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THE SENATE OF MARYLAND  
ANNAPOLIS, MARYLAND 21401

**Testimony in Support of SB 272  
Health Insurance – Scalp Cooling Systems – Required Coverage**

Madam Chair, Madam Vice Chair, and Members of the House Health Committee:

SB 272 requires health insurance carriers that provide coverage for chemotherapy to also provide coverage for FDA-approved scalp cooling systems used to prevent or reduce hair loss associated with chemotherapy.

This bill addresses a discrete gap in Maryland’s health insurance framework. State law already recognizes that cancer treatment involves more than chemotherapy alone and accordingly requires coverage for related supportive care, including fertility preservation when medically necessary and a hair prosthesis following cancer treatment. Scalp cooling serves a similar supportive-care function, yet it remains largely uncovered and accessible primarily to patients who can afford significant out-of-pocket costs.

SB 272 ensures that when a treating provider determines scalp cooling is clinically appropriate, access is not determined by a patient’s financial circumstances.

**Background**

Chemotherapy-induced alopecia is one of the most visible and distressing side effects of cancer treatment, particularly for women. Scalp cooling systems are FDA-approved medical devices designed to reduce hair loss by limiting blood flow to hair follicles during chemotherapy. These systems are already in use at major cancer centers in Maryland and are supported by clinical evidence and national treatment guidelines as an appropriate supportive-care option for certain patients.

**Existing Law**

Maryland law currently mandates coverage for more than 50 health insurance benefits, including cancer chemotherapy, fertility preservation when medically necessary due to chemotherapy, and coverage for a hair prosthesis following cancer treatment.

Despite this framework, scalp cooling systems are frequently excluded from coverage or classified as cosmetic, leaving patients to pay thousands of dollars out of pocket or forgo the therapy entirely.

### **What SB 272 Does**

SB 272 requires coverage for FDA-approved scalp cooling systems when chemotherapy is covered.

The bill:

- Applies only to carriers already providing chemotherapy coverage;
- Limits coverage to FDA-approved, automated scalp cooling systems;
- Preserves provider discretion regarding clinical appropriateness;
- Takes effect prospectively for plans issued or renewed on or after January 1, 2027; and
- Does not apply to self-insured plans or public health insurance programs.

### **Fiscal Impact and MHCC Findings**

The Department of Legislative Services concluded that SB 272 would result in a minimal increase in special fund revenues for the Maryland Insurance Administration related to rate and form filings, and an indeterminate but likely minimal increase in State employee health plan expenditures beginning in FY 2027.

In addition, the Maryland Health Care Commission (MHCC), pursuant to its statutory mandate under §15-1501 of the Insurance Article, evaluated the medical, social, and financial impact of required coverage for scalp cooling systems. MHCC's actuarial analysis estimated that the impact on insurance premiums would range from **0.00% to 0.05%**, even under higher utilization assumptions. MHCC further found that financial barriers are a primary reason patients do not access scalp cooling, despite clinical support for its use.

## **Closing**

SB 272 represents a measured update to Maryland's health insurance framework. It aligns with the findings of the State's mandated benefit review process, recognizes scalp cooling as a legitimate component of cancer supportive care, and balances patient access with fiscal restraint.

You will hear today from patients and clinicians who can speak to the real-world impact of the current coverage gap. Their testimony underscores why this issue is best addressed through thoughtful, data-driven policy rather than access determined by ability to pay.

For these reasons, I respectfully request a favorable report on SB 272.

**Appendix A: Maryland Health Care Commission Mandate Study Letter**  
*(HB 1187 / SB 272 – January 9, 2026)*