

**Andrew J. Satin, MD, FACOG**  
Dr. Dorothy Edwards Professor and  
Director of Gynecology and Obstetrics  
Obstetrician/Gynecologist-in-Chief  
[asatin2@jhmi.edu](mailto:asatin2@jhmi.edu)

**Department of Gynecology and Obstetrics**  
600 N. Wolfe Street / Phipps 264  
Baltimore, MD 21287-1264  
443-287-5674 Telephone  
410-614-0178 Fax



House Health Committee  
April 2, 2026

Senate Bill 551 – *Health Insurance – Ovarian Cancer Prevention With Salpingectomy – Required Coverage and Prohibited Cost Sharing*

**POSITION: SUPPORT**

The Johns Hopkins Department of Gynecology and Obstetrics strongly supports Senate Bill 551, which would require coverage of salpingectomy for ovarian cancer prevention across commercial insurers, nonprofit health service plans, and health maintenance organizations. The case for this legislation is clear: the evidence is strong, the need is urgent, and the cost impact is minimal.

Ovarian cancer has eluded the decades-long progress in cancer control achieved for so many other cancers. There is no effective screening on the horizon, and even our most cutting-edge treatments usually buy only months, not cures. A single dose of mirvetuximab—one of the newer drugs for platinum-resistant ovarian cancer—can cost more than \$30,000, yet nearly all of the women who receive it still die from the disease. The price is painfully high. While a cure would be extraordinary, being able to routinely prevent ovarian cancer before it starts would be an even greater breakthrough.

Fortunately, advances in our understanding of ovarian cancer pathogenesis have made ovarian cancer prevention a realistic possibility for all women. This is based on evidence amassed over the past 20 years showing that the most common, lethal types of ovarian cancer actually arise from the fallopian tube and that fallopian tube removal (salpingectomy) reduces the risk by nearly 80%. For the first time, we understand that ovarian cancer prevention does not have to require ovary removal and the harmful health consequences of surgical menopause, which can affect even older women.

Because salpingectomy offers the dual benefit of permanent birth control and cancer prevention, it is preferred over tubal ligation. It is already standard at hysterectomy and can be safely incorporated into other post-reproductive abdominal surgeries, adding a few minutes and minimal additional cost. The American College of Obstetrics and Gynecology, along with many professional societies worldwide, has endorsed post-reproductive salpingectomy as a practical, population-level approach to ovarian cancer prevention since 2015. However, adoption across health systems remains inconsistent because decisions about salpingectomy coverage are left to individual health plans. This results in arbitrary, inequitable access to salpingectomy for ovarian cancer prevention. While salpingectomy costs pennies on the dollar compared with treating ovarian cancer, health plans are often unwilling to make the upfront investment in prevention, despite published cost analyses supporting its cost-effectiveness and the Maryland Health Care Commission's finding that coverage for Marylanders is affordable.

For these reasons, the Johns Hopkins Department of Gynecology and Obstetrics strongly urges a favorable report on Senate Bill 551 so that access to evidence-based ovarian cancer prevention in Maryland is guided by science and patient need, not arbitrary coverage barriers.

Sincerely,

A handwritten signature in black ink that reads "Andrew J. Satin MD".

Andrew J. Satin, MD, FACOG  
The Dr. Dorothy Edwards, Professor  
Director of Gynecology and Obstetrics  
Johns Hopkins Medicine

A handwritten signature in black ink that reads "Rebecca Stone MD, MD".

Rebecca Stone, MD, MD  
Associate Professor  
Director, Division of Gynecologic Oncology  
Johns Hopkins Medicine