



February 6, 2025

The Honorable Joseline A. Pena-Melnyk
Chair, Health and Government Operations Committee
House Office Building, Room 241
6 Bladen St., Annapolis, MD 21401

Re: HB 459 - Health Insurance – Cancer Screening for Professional Firefighters – Required Coverage (James “Jimmy” Malone Act)

Dear Chair Pena-Melnyk and Members of the Committee,

The Maryland Health Care Committee (MHCC) is submitting this letter of information on *HB 459 - Health Insurance – Cancer Screening for Professional Firefighters – Required Coverage (James “Jimmy” Malone Act)* that 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). This legislation covers screens for professional firefighters through their health insurance benefits. Volunteer firemen, who usually receive no health coverage, would not benefit, but could access screens through the screening program discussed below, which was established in 2019.

The IAFF has current recommendations for screenings for bladder, breast, cervical, colorectal, lung, oral, prostate, skin, testicular, and thyroid cancers. HB 459 would specify that a carrier may not impose a copayment, coinsurance, or deductible on such coverage, with a specified exception for a high-deductible health plan (HDHP). Carriers that offer fully insured products must comply. State, counties, and municipalities that offers a self-insured employee health benefit plan must comply with the bill. Government organizations may self-insure, but do not enjoy the same protection as private companies do under the Employee Retirement Income Security Act (ERISA). Generally, government organizations in Maryland comply with the insurance mandates established in Maryland law.

Maryland has established almost 70 insurance mandates in law. The following mandates already in place in Maryland generally conform to the IAFF recommendations:

- 15-814 Cancer Screening – Mammograms
- 15-814.1 Cancer Screening - Cost Sharing for Diagnostic and Supplemental Mammograms

- 15-825 Cancer Screening - Prostate
- 15-837 Cancer Screening - Colorectal
- 15-860 Coverage for Diagnostic & Supplemental Lung Cancer Imaging
- 15-859 Biomarker Testing

Screening for testicular and bladder cancers are not mandated because best practice focus on self-examination for testicular cancer and low-cost urine tests for detection of bladder cancer (via detection of blood in the urine). There are no current screens for certain cancers including pancreatic, kidney, ovarian, or cervical cancers.

Multi-cancer early detection (MCED) tests have captured the attention of doctors, researchers and patients due to their potential to detect a range of cancers through a single MCED test, a type of liquid biopsy, aiming to catch early-stage cancer cells long before symptoms appear. By utilizing machine-learning algorithms, these tests identify the likely origin of tumors based on DNA and protein profiles. Currently, there are around 20 tests in development. They offer screening for anywhere from two to over 50 tumor types in a single test. Some of the cancers the tests can detect include pancreatic, prostate, kidney, lung, breast, skin, ovarian, and liver cancers.

MCED tests hold promise for revolutionizing cancer detection. There are many companies developing and studying MCED tests, but these tests are not yet Food and Drug Administration cleared or approved. Some of these tests fall under the Clinical Laboratory Improvement Act (CLIA) regulations as lab-developed tests, which still allows them to be used if ordered by a doctor. Many of the companies developing these tests are gathering data and hope eventually to get Food and Drug Administration (FDA) approval. The US Preventive Services Task Force (USPSTF) has issued a recommendation on use of MCED tests as of January 2025. USPSTF has not identified MCED tests as an area for current consideration, perhaps because the tests have not received FDA approval.

Currently, MCED are not covered by insurance. Of the tests in development, the price can range between \$200 and \$1,000. Legislative efforts are underway to get the cost reimbursed by Medicare, once these tests are approved by the FDA.

The Professional and Volunteer Firefighter Innovative Cancer Screening Technologies Program in the Maryland Department of Health under Chapter 219 of 2019 Laws of Maryland. This program provides grants to local fire departments and volunteer fire companies and departments to procure innovative cancer screening tests. The program OneTest™ Premium by 20/20 GeneSystems, Inc., which is a MCED early detection blood test that predicts an individual's risk of being identified as having cancer in the coming 12-month period. OneTest™ Premium includes 11 biomarkers including the cancer biomarkers AFP, CEA, CA 19-9, CA 125, CA 15-3, PSA, CYFRA 21-1 and five additional biomarkers



which measure inflammation, an important biological response associated with some types of cancer. These are HE4, ApoA1, B2-Microglobulin, CRP, and Prealbumin. Note that the OneTest™ Premium only detects cancer risk and does not diagnose cancer. The test is not currently covered by any public or private insurance program in the State. The cost to consumers to complete the test is currently \$345; however, we understand that fire departments pay considerably less for the tests.

The Senate Finance Committee in September 2024 requested the MHCC study medical financial, and social impact of establishing mandates recommended by IAFF under Insurance Article § 15-1501. The MHCC has delayed contracting for such a study given the assessment would involve estimating the cost of screening for about a dozen cancers, some of which already exist in Maryland law, and others for which no screening test exists, other than MCED. The time and cost of assessing impact would be significant. Should HB 459 not pass, MHCC will meet with Committee leadership to determine if the study is needed. The MHCC would complete the study prior to the start of the 2026 legislative session.

We appreciate your consideration. If you have any questions, please do not hesitate to contact me at dsharp@maryland.gov or Ms. Tracey DeShields, Director of policy Development and External Affairs, at tracey.deshields2@maryland.gov or 410-764-3588.

Sincerely,



David Sharp,
Acting Executive Director

