

**SENATE . . . . . No.**

---

**The Commonwealth of Massachusetts**

\_\_\_\_\_

PRESENTED BY:

*Joanne M. Comerford*

\_\_\_\_\_

*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:

*Joanne M. Comerford*

DISTRICT/ADDRESS:

*Hampshire, Franklin and Worcester*

**SENATE . . . . . No.**

---

---

[Pin Slip]

---

---

[SIMILAR MATTER FILED IN PREVIOUS SESSION  
SEE SENATE, NO. 1330 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 (c) 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 (d) 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 premalignant 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 pre-malignant 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.