



February 15, 2022

The Honorable Thaddeus Jones, Chair
House Insurance Committee
Illinois General Assembly
241-E Stratton Office Building
Springfield, IL 62706

RE: HB 5318, Patient and Physician Coalition Supports Cost-Free Coverage for Prostate Cancer Screening

Dear Chair Jones,

The undersigned organizations represent patient advocacy groups and physicians in the state who strongly support HB 5318, which would require health insurance policies to provide coverage for prostate cancer screening without imposing a deductible, coinsurance, copayment, or any other patient cost-sharing requirement. Notably, the bill defines prostate cancer screening to include medically necessary follow-up testing and responsibly limits its application to individuals who are at high-risk of being diagnosed with prostate cancer. That includes African-American men age 40 and over and men age 40 and over with a family history of the condition.

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 10,520 new cases of prostate cancer in Illinois, second only to breast cancer.

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 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 5318, a crucial bill to improve the lives of men and their loved ones in Illinois.

Respectfully,

Active Surveillance Patients International (ASPI)
American Association of Clinical Urologists
American Urological Association
ANA-Illinois
AnCan Foundation
Asian Health Coalition - Center for Asian Health Equity
Cancer and Careers
Chicago Urological Society
Department of Urology UIC
Illinois Society for Advanced Practice Nursing
National Nurses United
ZERO – The End of Prostate Cancer