

Department of Legislative Services
 Maryland General Assembly
 2025 Session

FISCAL AND POLICY NOTE
 First Reader

Senate Bill 519 (Senator Charles)
 Finance

Prostate Cancer Care Access Grant Program and Fund - Establishment

This bill establishes the Prostate Cancer Care Access Grant Program (and the Prostate Cancer Care Access Grant Program Fund) in the Maryland Department of Health (MDH) to provide grants to improve awareness of and access to prostate cancer care services. By October 1, 2025, the Governor must allocate by budget amendment \$100,000 of the fund for the program for fiscal 2026. In fiscal 2027 and 2028, the Governor must include in the annual budget bill an appropriation of \$100,000 for the program.

Fiscal Summary

State Effect: MDH general fund expenditures increase by \$100,000 in FY 2026 from discretionary funds to capitalize the fund, and by \$100,000 in FY 2027 and 2028 due to the bill’s mandated appropriation. MDH special fund revenues and expenditures increase accordingly. General fund revenues increase minimally from interest earnings of the new special fund through FY 2028. **This bill establishes a mandated appropriation in FY 2027 and FY 2028.**

(in dollars)	FY 2026	FY 2027	FY 2028	FY 2029	FY 2030
GF Revenue	-	-	-	\$0	\$0
SF Revenue	\$100,000	\$100,000	\$100,000	\$0	\$0
GF Expenditure	\$100,000	\$100,000	\$100,000	\$0	\$0
SF Expenditure	\$100,000	\$100,000	\$100,000	\$0	\$0
Net Effect	(\$100,000)	(\$100,000)	(\$100,000)	\$0	\$0

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

Local Effect: To the extent that a local government or local health department (LHD) receives a grant, revenues and expenditures may increase. Any impact is anticipated to be minimal.

Small Business Effect: None.

Analysis

Bill Summary:

Prostate Cancer Care Access Grant Program

Under the program, the Secretary must provide grants to support (1) entities and prostate cancer care providers to increase public awareness of prostate cancer; (2) travel and related costs for individuals unable to access prostate cancer care in their own communities; and (3) any other initiative to improve access to prostate cancer care as determined by the Secretary in consultation with organizations that have a focus on increasing access to culturally competent prostate cancer care.

Prostate Cancer Care Access Grant Program Fund

The fund is a special, nonlapsing fund administered by the Secretary of Health. It consists of (1) money appropriated to the fund in the State budget; (2) interest earnings of the fund; and (3) any other money accepted for the benefit of the fund. Any interest earnings of the fund must be credited to the fund. Expenditures from the fund may only be made in accordance with the State budget.

Current Law:

Cancer Prevention, Education, Screening, and Treatment Program

MDH's Cancer Prevention, Education, Screening, and Treatment Program provides and administers grants to LHDs to reduce cancer mortality and cancer disparities in Maryland. Funds may be used to provide prevention, early detection, and/or treatment services for seven-targeted cancers: lung and bronchus; colorectal; breast, cervical; prostate; skin (melanoma); and oral cancers.

Health Insurance Mandate

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 prostate cancer, certain carriers must cover 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.

State Fiscal Effect: The bill requires the Governor, by October 1, 2025, to allocate by budget amendment at least \$100,000 *of the fund* to the program for fiscal 2026. As the fund will just be established on that date, there will be no balance from which to allocate funds. Thus, this analysis assumes that the Governor provides \$100,000 in discretionary general funds in fiscal 2026 to the new special fund for the program. MDH special fund revenues and expenditures increase accordingly. MDH advises that it can create eligibility guidelines and application materials for the program, process applications, and make and administer grant awards using existing budgeted resources.

For fiscal 2027 and 2028, the bill establishes a \$100,000 annual mandated appropriation for the program. Thus, MDH general fund expenditures increase by \$100,000 in fiscal 2027 and 2028. MDH special fund revenues and expenditures increase accordingly.

The bill does not specify funding for the program after fiscal 2028, although the program is permanent. Assuming all appropriated funds are expended by the end of fiscal 2028, further legislation or appropriation would be required to continue funding the program. To the extent monies provided to the fund in fiscal 2026 through 2028 are not fully spent, grants may continue in fiscal 2029 and thereafter.

Although the bill indicates that interest earnings of the new special fund remain in the fund, the bill does not amend Section 8 of Chapter 717 of 2024 (the Budget Reconciliation and Financing Act of 2024), which requires, notwithstanding any other provision of law, that interest earnings from special funds (with certain exceptions) accrue to the general fund from fiscal 2024 through 2028. Thus, general fund revenues increase minimally from interest earnings of the new special fund through fiscal 2028. The fund is exempted from a similar requirement under § 6-226(a)(2) of the State Finance and Procurement Article that applies from fiscal 2029 forward.

Additional Information

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

Designated Cross File: None.

Information Source(s): Department of Budget and Management; Maryland Department of Health; Department of Legislative Services

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js/jc

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