

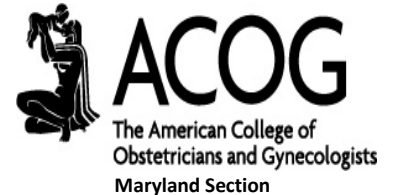
HB1364 - Senate_FAV_MedChi, MDACOG_PH - Mammograms

Uploaded by: Christine Krone

Position: FAV



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Senate Finance Committee
March 24, 2026
House Bill 1364 – *Public Health – Mammograms – Arterial Calcification Notice*
POSITION: SUPPORT

On behalf of The Maryland State Medical Society (MedChi) and the Maryland Section of The American College of Obstetricians and Gynecologists (MD ACOG), we submit this letter of **support** for House Bill 1364.

Obstetrician-gynecologists (OB-GYNs) often serve as primary or preventive care providers for many women. Access to complete screening information enables OB-GYNs to better counsel patients regarding cardiovascular risk, lifestyle modification, and appropriate referral when indicated. House Bill 1364 aligns with MedChi and MD ACOG’s commitment to integrated, evidence-based care that addresses both reproductive and overall health.

Mammography is often one of the most consistent points of preventive health contact for women. When arterial calcification is incidentally identified but not clearly communicated, a valuable opportunity for education and prevention may be missed. Providing this information directly to patients respects their right to know what is observed in their own bodies, encourages proactive engagement with health care providers, and supports shared decision-making.

Patients who understand their screening results are more likely to ask questions, pursue follow-up care when appropriate, and adopt preventive strategies that reduce long-term risk. Cardiovascular disease remains a leading cause of death among women. Breast arterial calcification has been associated with cardiovascular risk, and its presence can serve as a prompt for further discussion about heart health.

House Bill 1364 does not mandate additional testing or create unnecessary alarm. Instead, it ensures that patients receive complete information so that they and their clinicians can determine whether further evaluation or lifestyle modifications are appropriate. This approach reinforces prevention without overmedicalization.

MedChi and MD ACOG support House Bill 1364 because it recognizes that informed patients are empowered partners in their own health. By promoting transparency and access to meaningful health information, this legislation reinforces patient autonomy, strengthens preventive care, and advances women’s health across their lifespan.

For more information call:

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FINAL HB1364 Senate Hearing.pdf

Uploaded by: Joseline Peña-Melnyk

Position: FAV

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House Bill 1364- Public Health- Mammograms- Arterial Calcification Notice

Good afternoon, Chair Beidle, Vice Chair Hayes, and members of the Finance Committee. Thank you for the opportunity to present House Bill 1364.

House Bill 1364 is a simple yet important bill that will use information found in mammograms to save lives. This bill will require notification to women in their mammogram results letter if Breast Arterial Calcification (BAC) is present in their mammogram.

BAC is the buildup of calcium in the arterial walls that can predict or discern the risk for cardiovascular disease. BAC can appear on mammograms as distinct, thin, white parallel lines or beaded, tubelike structures that resemble a "railroad" track pattern.

Although BAC frequently appears on routine mammograms, there is currently no standardized protocol for reporting this information to a patient. In addition, even when the presence of BAC is documented, reporting practices lack uniformity. This bill would provide that needed uniformity and standardize the practice of reporting the presence of BAC.

The notice required by the bill is a simple, non-alarming message informing the patient of the presence of BAC and its association with increased cardiovascular risk. It encourages follow-up with a physician to assess cardiovascular risks and determine if additional testing may be appropriate. The patient can then make an informed decision about how to proceed.

The notification approach taken in this bill has proven to be effective. In 2013, the Health and Government Operations Committee passed legislation that required mammogram results letters to include information related to dense breast tissue. This bill builds upon that model which has been providing valuable health care information to women in Maryland for over 10 years.

Knowledge is power. Cardiovascular disease is the leading cause of death for women in the United States, and the person-centered knowledge about increased risk provided by this bill will save lives. Cardiovascular disease kills more women than all forms of cancer combined, yet we are not exhausting every method of informing women about the risks. Cardiovascular disease is preventable through lifestyle changes and education. When women are provided with information about increased cardiovascular risk, they can be proactive about the findings and take steps to live a longer healthier life.

We have met with the relevant stakeholders and worked with them to incorporate their expertise and strengthen this bill. Those stakeholders included Dr. Rachel Brem, Chief Medical Officer of the Brem Foundation, radiologists, and the Maryland Department of Health.

This bill passed the House by a vote of 136–0. I respectfully ask for your support on HB 1364, and I thank you for your time and consideration.

Sincerely,

A handwritten signature in black ink, appearing to read "John A. Peña-Melnyk". The signature is written in a cursive style with a large initial "J" and "P".

Delegate Peña-Melnyk

RadNet statement SFC HB1364_FINAL.pdf

Uploaded by: Michael Mabry

Position: FAV



Leading Radiology Forward
10461 Mill Run Circle, Suite 1020
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TO: The Honorable Pamela Beidle, Chair
The Honorable Antonio Hayes, Vice Chair
Members, Senate Finance Committee

FROM: Steve Forthuber, President & CEO Eastern Operations

DATE: March 20, 2026

RE: **FAVORABLE** – House Bill (HB) 1364 (Public Health – Mammograms – Arterial Calcification Notice)

RadNet leads the nation in outpatient diagnostic imaging services with 430 centers across the United States. In Maryland, our Eastern Operations are headquartered in Baltimore, and we serve patients through contracted medical practices of Advanced Radiology, Community Radiology Associates, and American Radiology Associates, with more than 60 imaging centers statewide. RadNet offers state-of-the-art mammography and we are the largest provider of screening mammography in Maryland. We are deeply committed to population health through the early detection of diseases and the breaking down of barriers so that all Marylanders have access to these services.

HB 1364 requires mammography centers to include in their federally required patient results letter (so called “lay letter”) a notice: (1) when breast arterial calcification (BAC) is identified on a mammogram and (2) informing patients that BAC is a common finding but may be associated with an increased risk of cardiovascular disease and encouraging discussion with their physician. HB 1364 also allows the Maryland Department of Health (MDH) to update the notice if future medical evidence warrants modification.

RadNet supports this legislation for several important reasons:

1. Mammography as an Opportunity for Broader Preventive Health

Mammography is one of the most widely utilized preventive screening tools in medicine. For many women, it may be their most consistent interaction with the health care system. When BAC is identified on a mammogram, it can serve as a valuable marker of potential cardiovascular risk. Providing standardized, patient-friendly notice promotes awareness and empowers patients to have informed conversations with their physicians.

2. Cardiovascular Disease Remains the Leading Cause of Death

Heart disease remains the leading cause of death among women. Many women underestimate their cardiovascular risk, and risk factors often go undiagnosed until a serious event occurs. By encouraging follow-up discussion when BAC is present, HB 1364 leverages an existing screening encounter to advance earlier identification and risk assessment—potentially preventing future cardiovascular adverse events.

3. Thoughtful, Balanced, and Protective Language

The bill appropriately clarifies that the notice requirement does not create a new standard of care or a basis for a cause of action. It also provides flexibility by allowing MDH to update the notice based on future medical evidence. This structure ensures that the policy remains aligned with evolving science while providing certainty to imaging providers.

4. Minimal Operational Burden

Because federal law already requires patient notification letters following screening mammography, this bill simply standardizes additional language within an existing communication framework. Implementation can be accomplished efficiently through updates to reporting templates, with minimal administrative burden.

RadNet believes HB 1364 represents a balanced, patient-centered approach to improving cardiovascular awareness through an established preventive screening pathway. By informing patients about BAC findings and encouraging dialogue with their physicians, Maryland can advance preventive care without increasing barriers to access.

We commend Speaker Peña-Melnyk for her leadership on this important population health issue and respectfully recommend a favorable report on HB 1364.

RadNet appreciates the opportunity to provide this statement before Senate Finance Committee.

HB1364 UNFAVORABLE JHM Ambinder Razavi .pdf

Uploaded by: Leslie Weber

Position: UNF

To: The Honorable Pam Beidle, Chair
Finance Committee

FROM: Emily Ambinder, MD
Pouneh Razavi, MD

DATE: March 20, 2026

RE: **UNFAVORABLE - HB1364** *Public Health – Mammograms – Arterial Calcification Notice*



Introduction

The undersigned breast radiologists at Johns Hopkins Medicine write in strong opposition to House Bill 1364, which would require mammography centers to include a standardized notice regarding breast arterial calcification (BAC) in every patient mammogram results letter. While we share the legislature’s commitment to advancing women’s health, we believe this legislation is premature, not adequately supported by the current evidence base, and risks undermining the primary purpose of mammography: the early detection of breast cancer.

I. Mammography Exists to Detect Breast Cancer: That Focus Must Be Protected

Screening mammography is a powerful tool for detecting breast cancer at its earliest and most treatable stages. Decades of evidence and clinical practice have refined both the technology and the reporting systems that support this singular, life-saving mission.

Requiring radiologists to systematically document and communicate BAC findings in every mammogram results letter, including in letters sent directly to patients, risks diluting that focus. Patients receiving their mammogram results may already be navigating anxiety-provoking information about breast cancer risk. Inserting mandatory language about cardiovascular disease introduces a separate and complex medical issue into a communication designed for a different purpose, and may cause confusion, unnecessary alarm, or distraction from the cancer-related findings that require their primary attention.

II. Acknowledging the Association Does Not Justify a Mandatory Reporting Requirement

We recognize that published research, including several systematic reviews and meta-analyses, has identified a statistical association between BAC and cardiovascular outcomes such as coronary artery disease, stroke, and heart failure.

A 2023 meta-analysis of 87,865 patients found pooled risk ratios ranging from 1.24 to 2.06 for various cardiovascular endpoints.⁵ However, the existence of a statistical association does not, by itself, justify a population-wide legislative reporting mandate. Several critical limitations remain.

- There is no established clinical pathway for patients notified of BAC. Unlike an abnormal mammogram finding that triggers a well-defined follow-up protocol, a BAC notification lacks a clear, evidence-based next step for most patients. Notifying patients of a finding without a defined management algorithm risks generating anxiety without benefit.
- There is no validated, standardized method for quantifying or grading BAC. Unlike coronary artery calcium (CAC) scoring, which uses the well-established Agatston score, BAC assessment in mammography lacks equivalent standardization.⁶ Mandating a patient notice based on an unstandardized finding risks inconsistency across institutions and readers.
- The meta-analyses themselves demonstrate high heterogeneity across studies (I^2 values of 61–77%), reflecting significant variability in study design, patient populations, BAC assessment methods, and endpoints.^{5,7} This variability cautions against applying population-level findings to individual patient notifications.
- The biology of BAC is fundamentally different from coronary artery calcification. BAC represents *medial* (Monckeberg's) calcification of the arterial tunica media, whereas coronary artery disease involves *intimal* calcification driven by atherosclerosis. These are distinct pathophysiological processes, and conflating them in mandatory patient communications may be scientifically misleading.⁴
- Established cardiovascular risk assessment tools, including the Pooled Cohort Equations, the Framingham Risk Score, and CAC scoring, have robust, peer-reviewed evidence supporting their clinical use.^{1,2,3} No evidence currently demonstrates that adding BAC notification to mammogram letters improves cardiovascular outcomes beyond what these validated tools already provide.

Even individual studies reporting strong associations show the limited clinical utility of BAC as a positive signal. A 2022 prospective study found that BAC had a positive predictive value (PPV) of only 55% for significant coronary artery calcification, meaning nearly half of all women notified of BAC would not have meaningful coronary disease burden. The negative predictive value (NPV) in that same study was 86.7%, indicating that the absence of BAC is more informative than its presence. A separate study examining BAC in a Scottish chest pain cohort similarly found that while BAC absence carried a high NPV for excluding significant coronary calcification, BAC presence had poor PPV. These modest and variable predictive values reinforce that BAC is not ready for mandatory population-wide patient notification

Mandating patient-facing language about BAC without an adequate framework for what patients and clinicians should do with that information risks causing harm through overutilization of testing, unnecessary anxiety, and confusion about clinical priorities.

III. Clinical Judgment, Not Legislative Mandate, Is the Appropriate Framework

Breast radiologists are trained to recognize clinically significant findings and communicate them appropriately. When a radiologist identifies extensive or notable BAC, particularly in a younger patient where such a finding may carry greater significance, it is already standard practice to document this in

the radiology report for the referring physician’s consideration. This approach preserves appropriate clinical context and physician-to-physician communication.

A one-size-fits-all legislative requirement mandating a standardized patient notice for every instance of BAC, regardless of its extent, clinical context, or the patient’s individual risk profile, is not appropriate. Medicine is not well served by legislative scripts that cannot account for clinical nuance.

IV. Conclusion and Recommendations

We respectfully urge the committee to oppose House Bill 1364. Our position is not rooted in indifference to cardiovascular health. It reflects our commitment to evidence-based medicine and to protecting the integrity of mammography as a primary breast cancer detection tool. Reporting requirements of this kind should be driven by clinical consensus and validated outcome data, not legislative mandate.

We appreciate the legislature’s commitment to women’s health and welcome the opportunity to work collaboratively toward policies that are both well-intentioned and well-supported by evidence. We respectfully request that HB 1364 not be advanced at this time.

Respectfully submitted,

Emily Ambinder, MD

Division Chief of Breast Imaging
Johns Hopkins Medicine

Pouneh Razavi, MD

Director of Breast Imaging National Capital Region
Johns Hopkins Medicine

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