ZERO PROSTATE CANCER

May 6, 2025
House Insurance Committee

Dear Chair Lampton, Vice Chair Craig, Ranking Member Tims, and members of the House Insurance Committee:

Thank you for the opportunity to testify in support of bipartisan HB 33, a bill that aligns prostate cancer screening coverage with clinical guidelines and removes the cost barrier to screening for high-risk men.

In Ohio this year, the American Cancer Society estimates that there will be 10,820 new cases of prostate cancer and 1,160 men that will die from the disease.[1] Studies show that PSA testing reduces prostate cancer deaths,[2] but Ohio's PSA testing rate decreased from 54.4 percent in 2010 to 32 percent in 2020,[3] and recent declines in screening rates have corresponded to a 42 percent increase in late stage prostate cancer.[4,5]

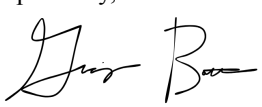
According to researchers in Ohio, the men at highest risk for late-stage prostate cancer are economically disadvantaged men and Black men,[6] who are less likely to be screened if they have higher deductibles,[7] no coverage, or financial barriers to care.[8] Cost has been cited as a barrier to access in surveys of high-risk men and in systematic reviews on factors influencing prostate cancer screening behavior.[9, 10] Cost sharing, even at modest levels, dissuades men from seeking preventive care if they can't afford it or assume screening is optional because the insurer doesn't fully cover the cost of it.[11] More than 75 percent of patients face out-of-pocket expenses for diagnostic testing for prostate cancer, and these costs are associated with costly delays in diagnosis and treatment.[12] Ninety-six percent of men don't discuss costs with their doctors,[13] but doctors and patients make screening decisions based on cost assumptions.[14]

HB 33 will help combat the rise in late-stage cancer and detect cancer earlier in high risk men, containing costs, improving outcomes, and saving lives in the long run. Researchers have found that removing cost-sharing can increase screening rates by up to 25 percent,[15] providing a rationale for insurers to cover the cost of prostate cancer screening to offset treatment costs. Treatment for late-stage cancer is, on average, $309,000 more expensive compared to early-stage disease,[16] and each prevented death would save $125,200.[17] Among men aged 55-69, research shows that screening 1000 men should detect 3 late-stage cases early,[18] and screening 385 men should save one life.[19] Based on these figures, we estimate that HB 33 could prevent 118 deaths, 404 late-stage cases, and over $139 million in avoided late-stage treatment costs and lost earnings over 26 years.

HB 33 standardizes screening access for privately insured men, who are the largest pool of high-risk men, to contain costs through improved early detection. HB 33 aligns Ohio with the majority of states[20] that require private insurers to cover screening for high-risk men who need to be screened according to nationally recognized clinical practice guidelines from the American Cancer Society, American Urological Association, and National Comprehensive Cancer Network. In analyzing similar legislation, Kentucky,[21] Maryland,[22] Tennessee,[23] Texas,[24] and Virginia[25] found no significant impact on premiums or state budgets, with Kentucky anticipating long-term savings via improved screening access. For these reasons, 9 states have removed the cost barrier to screening,[26] and Alabama, Maine, New Jersey, Pennsylvania, and Texas are considering similar legislation this year.

We ask you to vote for HB 33 to reduce the number of Ohio families who lose precious time to this disease - and to ensure that every Ohioan has access to the care they need to stay healthy. Thank you, and please follow up with me with any questions.

Respectfully,



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