



Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Secretary

February 28, 2024

The Honorable Joseline A. Peña-Melnyk
Chair, House Health and Government Operations Committee
Room 241, House Office Building
Annapolis, MD 21401

RE: House Bill 965 – Maryland Department of Health - Breast Cancer Program - Eligibility and Public Awareness Campaign – Letter of Support with Amendments

Dear Chair Peña-Melnyk and Committee members:

The Maryland Department of Health (Department) respectfully submits this letter of support with amendments for House Bill (HB) 965 – Maryland Department of Health - Breast Cancer Program - Eligibility and Public Awareness Campaign. HB 965 expands the eligibility requirements for the state’s Breast Cancer Program (Program) to include women under the age of 45 years who are considered high risk for breast cancer diagnosis regardless of family income or health insurance coverage status. HB 965 also requires the Department to develop and implement a public awareness campaign to encourage eligible individuals to participate in the Breast Cancer Program.

The Department supports the intent of HB 965. Breast cancer mortality rates for African American and Latina women continue to grow compared to White women.¹ Therefore, access to early detection programs may play a vital role in mitigating disparities. The Maryland Breast and Cervical Cancer Program (BCCP), funded by the Centers for Disease Control and Prevention (CDC) and the Maryland Cigarette Restitution Fund (CRF), provides low-income ($\leq 250\%$ of the federal poverty level), uninsured, and underinsured Maryland women under the age of 40 who are at high risk for breast cancer access to timely cancer screening and diagnostic services. BCCP provides grants to 11 local health departments and 4 health systems in Maryland to coordinate the provision of breast and cervical cancer outreach, education, no-cost screening, and follow-up services. BCCP’s CDC funds are restricted by the federal income and insurance status requirements. The Department, therefore, has limited resources with which to implement HB 965 and believes that available funds should serve those with the most financial need and least resources for healthcare reimbursement.

HB 965 requires the Department to consider guidance from the CDC and the prevalence of breast cancer among different races when determining risk for breast cancer. The CDC does not

¹ Yedjou, CG, Sims JN, et al. Health and Racial Disparity in Breast Cancer. *Adv Exp Med Biol.* 2019; 1152:31-49. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6941147/>

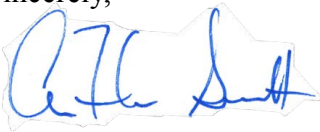
explicitly mention race as a risk factor in its guidance.^{2,3} Additionally, from 2016-2020, although Black women had a lower breast cancer incidence rate than White women, Black women had a higher breast cancer mortality rate.^{4,5} The Department uses incidence data as reliable breast cancer prevalence data is not available. The use of incidence or prevalence data does not always present the complete burden of cancer and the Department respectfully suggests using guidance from the CDC and state data to determine risk and advance health equity.

Breast cancer screening procedures based on the latest clinical guidance from professional organizations may not align with statute. For example, the American Cancer Society no longer recommends the use of clinical breast examinations for breast cancer screening among average-risk women at any age.⁶ If specific references to age and the type and frequency of screening procedures that must be covered are in statute, BCCP cannot make changes to align with evolving clinical standards of care and best practices without a change in statute. The Department suggests removing the reference to a specific age range, which would allow the Department to serve women at high risk, regardless of age. Additionally, we suggest amending the requirement of a public awareness campaign to instead require the development of a plan to ensure that local health department outreach is targeted to higher risk populations and promoting health equity.

As currently drafted, the bill will have an operational and fiscal impact on the Department, which requires clinical breast examinations and screening mammograms for women under the age of 45 years who are at high risk for breast cancer regardless of income and insurance status and requires the Department to develop and implement a public awareness campaign. In an effort to mitigate these fiscal impacts and more fully target high risk women, the Department is working with the sponsor to provide potential amendments.

If you would like to discuss this further, please do not hesitate to contact Sarah Case-Herron, Director of Governmental Affairs at sarah.case-herron@maryland.gov.

Sincerely,



Laura Herrera Scott, M.D., M.P.H.

Secretary

² Centers for Disease Control and Prevention. National Breast and Cervical Cancer Early Detection Program DP22-2202 Program Manual: Part 1 Program Implementation.

³ Centers for Disease Control and Prevention. Risk Factors for Early Breast Cancer. Accessed February 19, 2024 at https://www.cdc.gov/cancer/breast/young_women/bringyourbrave/breast_cancer_young_women/risk_factors.htm

⁴ Maryland Department of Health. Maryland Cancer Registry, 2016-2020.

⁵ CDC WONDER, 2016-2020, as of February 1, 2023.

⁶ American Cancer Society. American Cancer Society Recommendations for the Early Detection of Breast Cancer. Last Revised December 19, 2023. Accessed February 16, 2024 at <https://www.cancer.org/cancer/types/breast-cancer/screening-tests-and-early-detection/american-cancer-society-recommendations-for-the-early-detection-of-breast-cancer.html>