

Department of Legislative Services
 Maryland General Assembly
 2025 Session

FISCAL AND POLICY NOTE
First Reader

Senate Bill 849 (Senator Guzzone)
 Budget and Taxation and Finance

**Professional and Volunteer Firefighter Innovative Cancer Screening
 Technologies Program - Funding**

This bill increases the amount the Governor may include in the annual budget for the Professional and Volunteer Firefighter Innovative Cancer Screening Technologies Program from at least \$500,000 to at least \$3.0 million. The Secretary of Health may use up to 20% of program funds to support academic medical centers in collecting, analyzing, and processing program outcome data to assess and improve the effectiveness and clinical utility of the cancer screening funded by the program. **The bill takes effect July 1, 2025, and terminates June 30, 2030.**

Fiscal Summary

State Effect: Assuming the additional discretionary funding is provided in FY 2026 and subsequent years, Maryland Department of Health (MDH) general fund expenditures increase by \$2.6 million annually beginning in FY 2026, as discussed below. The FY 2026 budget as introduced includes \$400,000 for the program. Revenues are not affected.

(\$ in millions)	FY 2026	FY 2027	FY 2028	FY 2029	FY 2030
Revenues	\$0	\$0	\$0	\$0	\$0
GF Expenditure	2.6	2.6	2.6	2.6	2.6
Net Effect	(\$2.6)	(\$2.6)	(\$2.6)	(\$2.6)	(\$2.6)

Note:() = decrease; GF = general funds; FF = federal funds; SF = special funds; - = indeterminate increase; (-) = indeterminate decrease

Local Effect: Local revenues and expenditures increase to the extent that (1) more funding is available for the program and (2) a local fire company or department applies for and receives a grant from the program.

Small Business Effect: None.

Analysis

Current Law: Chapter 219 of 2019 established the program, administered by MDH, to provide grants to local fire departments and volunteer fire companies and departments to procure innovative cancer screening tests that are not otherwise conducted during routine physical examinations or not covered by insurance. The goal of the program is to reduce cancer mortality among firefighters while advancing the adoption of novel technologies that may also benefit the health of Marylanders and the economy of the State.

Each year, MDH must issue a request for applications from local fire departments and volunteer fire companies or departments (the only entities eligible to apply for grants). The county where the department or company is located must assist the department or company with filing applications. Several criteria must be included in an application, including the number of firefighters proposed to be screened and a description of each test proposed. MDH must develop a weighting formula to rate each application and must prioritize applicants based on the quality of the application and the degree to which the proposed tests meet specified criteria. If MDH receives applications for grants totaling more than the amount of funds available for the program, MDH must award the grants on a *pro rata* basis.

The program's appropriations and expenditures (including funds received as grants) are subject to audit by the Office of Legislative Audits. By December 1 each year, MDH must submit a report to specified committees of the General Assembly concerning the program's activities.

Chapters 782 and 783 of 2024 repealed the \$100,000 annual mandated appropriation for the program and instead authorized the Governor to include at least \$500,000 in the annual budget for the program beginning in fiscal 2025. The fiscal 2025 budget as enacted included \$400,000 for the program, as does the fiscal 2026 budget as introduced.

State Fiscal Effect: Although discretionary, the bill specifies an intended funding level of at least \$3.0 million annually beginning in fiscal 2025, a \$2.6 million increase over funding currently provided. This analysis assumes that the full \$3.0 million in discretionary funding is provided. Thus, total program spending increases to \$3.0 million and MDH general fund expenditures increase by \$2.6 million annually beginning in fiscal 2026.

As discussed below, program spending in fiscal 2026 likely consists of \$98,198 in personnel expenses, as much as \$600,000 for academic medical centers, and at least \$2.3 million in grants to local fire companies and departments.

Personnel Costs

MDH advises that no new positions were provided when the program was enacted, and the

program has to date been supported with existing resources. However, with the expansion of program funding under the bill, additional personnel are required. Thus, MDH general fund expenditures increase by \$98,198 in fiscal 2026. This estimate reflects the cost of hiring one program administrator to oversee grant solicitation and review, monitor grantee activities, and communicate with grant applicants and awardees. It includes a salary, fringe benefits, one-time start-up costs, and ongoing operating expenses. This analysis assumes that this position is funded with program general funds.

Position	1.0
Salary and Fringe Benefits	\$88,653
Other Operating Expenses	<u>9,545</u>
Total FY 2026 Personnel Expenditures	\$98,198

Future year expenditures reflect a full salary with annual increases and employee turnover as well as annual increases in ongoing operating expenses.

Although the bill’s authorization for the \$3.0 million higher level of funding for the program terminates after five years, this analysis assumes that this permanent position is retained to continue to manage the program, which does not terminate.

Under an alternative scenario, if funding is maintained at the current \$400,000 level, there is no effect on general fund expenditures. However, academic medical centers could receive up to \$80,000 beginning in fiscal 2026, which would reduce the amount of funds available for grants.

Academic Medical Centers

The bill allows the Secretary of Health to allocate up to 20% of program funds to academic medical centers. Thus, assuming a full \$3.0 million is allocated to the program beginning in fiscal 2026, as much as \$600,000 may be provided to academic medical centers annually for data collection and analysis.

Local Fiscal Effect: Assuming that the full \$3.0 million in discretionary funding is provided, local government revenues and expenditures increase to the extent that local governments apply for and receive grant funding and use that funding to provide cancer screenings for professional and/or volunteer firefighters. As noted above, available grant funding likely increases to at least \$2.3 million under the bill.

Additional Comments: In fiscal 2024, 513 individuals were screened through the program. All the individuals were tested using the OneTest™ Premium by 20/20 GeneSystems, Inc., which is a multi-cancer early detection blood test that predicts an individual’s risk of being identified as having cancer in the coming 12-month period.

On average, the cost of each test was \$192. The OneTest™ Premium is designed to detect 12 biomarkers that can aid in the detection of cancers. As the OneTest™ Premium only detects cancer risk and does not diagnose cancer, no cancers were detected by the test. However, among the individuals tested, the risk predictor for certain cancers was elevated in some of the individuals (breast, colon, liver, lung, ovarian, pancreas, prostate, and stomach).

Additional Information

Recent Prior Introductions: Similar legislation has not been introduced within the last three years.

Designated Cross File: HB 757 (Delegate Kaiser, *et al.*) - Environment and Transportation and Health and Government Operations.

Information Source(s): University of Maryland Medical System; University System of Maryland; Maryland Independent College and University Association; Department of Budget and Management; Maryland Department of Health; Department of Legislative Services

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km/jc

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