



February 28, 2025

The Honorable Pamela Beidle  
Chair, Finance Committee  
3 West Miller Senate Office Building  
Annapolis, MD 21401

**RE: SB 519 Prostate Cancer Care Access Grant Program and Fund – Establishment**

Dear Chair Beidle:

The Maryland State Council on Cancer Control (the Council) is submitting this letter of concern for Senate Bill 519 (SB 519), titled: "Prostate Cancer Care Access Grant Program and Fund – Establishment." SB 519 would establish a dedicated Prostate Cancer Grant Program. While the Council recognizes the importance of addressing prostate cancer, we believe SB 519 presents several critical issues that warrant careful reconsideration.

**Duplication and Inefficiency:**

SB 519 risks duplicating existing and planned initiatives. Specifically:

- **SB 938 Mandate:** SB 938 (2024) mandates the Maryland Department of Health (MDH) to develop a comprehensive public education campaign by December 1, 2026, addressing prostate, lung, and breast cancer in disproportionately impacted communities. Creating a separate prostate cancer grant program *before* this campaign is developed is inefficient and potentially redundant. A coordinated approach, integrating prostate cancer awareness into the SB 938 campaign, would be more effective.
- **Existing CPEST Programs:** Prostate cancer is already a targeted cancer within the MDH's Cancer Prevention, Education, Screening, and Treatment (CPEST) program. CPEST programs currently provide prostate cancer education, and can cover transportation costs (though this is currently at the discretion of each jurisdiction). In addition, it is the understanding of the Council that once the US Preventive Services Task Force (USPSTF) updates their prostate cancer screening guidelines, the CPEST program will look to update their internal clinical standards and permit programs to apply funds for prostate clinical services, provided there is sufficient funding through the Cigarette Restitution Fund (CRF). SB 519 appears to create an unnecessary parallel structure.

**Resource Allocation Concerns:**

The Council questions the prioritization of a dedicated prostate cancer grant program when other cancers, such as lung and breast cancer, also significantly impact the same communities. Focusing solely on prostate cancer may divert resources from these other prevalent cancers, hindering overall cancer prevention efforts. A more holistic approach, addressing all major cancers affecting these communities, would likely be more beneficial.



**Recommendations:**

The Council strongly recommends the following:

1. **Integrate, Don't Duplicate:** Instead of a standalone program, integrate prostate cancer awareness and access initiatives into the existing CPEST framework and the SB 938-mandated campaign. This leverages existing infrastructure, avoids duplication of effort, and ensures a more equitable distribution of resources.
2. **Strategic Alignment:** Delay further action on SB 519 until *after* the MDH completes the SB 938 public education campaign. This will allow for a coordinated and comprehensive approach to cancer prevention. Specifically, explore how SB 519's objectives can be met through the SB 938 campaign or by enhancing existing CPEST programs.
3. **Strengthen CPEST:** Enhance the current CPEST program to effectively address prostate cancer care access needs by:
  - o Protecting CRF funds to ensure the CPEST program can provide prostate cancer education and funds for transportation.
  - o Increasing funding within the CPEST program, by moving \$100,000 from a non-MDH line item under CRF (e.g., crop conversion, legal expenses) to the Cancer Prevention/Screening/Treatment M00 F0304, to support prostate cancer clinical services once the USPSTF updates its screening guidelines. This would ensure that resources are readily available to implement updated clinical standards.

The Council urges the Committee to carefully consider these concerns and recommendations. We believe that the proposed approach in SB 519 is inefficient and potentially detrimental to broader cancer control efforts. We advocate for a more strategic and integrated approach that maximizes existing resources and addresses the complex cancer burden facing Maryland communities.

As currently drafted, the Council respectfully recommends an unfavorable vote on SB 519. We urge the Committee to prioritize the critical public health programs already supported by the CRF, ensuring Maryland's continued commitment to a healthier future for all.

Sincerely,

A handwritten signature in black ink that reads "Paul Celano, MD." The signature is written in a cursive, flowing style.

Paul Celano, MD  
Vice Chair,  
Maryland State Council on Cancer Control