

**Department of Legislative Services**  
Maryland General Assembly  
2012 Session

**FISCAL AND POLICY NOTE**  
**Revised**

Senate Bill 784

(Senator Muse, *et al.*)

Finance

Health and Government Operations

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**Department of Health and Mental Hygiene - Workgroup on Cancer Clusters and Environmental Causes of Cancer**

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This bill requires the Department of Health and Mental Hygiene (DHMH), in consultation with the Maryland Department of the Environment (MDE), to convene a workgroup to examine issues relating to the investigation of potential cancer clusters in the State and potential environmental causes of cancer. DHMH must report to the Governor and the General Assembly on the workgroup's findings by June 30, 2013.

The bill takes effect July 1, 2012.

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**Fiscal Summary**

**State Effect:** The bill's requirements can be handled with existing budgeted resources. Revenues are not affected.

**Local Effect:** None.

**Small Business Effect:** None.

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**Analysis**

**Bill Summary:** The workgroup – which must include representatives of academic medical institutions in the State, advocates for cancer patients, legislators, scientists, environmentalists, and representatives from both urban and rural areas of the State – has to examine:

- the process that State agencies use to research and identify cancer clusters in the State;
- communications between State agencies and between State and federal agencies regarding cancer clusters and potential environmental causes of cancer;
- research being conducted by academic medical institutions in the State on potential cancer clusters and how findings from this research are communicated to the appropriate agencies; and
- whether additional information regarding potential cancer clusters and environmental causes of cancer should be provided in annual reports to the public.

**Current Law/Background:** 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: (1) surveillance and evaluation; (2) statewide public health; (3) local public health; (4) a statewide academic health center; and (5) an administrative component. The surveillance and evaluation component conducts the Biennial Cancer Study, which is required to measure:

- the number and percentage of individuals, both statewide and in each county, who have a cancer targeted by DHMH;
- the number and percentage of individuals within each minority population who have each targeted cancer;
- the mortality rate (for different minority populations as well as for the general population) for each targeted cancer;
- the number of identifiable cancers with a high incidence in the State for which there are effective methods of prevention or, after early detection, treatment;
- any aspect of targeted and nontargeted cancers that DHMH seeks to measure; and
- any other factor that DHMH determines to be important for measuring rates of cancers in the State or for evaluating whether the program meets its objectives.

On or before September 1 of each odd-numbered fiscal year, DHMH must report the results of the Biennial Cancer Study to the Governor and the General Assembly.

In addition, DHMH produces a report, titled the *Maryland Comprehensive Cancer Control Plan*, which addresses possible environmental causes of certain cancers. The department’s most recent report contains a chapter, titled “Environmental and Occupational Issues and Cancer,” which specifically examines chemical agents and other toxins found in air, water, and soil; addresses the current state of knowledge regarding the

relationship between environmental and occupational hazards and certain cancers; and emphasizes how exposure to such hazards might be decreased or eliminated.

**State Fiscal Effect:** DHMH already examines issues similar to those required to be examined under the bill. The department advises that it can use existing resources to convene the workgroup and comply with the bill's reporting requirements. MDE advises that it can participate with existing resources.

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### **Additional Information**

**Prior Introductions:** SB 574 of 2011, as amended, passed the Senate and was referred to the House Health and Government Operations Committee, but no further action was taken on the bill.

**Cross File:** HB 1407 (Delegate Walker) - Health and Government Operations.

**Information Source(s):** Department of Health and Mental Hygiene, Maryland Department of the Environment, Maryland Association of County Health Officers, Department of Legislative Services

**Fiscal Note History:** First Reader - March 18, 2012  
mc/mwc Revised - Senate Third Reader - April 7, 2012

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