



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

RE: HB 477, Patient and Physician Coalition Supports Cost-Free Coverage for Prostate Cancer Screening

Dear Delegate Byron,

The undersigned organizations represent patient advocacy groups and physicians in the Commonwealth who strongly support HB 477, which would prohibit any insurer, corporation, or health maintenance organization from imposing a deductible, coinsurance, or copayment for prostate cancer screening. The bill is specifically tailored to apply to individuals who are more likely to be diagnosed with prostate cancer such as persons age 50 and over and persons age 40 and over who are at high risk for prostate cancer.

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 can reduce health disparities in the populations most impacted by prostate cancer.

- 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. For 2022, the American Cancer Society projects 7,150 new cases of prostate cancer in Virginia.¹
- Certain risk factors, including family history of prostate cancer and ancestry, significantly raise an individual's risk of prostate cancer, making early detection even more important.
- African American men are nearly two times more likely to be diagnosed with and die from prostate cancer. One in six African American men will be diagnosed with prostate cancer in their lifetime. African American men are diagnosed with more aggressive disease, at younger ages, and

¹ American Cancer Society, Cancer Facts & Figures 2022.

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.

- 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. It is a necessary step to diagnose prostate cancer as part of a larger conversation between patient and provider about prostate cancer risk.
- Late-stage prostate cancers place an increased economic burden on the health care system, including lost worker productivity and increased financial burdens for patients and their caregivers.
- While existing law requires health insurance policies to provide coverage for the screening and diagnosis of prostate cancer, the cost of these services may deter or prevent high-risk and underserved populations from seeking care and detecting early-stage disease. Insurance co-pays, co-insurance, and deductibles may leave the patient responsible for paying for the full costs of the screening.
- Similar legislation was passed in New York (SB 6882, 2018), Maryland (SB 661, 2020), and Rhode Island (H 5432, 2021) which eliminates out-of-pocket expenses for high-risk patients while also protecting them from discrimination and preserving their access to necessary, and often lifesaving, screening.

Thank you, and please consider this our endorsement of HB 477, a crucial bill to improve the lives of men and their loved ones in Virginia.

Respectfully,

American Association of Clinical Urologists
American Urological Association
AnCan Foundation
CancerCare
FORCE - Facing Our Risk of Cancer Empowered
ICAN, International Cancer Advocacy Network
Medical Society of Northern Virginia
Medical Society of Virginia
Prostate Cancer Foundation
Prostate Health Education Network (PHEN)
RetireSafe
Society of Women in Urology
ZERO – The End of Prostate Cancer