



Senate

General Assembly

File No. 7

January Session, 2025

Senate Bill No. 1191

Senate, February 25, 2025

The Committee on Public Health reported through SEN. ANWAR of the 3rd Dist., Chairperson of the Committee on the part of the Senate, that the bill ought to pass.

AN ACT ESTABLISHING A PANCREATIC CANCER SCREENING AND TREATMENT REFERRAL PROGRAM.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. (NEW) (*Effective October 1, 2025*) (a) As used in this section:

2 (1) "Pancreatic cancer screening and referral services" means
3 necessary pancreatic cancer screening services and referral services for
4 a procedure intended to treat cancer of the human pancreas, including,
5 but not limited to, surgery, radiation therapy, chemotherapy and related
6 medical follow-up services.

7 (2) "Unserved or underserved populations" means patients who are:
8 (A) At or below two hundred fifty per cent of the federal poverty level
9 for individuals; (B) without health coverage for pancreatic cancer
10 screening services; and (C) of an age at which pancreatic cancer
11 screening services are deemed appropriate by medical professionals.

12 (b) Not later than January 1, 2026, the Commissioner of Public Health

13 shall establish, within available appropriations, a pancreatic cancer
14 screening and treatment referral program within the Department of
15 Public Health, to (1) promote screening, detection and treatment of
16 pancreatic cancer among unserved or underserved populations, while
17 giving priority consideration to patients in minority communities, (2)
18 educate the public regarding pancreatic cancer and the benefits of early
19 detection, and (3) provide counseling and referral services for treatment.

20 (c) The program shall include, but need not be limited to:

21 (1) The establishment of a public education and outreach initiative to
22 publicize (A) pancreatic cancer screening services and the extent of
23 health coverage that may be available for such services; (B) the benefits
24 of early detection of pancreatic cancer and the recommended frequency
25 of screening services, including clinical examinations; and (C) the
26 medical assistance program and any other public or private program
27 that patients may use to access such services;

28 (2) The provision of pancreatic screening and treatment referral
29 services by providers of such services who register with the Department
30 of Public Health;

31 (3) The development of professional education programs, including,
32 but not limited to, education concerning the benefits of early detection
33 of pancreatic cancer and the recommended frequency of such pancreatic
34 cancer screenings;

35 (4) The establishment of a system to track and follow up on all
36 patients participating in the program who were screened for pancreatic
37 cancer, which system shall include, but need not be limited to, follow-
38 up of abnormal screening tests and referral to treatment services when
39 needed and tracking such patients to be screened at recommended
40 screening intervals; and

41 (5) A method of determining whether each participating provider of
42 pancreatic cancer screening services is in compliance with federal and
43 state quality assurance requirements.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>October 1, 2025</i>	New section

PH *Joint Favorable*

The following Fiscal Impact Statement and Bill Analysis are prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and do not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.

OFA Fiscal Note

State Impact:

Agency Affected	Fund-Effect	FY 26 \$	FY 27 \$
Public Health, Dept.	GF - Cost	477,996	498,161
State Comptroller - Fringe Benefits ¹	GF - Cost	25,064	33,419

Note: GF=General Fund

Municipal Impact: None

Explanation

The bill requires the Department of Public Health (DPH) to establish a pancreatic cancer screening and treatment referral program, resulting in a cost to DPH of \$477,996 in FY 26 and \$498,161 in FY 27 (and annually thereafter) and a cost to the Office of State Comptroller – Fringe Benefits of \$25,064 in FY 26 and \$33,419 in FY 27. It is anticipated that DPH will start the program as soon as possible in FY 26, ahead of the bill's deadline of January 1, 2026.

The costs to DPH include one new Health Program Associate (HPA) 2 position with a salary of \$61,568 in FY 26 and \$82,091 in FY 27, and annually thereafter. Fringe benefits for this position are \$25,064 in FY 26 and \$33,419 in FY 27 to the Office of State Comptroller – Fringe Benefits. The FY 26 HPA salary and fringe benefits are adjusted to reflect a three-quarter year's pay, anticipating a start date of October 1st, 2025. The HPA will be responsible for coordinating pancreatic cancer outreach,

¹The fringe benefit costs for most state employees are budgeted centrally in accounts administered by the Comptroller. The estimated active employee fringe benefit cost associated with most personnel changes is 40.71% of payroll in FY 26.

education, screening, quality assurance compliance, and data collection.

Additional costs to DPH are anticipated to include ongoing other annual expenses totaling \$416,428 in FY 26² (with a one-time laptop equipment cost of \$4,000), and \$416,070 in FY 27 continuing into the out years, for: (1) an electronic data entry system (\$59,000) for 21 hospitals in five different health systems to access, (2) additional staff time for Community Health Navigators in each of the five health systems (\$62,400 each for a total of \$312,000) responsible for entering patient screening data, (3) a community outreach program (\$30,500) to educate the public, (4) mileage reimbursement (\$9,700) for HPA monthly hospital visits, (5) standard fleet costs (\$4,620), and (6) general office supplies (\$250).

These costs are similar to those for an existing DPH lung cancer screening program.

The Out Years

The annualized ongoing fiscal impact identified above would continue into the future subject to inflation.

² Other expense items such as mileage reimbursement, fleet costs, and general office supplies are reduced in FY 26 to reflect a three-quarter year need, also anticipating HPA start date of October 1, 2025.

OLR Bill Analysis**SB 1191*****AN ACT ESTABLISHING A PANCREATIC CANCER SCREENING AND TREATMENT REFERRAL PROGRAM.*****SUMMARY**

This bill requires the Department of Public Health (DPH) commissioner, by January 1, 2026, and within available appropriations, to establish a pancreatic cancer screening and treatment referral program within DPH (with services provided by outside providers).

The program must (1) promote pancreatic cancer screening, detection, and treatment among unserved or underserved populations, while giving priority to minority communities; (2) educate the public about this cancer and the benefits of early detection; and (3) provide counseling and treatment referral services.

Under the bill, “unserved or underserved populations” are patients (1) at or below 250% of the federal poverty level for individuals (250% is \$39,125 for 2025); (2) without health coverage for pancreatic cancer screening services; and (3) of an age at which these screening services are deemed appropriate by medical professionals.

EFFECTIVE DATE: October 1, 2025

PROGRAM COMPONENTS

The bill requires the program to include creating a public education and outreach initiative to publicize (1) pancreatic cancer screening services and the extent of health coverage that may be available for them; (2) the benefits of early detection and the recommended frequency of screening services, including clinical examinations; and (3) the medical assistance program (e.g., Medicaid) and any other public or private program that patients may use to access these services.

Under the bill, the program must also include screening and treatment referral services by providers who register with DPH. This includes necessary screening and referral services for this cancer, including surgery, radiation therapy, chemotherapy, and related medical follow-up services.

The program must also at least do the following:

1. develop professional education programs that include information on the benefits of early detection of pancreatic cancer and the recommended screening frequency;
2. establish a system to track and follow up on patients screened through the program, including follow-up of abnormal results, treatment referrals when needed, and tracking these patients to be screened at recommended intervals; and
3. include a way to determine whether participating providers comply with national and state quality assurance requirements.

COMMITTEE ACTION

Public Health Committee

Joint Favorable

Yea 32 Nay 0 (02/10/2025)