

HOUSE No.

The Commonwealth of Massachusetts

PRESENTED BY:

Carmine Lawrence Gentile and Hannah Kane

To the Honorable Senate and House of Representatives of the Commonwealth of Massachusetts in General Court assembled:

The undersigned legislators and/or citizens respectfully petition for the adoption of the accompanying bill:

An Act to reduce incidence and death from pancreatic cancer.

PETITION OF:

| NAME: | DISTRICT/ADDRESS: | DATE ADDED: |
|-------------------------------------|------------------------------|-----------------|
| <i>Carmine Lawrence Gentile</i> | <i>13th Middlesex</i> | <i>1/6/2025</i> |
| <i>Hannah Kane</i> | <i>11th Worcester</i> | <i>1/7/2025</i> |
| <i>Bradley H. Jones, Jr.</i> | <i>20th Middlesex</i> | <i>1/7/2025</i> |
| <i>Lindsay N. Sabadosa</i> | <i>1st Hampshire</i> | <i>1/7/2025</i> |
| <i>Norman J. Orrall</i> | <i>12th Bristol</i> | <i>1/8/2025</i> |
| <i>Paul J. Donato</i> | <i>35th Middlesex</i> | <i>1/8/2025</i> |
| <i>Christopher Richard Flanagan</i> | <i>1st Barnstable</i> | <i>1/8/2025</i> |
| <i>Ryan C. Fattman</i> | <i>Worcester and Hampden</i> | <i>1/8/2025</i> |
| <i>John Barrett, III</i> | <i>1st Berkshire</i> | <i>1/8/2025</i> |
| <i>David T. Vieira</i> | <i>3rd Barnstable</i> | <i>1/8/2025</i> |
| <i>Homar Gómez</i> | <i>2nd Hampshire</i> | <i>1/8/2025</i> |
| <i>Brian W. Murray</i> | <i>10th Worcester</i> | <i>1/8/2025</i> |
| <i>Kimberly N. Ferguson</i> | <i>1st Worcester</i> | <i>1/8/2025</i> |
| <i>David K. Muradian, Jr.</i> | <i>9th Worcester</i> | <i>1/9/2025</i> |
| <i>Christopher M. Markey</i> | <i>9th Bristol</i> | <i>1/9/2025</i> |

HOUSE No.

[Pin Slip]

[SIMILAR MATTER FILED IN PREVIOUS SESSION
SEE HOUSE, NO. 2182 OF 2023-2024.]

The Commonwealth of Massachusetts

**In the One Hundred and Ninety-Fourth General Court
(2025-2026)**

An Act to reduce incidence and death from pancreatic cancer.

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

1 SECTION 1. Chapter 111 of the General Laws is hereby amended by adding the
2 following section:-

3 Section 245. (a) The department shall administer a comprehensive pancreatic cancer
4 initiative to provide coordinated pancreatic cancer prevention, screening, education and support
5 programs in the commonwealth. The department may develop and implement other initiatives
6 regarding pancreatic cancer awareness, research and care that the department determines will
7 further the purposes of this section.

8 (b) There shall be a pancreatic cancer advisory council within the department. The
9 council shall be appointed and convened by the commissioner and shall consist of 13 members
10 representing interdisciplinary fields including, but not limited to, oncology, palliative care,
11 medicine, nursing, social work, pharmacy, spirituality and the area of patient and family

12 caregiver advocacy, including health professionals having expertise treating pancreatic cancer
13 patients and their families; provided, at least 1 member shall be a representative of the Pancreatic
14 Cancer Action Network and 1 member shall be a representative of the American Cancer Society
15 Cancer Action Network. The commissioner may appoint other members that the commissioner
16 deems appropriate. Council members shall serve for a period of 3 years at the pleasure of the
17 commissioner. The members shall elect a chair and vice chair whose duties shall be established
18 by the council. The department shall provide a place for regular meetings of the council, which
19 shall meet at least monthly.

20 Council members shall receive no compensation for their services but shall be allowed
21 actual and necessary expenses in the performance of their council duties.

22 The council shall:

23 (1) Investigate and make recommendations for a system to certify and approve hospital
24 systems that meet National Pancreatic Cancer Foundation criteria and post this information on an
25 appropriate state website and on advocacy organization websites.

26 (2) Identify institutions and hospital systems which could meet the criteria in areas that
27 are geographically underserved and provide them with incentives to develop the necessary
28 resources to comply in order to assure that all residents have access to hospitals that meet the
29 criteria.

30 (3) Investigate and make recommendations for the establishment of a multi-provider
31 consortium to develop and disseminate amongst each other best practice algorithms, decision
32 aids for electronic health record systems, and quality metrics for all phases of care in pancreatic
33 cancer. The consortium shall partner with other entities including, but not limited to, patient

34 organizations, National Institute of Health and the American Cancer Society Cancer Action
35 Network to develop and maintain a portfolio of statewide clinical trials in pancreatic cancer.

36 (4) Disseminate targeted communications to primary care providers and their office staff
37 to connect them with the consortium members and resources which are local to their practices.

38 (5) Utilize the local resources of the consortium members to fully operationalize existing
39 state initiatives to identify existing cancer support services, survivorship care and counseling and
40 to expand these initiatives to meet current needs.

41 (6) Develop and support the use in all hospitals of a standard consent form for pancreatic
42 cancer patients to consent to donate their tissue samples without restrictions for tissue collection
43 and banking for research.

44 (b) The department, in conjunction with the pancreatic cancer advisory council, shall
45 conduct a comprehensive study to ascertain the prevalence and incidence of pancreatic cancer in
46 the commonwealth, the unmet needs of persons with pancreatic cancer and their families, time-
47 of-diagnosis statistics and likely risks for pancreatic cancer. Information collected by the study
48 shall include, but not be limited to, the following:

49 (1) germline testing results;

50 (2) molecular tumor analysis in patients with metastatic disease;

51 (3) hospitals treating the highest volume of pancreatic cancer patients;

52 (4) information on stage of diagnosis;

53 (5) treatment rendered, including chemotherapy, radiation therapy, surgical treatment,
54 neoadjuvant and adjuvant therapy;

55 (6) patient outcomes;

56 (7) number of patients diagnosed who did not receive any treatment or palliative care;
57 and

58 (8) number of pancreatic resections performed at each hospital and associated outcomes.

59 (c) The department, in conjunction with the pancreatic cancer advisory council, shall
60 develop and implement a statewide public education and community outreach program to inform
61 the general public about genetic risks, signs, symptoms, and pre-malignant conditions associated
62 with pancreatic cancer, including new-onset diabetes, and the availability of clinical trials for
63 those with pancreatic cancer. In developing and implementing the program, the commissioner
64 shall consult with similar programs including, but not limited to, anti-tobacco, obesity and other
65 premalignant conditions associated with pancreatic cancer. The department shall add pancreatic
66 cancer to the list of diseases that its programs target with counseling for tobacco discontinuation,
67 diet and weight management.

68 SECTION 2. The commissioner of insurance shall survey health insurers in the
69 commonwealth to ascertain coverage benefits of genetic testing for pancreatic cancer across
70 health insurance plans, and present its findings to the committee on health care financing and the
71 committee on financial services no later than June 30, 2026.

72 SECTION 3. The center for health information and analysis shall conduct a review and
73 update of its mandated benefit review of pancreatic cancer screenings as reported in the center's

74 report titled “Mandated Benefit Review of S.B. 471: An Act relative to pancreatic cancer
75 screening,” dated July 2014, including an update of the cost analysis for pancreatic cancer
76 screening for high-risk individuals. The center shall present its findings and update to the
77 committee on health care financing and the committee on financial services no later than June
78 30, 2026.

79 SECTION 4. The initial meeting of the pancreatic cancer advisory council shall convene
80 no later than 60 days after the effective day of this act.