

Department of Legislative Services
Maryland General Assembly
2000 Session

FISCAL NOTE
Revised

House Bill 1184 (Delegate Nathan-Pulliam. *et al.*)

Environmental Matters

Oral Health Programs - Reducing Oral Cancer Mortality

This bill requires the Department of Health and Mental Hygiene (DHMH) to develop and implement ongoing oral cancer educational programs in Maryland to: (1) train health care providers to screen and properly refer patients with oral cancers; and (2) promote smoking cessation with a primary focus of meeting the needs of high-risk, under-served populations. In addition, DHMH must implement a Prevent Oral Cancer Pilot Program that screens, refers, and treats high-risk, under-served adults for whom dental services are not ordinarily available.

DHMH must submit a report on its findings and recommendations to the Governor and the General Assembly by December 1 of each year. The existing Oral Health Advisory Committee appointed by the Secretary of DHMH must recommend to the Secretary the best methods to promote and implement a strategy to decrease oral cancer mortality and implement the bill's provisions.

This bill takes effect July 1, 2000. The Prevent Oral Cancer Pilot Program sunsets September 30, 2003.

Fiscal Summary

State Effect: \$539,300 general fund expenditure increase for DHMH in FY 2001. Future year expenditures reflect annualization and inflation. No effect on revenues.

(in dollars)	FY 2001	FY 2002	FY 2003	FY 2004	FY 2005
GF Revenues	\$0	\$0	\$0	\$0	\$0
GF Expenditures	\$539,300	\$685,500	\$693,200	\$701,000	\$709,000
Net Effect	(\$539,300)	(\$685,500)	(\$693,200)	(\$701,000)	(\$709,000)

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

Local Effect: None.

Small Business Effect: None.

Analysis

Current Law: There is no statutory provision for a program that prevents and detects oral cancer in high-risk, under-served populations.

Background: Each year in the United States, over 30,000 new cases of oral and pharyngeal cancers are diagnosed and over 8,000 people die from oral cancer. Oral cancer occurs twice as often in males as in females. Age is also a factor, as 95% of oral cancers occur among persons over the age of 40; the average age at diagnosis is 60. The survival rate for these cancers is approximately 50% percent. Mortality from oral cancer is nearly twice as high in minorities (especially African-American males) as it is in whites.

Oral cancer accounts for 2% to 4% of all cancers diagnosed annually in the United States, but relative survival rates are among the lowest of major cancers. Only one-half the number of persons diagnosed with oral cancer are alive five years after the diagnosis. In contrast to other types of cancers, the overall U.S. survival rate from oral and pharyngeal cancer has not improved during the past 16 years. Survival rates for oral cancer in minorities have decreased.

Methods used to treat oral cancers (surgery, radiation, and chemotherapy) are disfiguring and costly. High-risk behaviors associated with oral cancer include smoking, the use of smokeless tobacco, and the excessive use of alcohol.

Approximately 75% of oral cavity and pharyngeal cancers (which include the mouth, tongue, lips, throat, parts of the nose and the larynx) are attributed to the use of smoked and smokeless tobacco. Those who chew tobacco are at high risk for gum and cheek lesions that can lead to cancer. Alcohol consumption is another risk factor. Combinations of tobacco and alcohol are believed to represent substantially greater risk factors than either substance consumed alone. Other factors that can place a person at risk for these cancers are viral

infections, immunodeficiencies, poor nutrition, exposure to ultraviolet light (a major cause of cancer to the lips), and certain occupational exposures.

State Fiscal Effect: DHMH general fund expenditures would increase by \$539,251 in fiscal 2001, which accounts for a 90-day start-up delay. This estimate reflects the cost of hiring one program administrator to administer a service contract with the University of Maryland School of Dentistry. DHMH will contract with the School of Dentistry to: (1) prevent, screen, detect, and treat oral cancer in high-risk, under-served populations; and (2) establish and manage an educational program to train health care providers to properly screen and detect oral cancers and promote smoking cessation programs. It includes a salary, fringe benefits, one-time start-up costs, and ongoing operating expenses.

Salary and Fringe Benefits	\$35,145
Oral Cancer Education Program	187,500
Prevent Oral Cancer Pilot Program	187,500
Screening and Diagnosis Costs	23,086
Oral Cancer Treatment Costs	100,000
Other Operating Expenses	<u>6,020</u>
Total FY 2001 Expenditures	\$539,251

Future year expenditures reflect: (1) a full salary with 4.5% annual increases and 3% employee turnover; and (2) 1% annual increases in operating expenses.

The Community Public Health Administration (CPHA) within DHMH will contract with the University of Maryland School of Dentistry to provide screening and treatment to under-served populations, concentrating on Baltimore City residents. The program will screen approximately 2,000 Baltimore City residents over the age of 45. It is estimated that of those screened, approximately nine residents will be diagnosed with oral cancer and referred for treatment.

CPHA assumes that, given the historic age of oral cancer patients (aged 60 or older), all of those diagnosed through this pilot program will have insurance through Medicare, Medicaid, or private health insurance. Legislative Services disagrees. Approximately 16% of all Marylanders do not have health insurance. Given that this program is targeting high-risk, under-served populations, it is likely that many individuals who are screened for oral cancer do not have access to health insurance. In addition, the intent of the screening program is to

detect oral cancer in individuals during the early stages of oral cancer, which would presumably lower the average age of detection. It is assumed that at least one of the nine individuals who are referred for treatment by this program does not have access to health insurance. The average cost of treating oral cancer is approximately \$100,000 per patient. Accordingly, it is assumed that the program will spend at least \$100,000 in treatment costs annually.

Additional Information

Prior Introductions: None.

Cross File: SB 809 (Senator Lawlah) - Finance.

Information Source(s): *Health Insurance Coverage in Adults - Demographic, Health Status, and Access to Care Differences* (October 1999); Maryland Health Care Commission; Centers for Disease Control; National Cancer Institute; American Cancer Society; Department of Health and Mental Hygiene (Community Public Health Administration); Maryland Insurance Administration; Department of Legislative Services

Fiscal Note History: First Reader - February 23, 2000
cm/jr Revised - House Third Reader - March 31, 2000

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