



February 17, 2026

**The Honorable Heather Bagnall**

Chair, Health Committee  
Maryland House of Delegates  
240 Taylor House Office Building  
Annapolis, Maryland 21401

**RE: House Bill 633 – Health Insurance – Ovarian Cancer Prevention with Salpingectomy – Required Coverage and Prohibited Cost Sharing**

Dear Chair Bagnall and Members of the Health Committee:

The Maryland State Council on Cancer Control (Council) respectfully submits this letter of support for House Bill 633 (HB 633), which would require health insurance carriers to provide coverage for salpingectomy for ovarian cancer prevention and prohibit cost sharing for this preventive service. This legislation aligns with the Council's commitment to advancing evidence-based cancer prevention strategies and reducing cancer-related morbidity and mortality among Marylanders.

**Addressing Ovarian Cancer Risk Through Prevention**

Ovarian cancer remains one of the deadliest cancers because we currently lack effective screening and have had no population-level prevention strategy to date. Nearly half of all cases are diagnosed at an advanced stage when available treatments are least effective.<sup>1</sup> Emerging evidence demonstrates that many high-grade serous ovarian cancers – the most common and deadly type, originate in the fallopian tubes rather than in the ovaries themselves. Opportunistic salpingectomy—removal of the fallopian tubes in lieu of tubal ligation or during other indicated pelvic or abdominal surgeries—has been shown to significantly reduce ovarian cancer risk without adversely affecting ovarian function. Population based data show that opportunistic salpingectomy can reduce the risk of serous ovarian cancer by as much as 80%.<sup>2</sup>

**An Evidence-Based, Cost-Effective Preventive Strategy**

Salpingectomy is increasingly recognized by leading medical and professional organizations as a safe, effective, and evidence-based approach to ovarian cancer prevention for all individuals. For many people, the most common time to choose salpingectomy is when seeking permanent contraception, where it can replace tubal ligation without increasing surgical risk or triggering menopause. When performed during other clinically appropriate procedures such as cholecystectomy or hysterectomy and other pelvic surgeries, it adds minimal surgical time and cost while offering long-term preventive benefit. Ensuring insurance coverage without cost

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<sup>1</sup> Siegel RL, Kratzer TB, Wagle NS, Sung H, Jemal A. Cancer statistics, 2026. CA: A Cancer Journal for Clinicians. 2026;76(1):e70043. doi:10.3322/caac.70043

<sup>2</sup> Sowamber R, Mei AJ, Kaur P, et al. Serous Ovarian Cancer Following Opportunistic Bilateral Salpingectomy. JAMA Netw Open. 2026;9(2):e2557267. doi:10.1001/jamanetworkopen.2025.57267



sharing removes a key barrier to patient and provider adoption of this potentially life-saving preventive intervention.

**Promoting Health Equity and Access to Preventive Care**

Out-of-pocket costs can deter individuals from accessing preventive surgical options, particularly people from historically underserved or disproportionately impacted communities. HB 633 promotes equitable access to ovarian cancer prevention by ensuring that cost does not determine whether an individual can choose and benefit from this potentially lifesaving, proven intervention. This approach aligns with Maryland's broader goals of advancing preventive care and reducing cancer disparities across the state.

For these reasons, the Maryland State Council on Cancer Control supports HB 633 and respectfully urges the House Health and Government Operations Committee to give the bill favorable consideration.

Thank you for your leadership and continued commitment to improving cancer prevention and care for Marylanders.

Sincerely,

A handwritten signature in blue ink, appearing to read "Taofeek Owonikoko". The signature is fluid and cursive, with a large initial "T" and "O".

Taofeek Owonikoko, MD  
Chair  
Maryland State Council on Cancer Control