

**Department of Planning and Budget
2026 General Assembly Session
State Fiscal Impact Statement**

PUBLISHED: 2/5/2026 9:12 AM

ORIGINAL

Bill Number: HB393 **Patron:** Askew
Bill Title: First Responders Cancer Screening Fund established.

Bill Summary: Creates the First Responders Cancer Screening Fund to provide funding to localities for cancer screenings for firefighters and emergency responders.

Budget Amendment Necessary: Yes

Items Impacted: Item 405

Explanation: One full-time position and associated funding is anticipated to be needed to administer the proposed fund in Item 405 (Fire Training and Technical Support Services), as well as an amount, to be determined, to provide funds to localities to support cancer screenings.

Fiscal Summary: According to the Department of Fire Programs (DFP), one additional full-time position and \$121,481 annually for salary and fringe costs is estimated to be needed to address the implications of this bill. The first year (FY2027) estimate is prorated for 10 months to allow for recruitment and onboarding.

General Fund Expenditure Impact:

<u>Agency</u>	<u>FY2026</u>	<u>FY2027</u>	<u>FY2028</u>	<u>FY2029</u>	<u>FY2030</u>	<u>FY2031</u>
		\$101,235	\$121,481	\$121,481	\$121,481	\$121,481
TOTAL		\$101,235	\$121,481	\$121,481	\$121,481	\$121,481

Position Impact:

Fiscal Analysis: According to DFP, the provisions of the bill are anticipated to increase the workload of the agency's grants department. Currently, DFP employs two grants administrators responsible for managing five existing annual grants and one one-time grant. DFP anticipates that the two existing grants administrators would not be able to manage the additional workload of the proposed cancer screening grant in this bill. According to DFP, the anticipated increase in workload resulting from the bill is primarily due to the need to establish a new health-related grant program, of which the agency does not have experience establishing or administering.

A similar bill introduced in the 2024 General Assembly Session (Chapter 174, 2024) required the agency to convene a workgroup to identify and analyze options to help ensure that local government employees who respond to emergencies that expose them to toxic materials have appropriate preemptive and ongoing health

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care. The findings of the workgroup recommend one additional full-time position to become a subject matter expert on cancer screenings to develop unique grant distribution guidelines that incorporate relevant information such as (i) what events qualify for localities to screen first responders and (ii) how the screening data can be used to prioritize funding for localities with the highest risks of cancer exposure events. Although HB393 is not identical to Chapter 174 (2024), the recommendation by the workgroup pertains to similar requirements in HB393. According to DFP, the position would have a base salary of \$75,000 plus fringe benefits and equipment costs for an estimated annual impact of \$121,480. The first year (FY2027) fiscal impact estimate for salary and fringe costs of the one position are prorated for 10 months to allow for recruitment and onboarding.

In addition to funding a position to address the anticipated workload of the bill, additional funding is required to be distributed to localities to fund cancer screenings. According to DFP, the estimated amount of funding needed to meet the provisions of the bill, as it is currently written, is anticipated to be between \$3,850,000 to \$10,450,000. DFP's estimate is based on data provided by the Virginia Professional Fire Fighters (VPFF) organization, which estimates that ultrasound cancer screening tests cost approximately \$350 per screening and more comprehensive blood tests cost approximately \$600 per screening. DFP reports that there are approximately 11,000 career firefighters in the Commonwealth, therefore the estimated range is based on the assumption that every career firefighter receives some form of cancer screening in a year. This estimate does not include the number of EMS personnel employed by localities. The Office of Emergency Medical Services (OEMS) within the Virginia Department of Health (VDH), estimates that there are approximately 23,659 EMS providers affiliated or employed with local fire-based or non-fire based EMS agencies. However, it is unclear as to whether this estimate includes the 11,000 career firefighters that VDHP estimates are working with localities in the Commonwealth. Therefore, the estimated need of \$3.8 million to \$10.4 million is likely a low-end estimate.

In addition, DFP notes that the bill in its current form only allows cancer screening support to career full-time firefighters and emergency medical services (EMS) personnel, excluding volunteer firefighters and EMS personnel. The estimated cost to include these additional volunteer personnel are expected to be higher, but there is not enough information available at this time to accurately estimate the additional need.

Other: DFP notes that if two positions are provided to address the fiscal implications of SB80, those positions would be able to absorb the anticipated workload increase resulting from this bill, thus removing the need for the one position referenced in this fiscal impact statement.