

HB 461

Department of Legislative Services Maryland General Assembly 2007 Session

FISCAL AND POLICY NOTE

House Bill 461

(Delegate Nathan-Pulliam, *et al.*)

Health and Government Operations

Prostate Cancer Pilot Program

This bill establishes a Prostate Cancer Pilot Program within the Department of Health and Mental Hygiene (DHMH) to fund prostate cancer screening and treatment services to uninsured men and provide prostate cancer education.

The bill terminates September 30, 2009.

Fiscal Summary

State Effect: General fund expenditures could increase by \$311,600 in FY 2008 and \$185,800 in FY 2009 to provide prostate cancer screening and treatment services. No effect on revenues.

(in dollars)	FY 2008	FY 2009	FY 2010	FY 2011	FY 2012
Revenues	\$0	\$0	\$0	\$0	\$0
GF Expenditure	311,600	185,800	0	0	0
Net Effect	(\$311,600)	(\$185,800)	\$0	\$0	\$0

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

Local Effect: Meaningful for a local health department awarded a grant under this program. Two grantees would receive grants totaling \$311,600 in FY 2008 and \$185,800 in FY 2009 to provide prostate cancer screening and treatment services.

Small Business Effect: Meaningful for any federally qualified health center or community health center awarded a grant under this program. Two grantees would receive grants totaling \$311,600 in FY 2008 and \$185,800 in FY 2009 to provide prostate cancer screening and treatment.

Analysis

Bill Summary: The pilot program must provide:

- prostate cancer screening to at least 500 uninsured men who are at least 40 years old;
- referral services, including services necessary for diagnosis, for individuals who are screened and are in need of referral services;
- treatment services for individuals diagnosed with prostate cancer after being screened; and
- outreach and education activities to ensure awareness of prostate cancer screening and treatment options for all men.

DHMH must identify two jurisdictions in Maryland to operate the program. The jurisdictions must have demonstrated a high incidence of prostate cancer deaths as compared to other Maryland jurisdictions.

Program funding may not supplant existing public or private funds for prostate cancer outreach, education, screening, and treatment. DHMH must distribute program grants to local health departments, federally qualified health centers, or community health centers identified by DHMH to administer the program. The program must be funded as provided in the State budget.

By September 1, 2009, DHMH must report to specified legislative committees on the number of individuals screened and treated by the program, including racial and ethnic data on the individuals screened and treated; and any cost savings achieved by the program as a result of early detection of prostate cancer.

Current Law: DHMH's Cancer Prevention, Education, Screening, and Treatment Program coordinates the State's use of the Cigarette Restitution Fund to reduce mortality and morbidity rates for cancer and tobacco-related diseases in Maryland and otherwise improve residents' health and welfare. The program includes five components: surveillance and evaluation; statewide public health; local public health; statewide academic health center; and administrative.

The surveillance and evaluation component: collects, analyzes, and monitors cancer data; measures and evaluates program results; and conducts the Baseline Cancer Study and Biennial Cancer Study. Under the local public health component, grants are awarded

to develop publicly funded cancer screening programs. Under the statewide public health component, DHMH may develop and implement statewide anti-cancer initiatives. Program administrative costs are covered under the final component.

Background: Prostate cancer is the most common nonskin cancer in the United States. The Prostate Cancer Foundation estimated that more than 232,000 men were diagnosed with the disease in 2006, and more than 30,000 died from the disease. More than 70% of all prostate cancers are diagnosed in men after the age of 65. After lung cancer, prostate cancer is the leading cause of cancer-related deaths among men in the United States. African American men are 65% more likely than white men to be diagnosed with prostate cancer and are more than twice as likely to die from the disease.

The fiscal 2008 budget allowance includes \$9.9 million for the local health departments and the University of Maryland Medical Group and The Johns Hopkins Institutions, both serving Baltimore City, for cancer prevention, education, screening, and treatment. These funds are used to conduct cancer screenings.

Under DHMH's Cancer Prevention, Education, Screening, and Treatment Program, 707 individuals received prostate screenings in fiscal 2006, 91% of whom were minorities. DHMH expects 753 individuals to be screened in fiscal 2007, 88.7% of them minorities, and projects the same number of screenings in fiscal 2008 and the same percent of minorities screened.

State Expenditures: General fund expenditures could increase by an estimated \$311,594 in fiscal 2008 and \$185,816 in fiscal 2009. This estimate reflects two grants awarded to provide prostate screening and treatment to a total of 500 men beginning in fiscal 2008 and continue prostate cancer treatment for those men diagnosed with the cancer in fiscal 2009. Existing DHMH staff could develop and manage the contracts and write the required report. The information and assumptions used in calculating the estimate are stated below:

- both grantees hiring a part-time community health educator to provide prostate cancer and screening education, and a full-time community health nurse, to refer men for screening and to case manage men with abnormal results (\$120,804 for both grantees in fiscal 2008 and \$84,160 for both grantees in fiscal 2009);
- 500 men screened for prostate cancer, 65 men requiring further diagnostic tests, and treatment costs for 8 men diagnosed with prostate cancer (\$168,905 in fiscal 2008 and \$88,000 in fiscal 2009);
- educational materials (\$500 per grantee in fiscal 2008 and 2009); and

- grantee indirect costs (\$20,385 in fiscal 2008 and \$12,156 in fiscal 2009).

Future year expenditures reflect two grants awarded in fiscal 2008 and 2009, with no grants awarded in fiscal 2010 because the bill terminates September 20, 2009.

Additional Information

Prior Introductions: None.

Cross File: None.

Information Source(s): Department of Health and Mental Hygiene, Maryland Insurance Administration, Prostate Cancer Foundation, Department of Legislative Services

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nas/jr

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