

## **WRITTEN TESTIMONY**

### **In Support of House Bill 7537**

### **Before the Rhode Island House Committee on Health and Human Services**

### **2026 Regular Session**

**Hearing Date: March 3, 2026**

My name is Melissa Bourestom, and I work for Paxman, manufacturer of the Paxman Scalp Cooling System, an FDA-cleared device used to minimize hair loss from chemotherapy. I respectfully submit this written testimony in **support of House Bill 7537**.

Scalp cooling minimizes the personal and emotional impact of chemotherapy-induced hair loss, providing a significant improvement in quality of life for thousands of cancer patients such as those who will testify here.

This written testimony is intended to supplement those perspectives by addressing **clinical acceptance, availability, cost, insurance coverage, fiscal impact, and health equity**.

### **Clinical Acceptance and Guidelines**

Scalp cooling is **clinically accepted and well established** in U.S. oncology practice. It is referenced in the **NCCN Clinical Practice Guidelines in Oncology** as a category 2A treatment option for select patients undergoing chemotherapy, reflecting its role in contemporary cancer care.

In 2022, the **American Medical Association** adopted a resolution supporting insurance coverage for scalp cooling, and the **American Society of Clinical Oncology** has supported its integration into standard oncology practice. This includes national efforts to strengthen reimbursement infrastructure, most recently through the transition of scalp cooling services to **Category I CPT codes** which took effect in January of this year.

**These guidelines and policy positions reflect broad consensus among oncologists that scalp cooling is a clinically appropriate component of contemporary cancer treatment.**

### **Availability in Rhode Island and Nationwide**

Scalp cooling is widely available. More than **900 cancer centers nationwide** offer FDA-cleared scalp cooling systems including nearly all NCI-designated cancer centers. In Rhode Island, **the treatment is available at 6 locations of Brown Health as well as Care New England**.

Despite this availability, Rhode Island providers currently treat scalp cooling as a cash-pay service. Centers are not billing insurers, not because the technology lacks clinical acceptance, but because insurance coverage remains **inconsistent, unpredictable, and administratively uncertain**.

As a result, access to scalp cooling is determined largely by a patient's **ability to pay out of pocket**, rather than by clinical appropriateness.

### **Cost, Coverage Gaps, and Equity**

The average cost to a patient for scalp cooling is approximately **\$2,500**, paid out of pocket, while chemotherapy itself typically costs **tens of thousands of dollars** over the course of treatment.

This misalignment places a disproportionate burden on patients with limited financial resources at a particularly vulnerable point during treatment. Excluding scalp cooling from standardized insurance coverage perpetuates disparities in access to cancer care, even when the service is available within the same care setting.

### **Fiscal Impact**

Scalp cooling utilization is limited to a defined patient population and represents a small incremental cost relative to overall chemotherapy spending. **For insurers, the fiscal impact is modest and predictable. For patients, the impact is substantial, removing a significant financial barrier during a period of care that is a financial burden for many.**

### **Conclusion**

House Bill 7537 addresses a focused gap in cancer care by aligning insurance coverage with current clinical practice, professional guidelines, and existing treatment infrastructure. **For Rhode Islanders, this legislation promotes predictable coverage, advances health equity, and helps ensure that access to medically appropriate cancer treatment is not determined by personal financial means.**

Respectfully submitted,

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Paxman  
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