

Good morning, Chair Lampton, Ranking-member Tims, and members of the Insurance Committee.

My name is Dr. John DeLancey, and I am a urologist at The Ohio State University Wexner Medical Center. I am testifying today on behalf of the American Urological Association, which represents over 15,000 urologists and urologic professionals across the United States, and the Ohio Urological Society. Together, these organizations advocate for advancing urologic care, improving patient outcomes, and ensuring equitable access to innovative diagnostic and treatment tools.

Before I begin, I have no financial conflicts of interests to disclose related to PSA testing or HB 33. My testimony is grounded in my 5 years of clinical experience and my research as a cancer epidemiologist identifying and addressing factors that contribute to cancer incidence and mortality.

I am here to express strong support for HB 33, which would require all health insurance policies to cover prostate screening for men, aged 40 and above, who are at high risk for prostate cancer or those with a family history of 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. 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. This year alone, the American Cancer Society projects 10,820 new cases of prostate cancer and 1,160 estimated deaths from prostate cancer in Ohio.

The incidence of prostate cancer is almost 80 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, at younger ages, and at higher incidence compared to white men in settings of equal access to treatment.

The clinical value of prostate cancer screening has been scientifically validated and endorsed by the AUA, 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.

Moreover, late-stage prostate cancers place an increased economic burden on the health care system, including lost worker productivity and increased financial burdens for Ohio patients and their caregivers.

HB 33 would address these concerns by eliminating the barriers for screening to maximize the early detection of cancer when it is at its most treatable and least lethal stage.

Thank you for the opportunity to testify. I urge this committee to advance HB 33 for consideration by the full House, and I am happy to answer any questions you may have.