



March 24, 2025

The Honorable Joseline A. Peña-Melnyk  
Chair, Health and Government Operations Committee  
240 Taylor House Office Building  
Annapolis, MD 21401

**RE: Senate Bill 374 / House Bill 459: Counties - Cancer Screening for Professional Firefighters - Required Coverage (James "Jimmy" Malone Act)**

Dear Chair Peña-Melnyk:

The Maryland State Council on Cancer Control (the Council) is submitting this letter of concern for Senate Bill 374 / House Bill 459 (SB 374/HB 459), titled: "Counties - Cancer Screening for Professional Firefighters - Required Coverage (James "Jimmy" Malone Act)." SB 374/HB 459 mandates counties with self-insured employee health plans to cover firefighter preventive cancer screenings, as per IAFF guidelines, without cost-sharing; and requires counties to fulfill the mandate for firefighter cancer screenings by either providing a no-cost annual exam based on IAFF/ACS guidelines or by obtaining a grant for innovative screening technologies, including multi-cancer blood tests, from the MDH-administered Maryland Professional and Volunteer Firefighter Innovative Cancer Screening Technologies Program.

**Concerns Regarding Premature Implementation of Innovative Screening Technologies**

The Maryland State Council on Cancer Control supports the intention of Senate Bill 374 to expand coverage for preventive cancer screenings for firefighters without cost-sharing. However, the Council has significant concerns regarding the premature inclusion of innovative cancer screening tests, particularly multi-cancer early detection tests (MCEDs), also known as multi-cancer blood tests, as an alternative to established, guideline-recommended screening protocols.

Currently, MCEDs lack sufficient clinical evidence to warrant their inclusion in standard screening guidelines issued by nationally recognized organizations such as the United States Preventive Services Task Force (USPSTF) and the American Cancer Society (ACS). These organizations rigorously evaluate the benefits and potential harms of various screening modalities. While several MCED tests are available for sale through loopholes in FDA regulations, these same tests are being evaluated in clinical trials aimed at getting FDA approval. To date, no MCED test has been FDA approved. This underscores the need for more comprehensive research and validation before widescale deployment among large populations.

**Potential Harms and Risks of Multi-Cancer Early Detection Test**

MCEDs detect cancer biomarkers (risks), but do not diagnose cancer. The widespread use of these tests would inevitably generate a high volume of positive biomarker results, a significant portion of which would be false positives. All positive tests merit follow-up testing with CT scans, MRIs, and



biopsies, and other investigations. Regardless of whether the investigative outcome confirms a true cancer diagnosis or is shown to be falsely positive, there will be the potential to expose individual firefighters to potential harms without clear benefits.

Possible harms include substantial financial burdens on firefighters due to costs not covered by insurance; inherent risks from follow-up procedures like radiation exposure and biopsy complications; emotional distress from prolonged uncertainty; unnecessary and invasive procedures causing physical and psychological harm; the detection of clinically insignificant findings leading to overdiagnosis and overtreatment. At the health care systems level, widespread use of MCEs and the resulting diagnostic investigations needed may divert resources from proven cancer screening methods. These potential harms underscore the Council's significant concerns regarding the use of MCEs as a substitute for established, guideline-recommended screening protocols.

### **Financial and Clinical Implications of MCE Follow-Up**

The inclusion of MCEs introduces substantial financial and clinical implications. Positive biomarker results from MCEs necessitate further diagnostic investigations, including costly procedures such as CT scans, MRIs, ultrasounds, and biopsies. These follow-up expenses are not covered by the grants provided through the Maryland Professional and Volunteer Firefighter Innovative Cancer Screening Technologies Program, potentially imposing a significant financial burden on self-insured counties. Moreover, the early detection of certain cancers through MCEs may not necessarily translate to improved patient outcomes. Many cancer types lack established screening guidelines due to the absence of demonstrated benefits in overall survival or quality of life. Consequently, insurance payers may be hesitant to cover the costs associated with investigating positive biomarker results or risk factors identified by MCEs.

### **Limitations of Local Resources and Inequitable Access**

The Maryland Professional and Volunteer Firefighter Innovative Cancer Screening Technologies Program's current structure may lead to inequitable access to enhanced screening technologies and the potential for disparities in cancer screening availability among firefighter populations across the state. Specifically, larger, more affluent counties with grant writing experience are better positioned to submit applications, secure grants, and implement additional screening modalities for their firefighters while smaller counties with fewer resources may be disadvantaged in this process. This disparity could exacerbate existing health inequities and ultimately undermine the goal of ensuring comprehensive and equitable cancer screening for all Maryland firefighters. The aim should be to ensure all firefighters have access to the highest quality, evidence-based screening protocols, regardless of their county's resources.

While the Council supports the expansion of preventive screening, we have several significant concerns regarding the premature inclusion of unproven screening technologies, the potential for increased financial burden on counties, and the limitations of grant funding leading to inequitable



access. Therefore, the Maryland State Council on Cancer Control respectfully recommends that the Committee vote against Senate Bill 374 / House Bill 459.

Sincerely,

*Paul Celano, MD.*

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