

HB815 – Breast and Lung Cancer - Establishment of Screening Awareness Program and Insurance Coverage and Cost Sharing - Position: **SUPPORT**

House Health and Government Operations Committee – March 9, 2023

Testimony of Martha D. Nathanson, Esq., Vice President, Government Relations and Community Development, LifeBridge Health

---

I am writing in SUPPORT of HB815. LifeBridge Health is a regional health system comprising Sinai Hospital of Baltimore, an independent academic medical center; Levindale Geriatric Center and Hospital in Baltimore; Northwest Hospital, a community hospital in Baltimore County; Carroll Hospital, a sole community hospital in Carroll County, and; Grace Medical Center in Baltimore (formerly Bon Secours Hospital).

HB815 requires payers to provide insurance coverage and to waive patient copays and deductibles for supplemental diagnostic breast and lung imaging. As a means of addressing health disparities and improving patient management of chronic disease, it mandates a patient educational campaign to overcome misperceptions and stigmas about breast and lung cancer screening.

Screening for breast and lung cancer saves lives:

- Screening mammography has no patient out-of-pocket costs but patients face copays and deductibles for supplemental diagnostic breast imaging exams. Aggressive forms of breast cancer can double in size within a year. Fortunately, breast cancer screening (mammography) has played a significant role in reducing breast cancer mortality by 41% since 1989. A recent study drew a strong correlation between educational levels attained, income and type of insurance and the tendency to skip supplemental diagnostic breast imaging.<sup>1</sup>
- Lung cancer is the leading cause of cancer deaths nationally and in Maryland.<sup>2</sup> Annual low-dose CT (LDCT) for lung cancer screening has been shown to reduce lung cancer mortality for at-risk patients by 20 percent. Only 7 percent of eligible Marylanders were screened for lung cancer.<sup>3</sup> Of the patients who get screened for lung cancer, only 20% return the next year (annual screening is recommended) and are compliant to their screening regimen. Compliance with follow-up CT imaging for suspicious findings is low. (NLCRT 2022)

In our recent Community Health Needs Assessments for hospitals within the LifeBridge Health system, health disparities and access to insurance were “Identified Needs” for our service areas, and HB815 will direct resources toward community residents who would most benefit from earlier supplemental screening as well as an educational initiative to increase screening opportunities.

For all the above stated reasons, we request a **FAVORABLE** report for HB815.

Contact: Martha D. Nathanson, Esq.

Vice President, Government Relations & Community Development  
[mnathans@lifebridgehealth.org](mailto:mnathans@lifebridgehealth.org) Mobile: 443-286-4812

---

<sup>1</sup> [https://press.rsna.org/timssnet/media/pressreleases/14\\_pr\\_target.cfm?id=2394](https://press.rsna.org/timssnet/media/pressreleases/14_pr_target.cfm?id=2394)

<sup>2</sup> <https://www.lung.org/research/state-of-lung-cancer/states/maryland>

<sup>3</sup> <https://www.lung.org/research/state-of-lung-cancer/states/maryland>