

Department of Legislative Services
Maryland General Assembly
2025 Session

FISCAL AND POLICY NOTE
First Reader

House Bill 459 (Delegates Pruski and Stein)
Health and Government Operations

Health Insurance - Cancer Screening for Professional Firefighters - Required Coverage (James "Jimmy" Malone Act)

This bill requires certain health insurers, nonprofit health service plans, and health maintenance organizations (collectively known as carriers) to provide coverage to a “professional firefighter” for preventive cancer screenings in accordance with the latest screening guidelines issued by the International Association of Fire Fighters (IAFF). The recommendations currently include specified screenings for bladder, breast, cervical, colorectal, lung, oral, prostate, skin, testicular, and thyroid cancers. A carrier may not impose a copayment, coinsurance, or deductible on such coverage, with a specified exception for a high-deductible health plan (HDHP). A county or municipality that offers a self-insured employee health benefit plan in the State and the State Employee and Retiree Health and Welfare Benefits Program must comply with the bill. **The bill takes effect January 1, 2026, and applies to all policies, contracts, and health benefit plans issued, delivered, or renewed in the State on or after that date.**

Fiscal Summary

State Effect: Minimal increase in special fund revenues for the Maryland Insurance Administration (MIA) from the \$125 rate and form filing fee; any additional MIA workload can be handled with existing budgeted resources. No impact on the State Employee and Retiree Health and Welfare Benefits Program, as discussed below.

Local Effect: Health insurance expenditures increase for local governments and municipalities with professional firefighters, as discussed below. Revenues are not affected. **This bill imposes a mandate on a unit of local government.**

Small Business Effect: None.

Analysis

Bill Summary: “Professional firefighter” means an individual employed as a firefighter by a State, county, or municipal entity during the time of the individual’s employment. Nothing in the bill may be construed to prevent a carrier from providing coverages that are greater than or more favorable than the coverage required under the bill.

Current Law:

Health Insurance

Under Maryland law, there are more than 50 mandated health insurance benefits that certain carriers must provide. These mandates generally apply only to fully insured health insurance policies and do not apply to self-funded employer plans. With respect to cancer screenings, certain carriers must cover the following screenings or testing for breast, colorectal, lung, and prostate cancer:

- **Breast cancer screenings** in accordance with the latest screening guidelines issued by the American Cancer Society (ACS). Currently, (1) women ages 40 to 44 may get annual breast cancer screenings with mammograms and (2) starting at age 45, women should have annual mammograms. Carriers must also provide coverage for digital tomosynthesis if an enrollee’s treating physician determines it is medically appropriate and necessary. A deductible may not be imposed for covered digital tomosynthesis or mammograms.
- **Colorectal screening** in accordance with the latest guidelines issued by ACS. Coverage may be subject to a copayment or coinsurance requirement provided it is no greater than that imposed for similar coverages.
- **Recommended follow-up diagnostic imaging to assist in the diagnosis of lung cancer** for individuals for whom lung cancer screening is recommended by the U.S. Preventative Services Task Force (USPSTF). Coverage must include diagnostic ultrasound, magnetic resonance imaging, computed tomography (CT), and image-guided biopsy. A carrier may not impose a copayment, coinsurance, or deductible on the coverage that is greater than that for breast cancer screening and diagnosis (with the exception for an HDHP deductible requirement).
- Expenses incurred in conducting a digital rectal exam and a prostate-specific antigen (more commonly known as PSA) blood test for men between 40 and 75 years of age who are at high risk for **prostate cancer**. Carriers may not apply a deductible, copayment, or coinsurance to coverage for preventive care screening services for prostate cancer.

The federal Patient Protection and Affordable Care Act (ACA) requires nongrandfathered health plans to cover 10 essential health benefits (EHBs), including preventive and wellness services and chronic disease management. The ACA requires most private health insurance plans and Medicaid ACA expansion programs to cover many recommended preventive services without any patient cost-sharing, including the following cancer-related screening tests: mammograms; preventive medications and genetic counseling for breast cancer; colonoscopies for colon cancer screening; pap smears for detection of cervical cancer; CT tests to screen for lung cancer; and behavioral counseling on skin cancer.

Under § 31-116 of the Maryland Insurance Article, EHBs must be included in the State benchmark plan and, notwithstanding any other benefits mandated by State law, must be the benefits required in (1) all individual health benefit plans and health benefit plans offered to small employers (except for grandfathered health plans) offered outside the Maryland Health Benefit Exchange (MHBE) and (2) all qualified health plans offered in MHBE.

State Employee and Retiree Health and Welfare Benefits Program

The State Employee and Retiree Health and Welfare Benefits Program is largely self-insured for its medical contracts and, as such, except for the one fully insured integrated health model medical plan (Kaiser), is exempt from most State health insurance mandates. However, the program generally provides coverage as otherwise required under State law.

The Secretary of Budget and Management must adopt regulations for the administration of the program and ensure that the program complies with all federal and State laws governing employee benefit plans, as well as specified State mandates regarding contraceptive coverage and coverage of male sterilization.

Innovative Cancer Screening Technologies Program

Chapter 219 of 2019 established the Professional and Volunteer Firefighter Innovative Cancer Screening Technologies Program in the Maryland Department of Health. The program provides grants to local fire departments and volunteer fire companies and departments to procure innovative cancer screening tests. The Governor must include at least \$100,000 in the annual budget for the program.

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).

State Expenditures: The Department of Budget and Management advises that the screening guidelines recommended by IAFF generally align with those included through USPSTF and required under the ACA. Thus, there is no impact on the State Employee and Retiree Health and Welfare Benefits Program.

Local Expenditures: Health insurance expenditures increase for local governments and municipalities with professional firefighters to cover the cost of preventive cancer screenings without cost-sharing in accordance with the latest [screening guidelines](#) issued by IAFF. The magnitude of expenditures depends on the degree to which such screenings are already covered by local governments and municipalities (and if so, whether they are provided with or without cost-sharing).

The Maryland Association of Counties advises that the bill has a minimal impact on most jurisdictions that employ professional firefighters.

Howard County advises that, to comply with the bill, the county's grandfathered health plan status would need to be removed. (Grandfathered plans are plans in existence prior to the ACA that are not required to fully comply with ACA regulations). Howard County notes that an actuarial estimate to provide preventive care with no cost-sharing would increase claims 2% to 2.5% or approximately \$993,500 for the county.

Maryland Municipal League advises that the bill affects approximately five municipalities that have professional firefighters.

Additional Comments: MIA advises that the bill does not apply to the nongrandfathered individual and small employer markets. If the mandate were to apply to all markets, the State would be required to defray the cost of the new mandate to the extent it applied to the individual and small group ACA plans.

Additional Information

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

Designated Cross File: SB 374 (Senator Beidle, *et al.*) - Finance.

Information Source(s): Charles, Garrett, and Howard counties; City of Frostburg; Maryland Association of Counties; Maryland Municipal League; Department of Budget and Management; Maryland Department of Health; Department of State Police; Maryland Department of Transportation; Maryland Insurance Administration; Department of Legislative Services

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