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March 11, 2025

The Honorable Joseline Pena-Melnyk
Chair, House Health and Government Operations Committee
Room 241
House Office Building
Annapolis, MD 21401

House Bill 1366 – Health Insurance – Testing for Ovarian and Cervical Cancers - Required Coverage and Prohibited Cost Sharing

Dear Chair Pena-Melnyk,

The League of Life and Health Insurers of Maryland, Inc. respectfully **opposes House Bill 1366 – Health Insurance – Testing for Ovarian and Cervical Cancers - Required Coverage and Prohibited Cost Sharing** and urges the committee to give the bill an unfavorable report.

This bill would not only mandate coverage for ovarian cancer surveillance testing that has varying degrees of effectiveness, and in some cases the National Institutes of Health¹ suggests the harms of screening may outweigh the benefits. This sentiment is also shared by the United State Preventive Services Task Force² (USPSTF).

Screening for ovarian cancer is currently not recommended for those without symptoms or without a family history of ovarian or breast cancers, according to the USPSTF. However, carriers cover screening for patients with symptoms or family history today.

For preventative services like screening, carriers are required by federal and state law to follow the protocols created by the USPSTF. The USPSTF routinely updates existing recommendations and develops

1

<https://pmc.ncbi.nlm.nih.gov/articles/PMC5373267/#:~:text=Differences%20between%20MMS%20and%20USS,reported%20to%20lack%20Ca125%20expression.&text=Lack%20of%20Ca125%20expression%20has,the%20Lancet%20paper%20for%20USS.&text=In%20addition%2C%20Ca125%20negative%20ovarian,of%20late%2Dstage%20ovarian%20cancers.>

2

<https://jamanetwork.com/journals/jama/fullarticle/2672638#:~:text=Findings%20The%20USPSTF%20found%20adequate,harms%20of%20screening%20is%20negative.>

new recommendations. A multistep process is followed for each recommendation. The Task Force uses gold standard methods to review the evidence and is transparent at each step of the recommendation development process.

We also suggest in addition to our concerns with the ovarian cancer mandate that the best test for cervical cancer is a pap smear which is currently covered by insurance.

The bill also moves forward with the addition of prohibiting cost sharing, which the committee knows is a key tool to manage health care costs and keep premium affordable. We are hesitant to cover and health care service that might harm the patient, but without the cost benefit analysis House Bill 1366 has a chance to explode premium. We simply do not have enough information.

Traditionally, 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. While this bill is not a traditional mandate piece of legislation, because there is only one medication approved by the FDA, in essence it creates a coverage mandate for the only drug in its class. 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 House Bill 1366 an unfavorable report.

Very truly yours,

A handwritten signature in black ink, appearing to read "Matthew Celentano", with a long horizontal flourish extending to the right.

Matthew Celentano
Executive Director

cc: Members, House Health and Government Operations Committee