



Ohio House Insurance Committee
May 6, 2025

Proponent Testimony – HB 33, Prostate Cancer Screening
Leo Almeida, Ohio Government Relations Director, ACS CAN

Chairman Lampton, Vice Chair Criag, Ranking Member Tims, and members of the House Insurance Committee, I am Leo Almeida, Ohio Government Relations Director for the American Cancer Society Cancer Action Network. On behalf of the over 10,800 Ohioans who will be diagnosed with prostate cancer this year, ACS CAN is in strong support of HB 33.

The American Cancer Society recommends that men talk to their health care provider about whether to be screened for prostate cancer. The decision should be made after getting information about the risks and potential benefits of prostate cancer screening. This discussion about screening should take place at:

- Age 50 for men who are at average risk and are expected to live at least 10 more years;
- Age 45 for men at high risk, including men of African American and African Caribbean ancestry, or any man with a first degree relative (father or brother) diagnosed with prostate cancer at an early age (younger than 65);
- Age 40 for men at even higher risk, including those with more than one first degree relative who had prostate cancer at an early age.

After this discussion, men who decide to get screened should be tested with the prostate-specific antigen (PSA) blood test. Some doctors might do a digital rectal exam (DRE) as part of screening. How often a man is tested will depend upon their PSA level, general health, preferences, and values.

Some men are at a higher risk of developing prostate cancer than others, including men who have a first-degree relative who has been diagnosed with prostate cancer and African American men.ⁱ Having a first degree relative with prostate cancer more than doubles the risk of developing the disease, the risk is even higher for those with several affected relatives.ⁱⁱ And African American men in the US have among the highest documented prostate cancer rate in the world, and their cancer deaths are one of the greatest mortality disparities in oncology.ⁱⁱⁱ

Prostate cancer survival rates increase when it is detected early; however, there has been a recent increase in diagnosis of men with advanced prostate cancer.^{iv} Screening can help detect prostate cancer at an early stage often before any signs and symptoms are present and before the disease becomes more advanced and more difficult to treat, however cost sharing or out-of-pocket requirements can be a barrier to accessing screening.^v

HB 33 helps ensure all men at high-risk for prostate cancer who decide to move forward with screening after a discussion with their health care provider about screening and treatment for prostate cancer will have access to screening that is barrier-free without cost sharing.

It is well established that even small out-of-pocket costs are a barrier to receiving recommended essential health care,^{vi} and, in contrast, removing cost barriers results in increased uptake of essential care, especially in low-income populations.^{vii}

Cancer not only takes a huge physical toll on people facing the disease, but also comes with many financial costs. Men with a prostate cancer history between the ages of 18-64 incur almost triple the amount of overall health expenditures as those who have never had cancer. Additionally, men who are diagnosed with later-stage prostate cancer have higher expenditures than those diagnosed at earlier stages.

Passing HB 33 could result in 222,696 more Ohioans screened every two years, increasing screening by 25%.^{viii} This means we could see 188 lives saved of men aged 55-69 over 16 years.^{ix} This would result in \$132 million in savings.^{x xi xii}

Thank you for your consideration of this important legislation. I'm happy to answer any questions you might have.

ⁱ Wolf, A. M., Wender, R. C., Etzioni, R. B., Thompson, I. M., D'Amico, A. V., Volk, R. J., Brooks, D. D., Dash, C., Guessous, I., Andrews, K., DeSantis, C., Smith, R. A., & American Cancer Society Prostate Cancer Advisory Committee (2010). American Cancer Society guideline for the early detection of prostate cancer: update 2010. *CA: a cancer journal for clinicians*, 60(2), 70–98. <https://doi.org/10.3322/caac.20066>

ⁱⁱ American Cancer Society. Prostate Cancer Risk Factors 2020. Retrieved from: <https://www.cancer.org/cancer/prostate-cancer/causes-risks-prevention/risk-factors.html>

ⁱⁱⁱ American Cancer Society. Cancer Facts & Figures 2024. Atlanta: American Cancer Society; 2024

^{iv} Siegel, R. L., Miller, K. D., Wagle, N. S., & Jemal, A. (2023). Cancer statistics, 2023. *CA: a cancer journal for clinicians*, 73(1), 17–48. <https://doi.org/10.3322/caac.21763>

^v Smith, K. T., Monti, D., Mir, N., Peters, E., Tipirneni, R., & Politi, M. C. (2018). Access Is Necessary but Not Sufficient: Factors Influencing Delay and Avoidance of Health Care Services. *MDM policy & practice*, 3(1), 2381468318760298. <https://doi.org/10.1177/238146831876029>

^v Trivedi AN, Rakowski W, Ayanian JZ. Effect of cost sharing on screening mammography in Medicare health plans. *N Engl J Med*. Jan 24 2008;358(4):375-83. doi:10.1056/NEJMsa070929

^v Norris HC, Richardson HM, Benoit MC, Shrosbree B, Smith JE, Fendrick AM. Utilization Impact of Cost-Sharing Elimination for Preventive Care Services: A Rapid Review. *Med Care Res Rev*. Apr 2022;79(2):175-197. doi:10.1177/10775587211027372

^{vi} Trivedi AN, Rakowski W, Ayanian JZ. Effect of cost sharing on screening mammography in Medicare health plans. *N Engl J Med*. Jan 24 2008;358(4):375-83. doi:10.1056/NEJMsa070929

^{vii} Norris HC, Richardson HM, Benoit MC, Shrosbree B, Smith JE, Fendrick AM. Utilization Impact of Cost-Sharing Elimination for Preventive Care Services: A Rapid Review. *Med Care Res Rev*. Apr 2022;79(2):175-197. doi:10.1177/10775587211027372

^{viii} Bitler, Marianne P., and Christopher S. Carpenter. 2016. "Health Insurance Mandates, Mammography, and Breast Cancer Diagnoses." *American Economic Journal: Economic Policy*, 8 (3): 39-68.

^{ix} Hugosson J, Roobol MJ, Månsson M, et al. A 16-yr follow-up of the European Randomized Study of Screening for Prostate Cancer. *European Urology* 2019; 76(1):43–51.

^x McGarvey, N., Gitlin, M., Fadli, E., & Chung, K. C. (2022). Increased healthcare costs by later stage cancer diagnosis. In *BMC Health Services Research* (Vol. 22, Issue 1). Springer Science and Business Media LLC. <https://doi.org/10.1186/s12913-022-08457-6>

^{xi} US Preventive Services Task Force, Grossman DC, Curry SJ, et al. Screening for Prostate Cancer: US Preventive Services Task Force Recommendation Statement. *JAMA* 2018; 319(18):1901–1913.

^{xii} Islami F, Miller KD, Siegel RL, et al. National and State Estimates of Lost Earnings From Cancer Deaths in the United States. *JAMA Oncol*. 2019;5(9):e191460. doi:10.1001/jamaoncol.2019.1460