new mandates that go beyond the State's benchmark plan.

Thank you for the opportunity to provide this letter of information. The MIA is available to provide additional information and assistance to the committee.