



Facing Hereditary Cancer EMPOWERED

February 16, 2023

RE: HB 376

Health Insurance—Diagnostic and Supplemental Examinations for Breast Cancer—Cost-Sharing

Position: SUPPORT

Esteemed members of the House Health and Government Operations Committee,

Thank you for the opportunity to comment on House Bill 376, which would expand coverage of life-saving breast screenings and diagnostic imaging in Maryland.

FORCE is a national nonprofit that advocates for people facing hereditary cancers. The majority of our constituents carry an inherited genetic mutation that significantly increases their risk of cancers including breast, ovarian, prostate, pancreatic and colorectal cancer. Our organization and the Maryland residents we serve strongly support HB376.

Hereditary cancers often occur at younger ages and can be very aggressive. Members of our community also face a greater risk of recurrence and additional primary cancers. Accordingly, national medical guidelines recommend that high-risk individuals undergo more intensive, more frequent cancer screenings starting at younger ages than the general population.

For example, women who carry a BRCA1 genetic mutation have up to a 70% lifetime risk of breast cancer—versus a 13% risk in the general population. National Comprehensive Cancer Network NCCN guidelines recommend that these individuals start screening with annual breast MRIs at age 25. Yearly mammograms (3D mammography, if available) should commence at age 30, alternating with the MRIs every 6 months. This regimen is advised until age 75, when screening is considered on an individual basis.

The only other option for those at high risk of breast cancer is prophylactic mastectomy. But surgery is never something to be taken lightly and isn't a feasible or desirable option for everyone.

These evidence-based options enable high-risk individuals to be proactive with their health, detecting cancer earlier when it is easier to treat, or preventing it altogether. Unfortunately, many of the guideline-recommended screenings and risk-reduction measures are not viewed as essential care by health insurers, and coverage policies vary. The cost of high-risk screenings is often applied to a person's deductible or denied altogether.

As a result, these patients face a dilemma: forgo the expert-recommended health services or shoulder the cost of tests such as annual breast MRIs—which can cost thousands of dollars—and mammograms before the age of 40 (when they are covered with no cost-sharing under the ACA). Ultimately, this exacerbates health disparities because the least financially stable individuals can't afford the recommended interventions. It also costs the health system more money due to later-stage cancer diagnoses.

Similarly, for women with any level of cancer risk, a suspicious mammogram can lead to a myriad of diagnostic tests. Once again, many patients face significant out-of-pocket costs for this imaging. Studies show that individuals facing high cost-sharing are less likely to have the recommended follow-up care. This leads to delayed cancer diagnoses, which are more challenging to treat and more expensive for our healthcare system.

Breast cancer accounts for about 30% of all new female cancers. It is the most common cancer in Maryland women, and second only to lung cancer in related deaths. We don't know why most people get cancer. However, with advances in the field of genetics about 10% of Americans learn that they have an inherited genetic mutation that increases their cancer risk. These are the poster children for prevention and early detection.

We must ensure that those at risk of breast cancer can be proactive with their health. It will save lives and money while helping to reduce health disparities. This is why we strongly support HB376 and urge you to endorse this legislation, ensuring that women in Maryland can access the breast screenings and diagnostic exams they need.

Thank you for your consideration,

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