

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

PUBLISHED: 2/5/2026 11:57 AM

ORIGINAL

Bill Number: HB392

Patron: Askew

Bill Title: Sickle cell disease screening program; routine kidney cancer screening.

Bill Summary: Directs the Commissioner of Health to include routine kidney cancer screening in the screening program for sickle cell disease and the sickle cell trait for individuals diagnosed with sickle cell disease or the sickle cell trait who are 25 years of age or older. The bill requires the program to offer such screening every five years unless an individual's health care provider determines such screening should occur more frequently.

Budget Amendment Necessary: Yes

Items Impacted: 277

Explanation: The Virginia Department of Health (VDH) will require additional general fund appropriation to comply with the provisions of this legislation, attributable to Item 277 (State Health Services).

Fiscal Summary: The provisions of this legislation would require VDH's Sickle Cell Program to expand its voluntary screening program by also offering routine kidney cancer screenings and follow up to all individuals who have been diagnosed with sickle cell disease (SCD) or sickle cell trait (SCT). VDH does not have sufficient resources to absorb this added expense. A specific fiscal impact for this bill cannot be determined due to insufficient information. It is assumed that VDH would implement the cancer screenings as a reimbursement to individuals similar to the current approach used by the Sickle Cell Program. However, it is unclear as to what medical procedures would be eligible for reimbursement. In addition, there is insufficient data to determine the number of individuals, age 25 and over, who would choose to participate in the program. The fiscal impact reflected in this statement uses general assumptions to provide a rough estimate of the potential magnitude of program costs. Costs could be higher or lower depending on actual program experience.

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> |
|---------------|---------------|---------------|---------------|---------------|---------------|---------------|
| VDH (601) | - | \$4,604,824 | \$4,604,824 | \$276,360 | \$276,360 | \$276,360 |

Position Impact:

| <u>Agency</u> | <u>FY2026</u> | <u>FY2027</u> | <u>FY2028</u> | <u>FY2029</u> | <u>FY2030</u> | <u>FY2031</u> |
|---------------|---------------|---------------|---------------|---------------|---------------|---------------|
| VDH (601) | - | 1 | 1 | 1 | 1 | 1 |

Fiscal Analysis:

Administration

VDH reports that an additional full-time position would be needed to administer this new program. The position would be expected to implement the bill's provisions, which include establishing a mechanism for routine kidney cancer screenings as well as the five-year follow-up. It is estimated that this position would cost \$104,730 annually, including salary, fringe benefits, and VITA costs.

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Kidney Cancer Screenings

VDH's Sickle Cell Program currently reimburses for sickle cell screenings, as the cost of directly providing this service through local health departments would be prohibitive. As such, VDH assumes that the provisions of this bill would be met by offering reimbursements to individuals for the eligible kidney cancer screening costs. However, there is no way to accurately estimate the cost of the bill due to unknowns related to the cost of screenings, the number of program participants, and the timing of reimbursements. The fiscal impact reflected in this statement is based on the following assumptions in order to provide a rough estimate of the potential magnitude of program costs. Costs could be higher or lower depending on actual program experience.

Screening Cost

The bill does not provide a definition for "kidney cancer screening" and there are no national guidelines that recommend routine kidney cancer screenings for average or high-risk individuals. As a result, VDH is assuming that "kidney cancer screening" may include any initial diagnostic tests that a clinician could offer an individual to confirm a diagnosis of kidney cancer. For example, an initial diagnostic examination for kidney cancer may include an individual presenting with symptoms, assessment of symptoms with ultrasound, followed by further examination by computed tomography (CT) or magnetic resonance imaging (MRI), and a biopsy as needed to confirm diagnosis. The number of tests required for screening and to complete the diagnostic workup is unknown and can vary by individual. Out-of-pocket costs for kidney cancer screening tests vary significantly depending on whether an individual has insurance and where the test is performed (outpatient center vs. hospital). Based on the Centers for Medicare and Medicaid Services' (CMS) 2026 Physician Fee Schedule, procedure costs could range from \$104 to \$483 or more. In order to illustrate potential costs, a midpoint cost of \$294 per screening is assumed.

Individuals Served

The number of eligible individuals choosing to receive cancer screenings under the program established in the bill cannot be determined. VDH estimates the number of individuals living with SCD and SCT to be 138,200. However, there is insufficient data as to their ages and insurance coverage. Based on recent Census data, approximately 68 percent of Virginians are over the age of 25. Therefore, it is assumed that 93,976 individuals would be eligible for this program. Should a third of the estimated eligible population participate in the kidney cancer screening program, VDH would be responsible for providing 31,325 reimbursements.

Timing

There is no way to determine when eligible individuals would choose to participate in the VDH program. As such, the total program costs would likely be spread across fiscal years. Again, for illustrative purposes, it is assumed that the estimated cost of the bill would be spread across the 2026-2028 biennium. The bill also offers follow-up screening every five years unless the individual's health care provider determines such screening should occur more frequently. It is assumed that the cost of these follow-up screenings would begin in FY 2032.

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Projected Cost

Based on the assumptions above, this bill may have a cost of \$9.2 million (31,325 program participants x \$294 average procedure cost) next biennium. If this cost is spread across two fiscal years, it is assumed to be \$4.6 million annually. Out year projections (\$276,360) showing in the table in the fiscal summary assume that one percent of the eligible population (940 individuals) that were not tested in the first two years will participate in the program and receive the assumed average reimbursement cost (\$294). Using the assumptions as noted above, the costs for this program would increase again by FY 2032 given the requirement for screenings to be done every five years.

Other: None