

January 27, 2022

The Honorable Kathy J. Byron, Chair
Commerce and Energy Committee
Virginia House of Delegates
1000 Bank Street
Richmond, VA 23219

RE: HB 477, Health insurance; coverage for prostate cancer screening; SUPPORT

Dear Delegate Byron,

On behalf of all men and their families, especially those living with prostate cancer and those who will develop prostate cancer in the future, ZERO - The End of Prostate Cancer submits this document expressing our support for HB 477, led by Del. Terry L. Austin, a bill that will increase access to prostate cancer screening and early diagnosis, especially for those men at highest risk of disease.

ZERO - The End of Prostate Cancer (ZERO) is the leading national nonprofit with the mission to end prostate cancer. We fight to advance research, improve the lives of men and families, and inspire action against a disease that kills a man every 15 minutes. As you may know, prostate cancer is a disease that will impact one in eight American men in his lifetime. There are nearly 3.1 million men living in the United States with prostate cancer and in 2021, 268,490 men will be diagnosed, including 7,150 in Virginia.¹

ZERO strongly supports HB 477, a targeted bill to prohibit any insurer, corporation, or health maintenance organization from imposing a deductible, coinsurance, or copayment for prostate cancer screening specifically for those individuals at highest risk of disease: men age 50 and over and those 40 and over who are at high risk for prostate cancer.

Early diagnosis is the key to surviving prostate cancer. Cases caught early have a 98 percent chance of survival. However, the survival rate for advanced prostate cancer is only 30 percent.² Age, family history of prostate cancer, and ancestry are known risk factors for prostate cancer, marking a need to increase disease awareness and early screening among those men in particular.

Men with a family history of prostate cancer face a high risk of developing the disease. A man with at least one close relative who has had the disease has twice the risk of having prostate cancer compared to the general population. Certain genes and gene mutations that put a man at higher risk

¹ American Cancer Society, Cancer Facts & Figures 2022.

² Survival Rates for Prostate Cancer. *American Cancer Society*,
<https://www.cancer.org/cancer/prostate-cancer/detection-diagnosis-staging/survival-rates.html>.

for developing prostate cancer have been identified (BRCA 1, BRCA 2, DNA mismatch repair genes, and others).³

The National Cancer Institute found that African American men are not only more likely to be diagnosed with prostate cancer; they also have a mortality rate twice as high as white men.⁴ Yet African American men are less likely to receive a PSA test and are more likely to be told that the benefits of the test are uncertain. Following diagnosis, African American men with localized prostate cancer are less likely to receive definitive treatment.⁵

In addition to the emotional toll prostate cancer places on families, late-stage prostate cancers place an increased burden on the health care system and the economic system, leading to lost productivity and a significant burden on patients and their families.

The cost associated with screening services is a known deterrent to the receipt of care, particularly for men struggling with financial insecurity, and the elimination of cost sharing has been shown to drive an increase in the utilization of preventive care services.⁶ Early prostate cancer screening is a necessary first step in diagnosing the disease as part of a larger conversation between patient and provider about prostate cancer risk. By eliminating out of pocket costs, we can ensure that conversation focuses on medical risk and need, without unnecessary financial considerations.

Simply put, HB 477 will increase access to prostate cancer screening, leading to earlier diagnosis of the disease, and saving the lives of men in Virginia. ZERO – The End of Prostate Cancer is proud to support this legislation and we look forward to partnering with you in the fight to end prostate cancer. Please do not hesitate to contact me about any of these comments at ali@zerocancer.org or (202) 888-9401.

Sincerely,



Alison Manson, MPH
Vice President, Government Relations and Advocacy
ZERO - The End of Prostate Cancer

³ Kiciński, M., Vangronsveld, J., & Nawrot, T. S. (2011). An epidemiological reappraisal of the familial aggregation of prostate cancer: a meta-analysis. *PLoS one*, 6(10), e27130. <https://doi.org/10.1371/journal.pone.0027130>

⁴ NCI Staff. *Cancer Disparities*. National Cancer Institute, 17 Nov. 2020, www.cancer.gov/about-cancer/understanding/disparities.

⁵ Moses KA, Orom H, Brasel A, Gaddy J, Underwood W III. Racial/ethnic disparity in treatment for prostate cancer: does cancer severity matter? *Urology*. 2017;99:76-83. doi:10.1016/j.urology.2016.07.045

⁶ Norris, H. C., Richardson, H. M., Benoit, M. C., Shrosbree, B., Smith, J. E., & Fendrick, A. M. (2021). Utilization Impact of Cost-Sharing Elimination for Preventive Care Services: A Rapid Review. *Medical care research and review : MCRR*, 10775587211027372. Advance online publication. <https://doi.org/10.1177/10775587211027372>