

June 7, 2023

The Honorable Susan Talamantes Eggman, Ph.D.  
California State Senate  
Senate Health Committee  
1021 O Street, Room 3310  
Sacramento, CA 95814

The Honorable Janet Nguyen  
California State Senate  
Senate Health Committee  
1021 O Street, Room 3310  
Sacramento, CA 95814

**RE: Support: AB 632 (Gipson) Health care coverage: prostate cancer screening.**

Dear Chair Eggman and Vice Chair Nguyen,

The undersigned organizations represent physicians and patient advocacy groups in our state and across the nation who strongly support AB 632, which allow patients to receive prostate cancer screening without a deductible, copayment, or coinsurance for prostate cancer screening for those at risk for prostate cancer. The bill is specifically tailored to apply to men over the age of 55 and men over the age of 40 who are at high risk, including “a person with a prostate who is Black, has a family history of prostate cancer, has a genetic predisposition to prostate cancer, or is a veteran.”

Our organizations are dedicated to saving lives by improving access to screening services that can help catch prostate cancer early - when the disease is almost 100 percent survivable. Early detection for men at high risk improves outcomes, and targeting men with risk factors for prostate cancer can reduce health disparities in the populations most impacted by this disease. We applaud your efforts and offer you our support for this legislation.

- Prostate cancer is the second-leading cause of cancer deaths among men in the United States and a significant healthcare problem due to its high incidence. Although one in eight men will be diagnosed with prostate cancer in their lifetime, the odds increase to one in six if they are African American, and one in three if they have a family history. For 2023, the American Cancer Society projects 26,970 new cases of prostate cancer in California and 4,090 deaths<sup>1</sup>.
- The incidence of prostate cancer is almost 70 percent higher in African American men, who have a two-fold higher rate of prostate cancer mortality relative to men of other races. African American men are diagnosed with more aggressive disease by stage and grade, at younger ages, and at higher incidence compared to white men in settings of equal access to treatment.
- This racial disparity in mortality is currently the worst among all cancers in the United States. In order to eliminate disparities, we must eliminate the barriers for screening to maximize the early detection of cancer when it is at its most treatable and least lethal stage.
- Prostate cancer is the most commonly diagnosed cancer within the Veterans Health Administration. Veterans and members of the military experience higher rates of prostate cancer than the general population.
- The clinical value of prostate cancer screening has been scientifically validated and endorsed by the American Urological Association, American Cancer Society, National Comprehensive Cancer Network, American Society of Clinical Oncology, and American College of Physicians-American Society of Internal Medicine. It is a necessary step to diagnose prostate cancer and part of a larger conversation between patient and provider about prostate cancer risk.
- Late-stage prostate cancer places an increased economic burden on the health care system, including lost worker productivity and increased financial burdens for patients and their caregivers.
- Existing law requires health insurance policies to provide coverage for the screening and diagnosis of prostate cancer, however deductibles, co-pays, and other out-of-pocket expenses

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<sup>1</sup> Cancer Facts & Figures 2023, American Cancer Society

may deter or prevent high-risk and underserved populations from seeking care and detecting early-stage disease.

- Similar legislation was passed in New York (SB 6882, 2018), Maryland (SB 661, 2020) Rhode Island (SB 383, 2021), and Illinois (HB 5318, 2022), which eliminates out-of-pocket expenses for high-risk patients while also protecting them from discrimination and preserving their access to necessary, and often, life-saving screening. Texas, Virginia, New Jersey and Pennsylvania are considering legislation this year.

Thank you, and please consider this our endorsement of AB 632, a crucial bill to improve the lives of men and their loved ones in California.

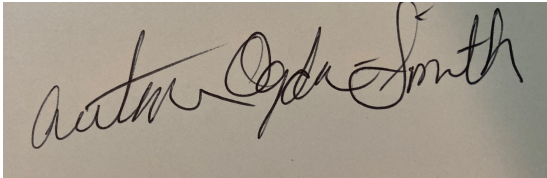
Respectfully,



Mark Lichty, Chair  
Active Surveillance Patients International



Jennifer Stevens, Executive Director  
American Association of Clinical Urologists, Inc



Autumn J. Ogden-Smith, Director, California State  
Legislation  
American Cancer Society - Cancer Action Network



Patricia L. Turner, MD, MBA, FACS, President  
American College of Surgeons



Jay Doucet, M.D., FACS  
American College of Surgeons - San Diego-Imperial  
Chapter



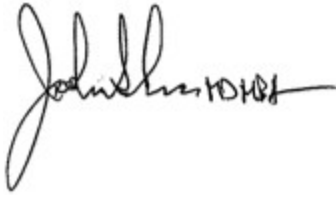
Eugene Rhee, M.D., MBA, Chair, Public Policy  
Council  
American Urological Association



Rhonda Smith, Executive Director  
California Black Health Network



Elizabeth Helms, President & CEO  
California Chronic Care Coalition



John S. Lam, M.D., MBA, FACS, President  
California Urological Association



Maddy Meislin, Senior Manager of Programs  
Cancer and Careers



Lisa Schlager, Vice President, Public Policy  
FORCE: Facing Our Risk of Cancer Empowered



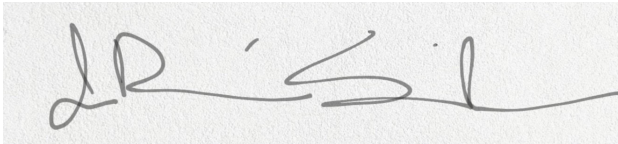
Evan R. Goldfischer, MD, President  
Large Urology Group Practice Association



Merel Grey Nissenberg, President  
National Alliance of State Prostate Cancer Coalitions



Gina B. Carithers, President  
Prostate Cancer Foundation



J. Renee Savickas, Vice President  
Prostate Conditions Education Council



Mark Gibbons, President/CEO  
RetireSafe



Joanna Morales, Esq., CEO  
Triage Cancer



Jamie Bearnse, CEO  
ZERO Prostate Cancer

CC: California State Senate Committee on Health