No Cost Sharing for Prostate Cancer Screening Advocacy Toolkit

Introduction

The American Urological Association (AUA) is committed to preserving patients' access to appropriate prostate cancer testing and is working at the state level to educate lawmakers on this important issue. As such, the AUA calls on legislation to be introduced and passed in the State of _____, which would waive cost-sharing, including deductibles, copayments, and coinsurances, for prostate cancer screenings for men at higher risk of being diagnosed with prostate cancer. Early detection for men at high risk improves outcomes and can reduce health disparities in the populations most impacted by prostate cancer.

Principles of Screening

- **PSA Test Effectiveness**: The prostate-specific antigen (PSA) test is the most effective tool for early detection. Elevated PSA levels can indicate cancer before symptoms appear.
- **Survival Advantage**: Early detection yields a nearly 100% five-year survival rate, compared with 37% at later stages.
- **Financial Barriers:** Even minimal out-of-pocket costs discourage preventive care. Aligning PSA coverage with other high-value screenings (mammograms, colonoscopies) ensures cost is not a deterrent.
- **Selective Treatment:** While PSA screening saves lives, it can also identify low-risk cancers that may not require immediate treatment. Active surveillance is often appropriate, minimizing the risk of overtreatment.

Impact of Early Detection

PSA screening has transformed prostate cancer diagnosis, shifting many cases to earlier, more treatable stages. Since its introduction, prostate cancer mortality has declined by nearly 40%, underscoring its effectiveness. Younger, healthier men benefit most from early detection, while low-risk cases can be managed conservatively. Limitations in published studies, such as short follow-up periods and contamination of “no screening” groups, likely underestimate the long-term lives saved, reinforcing the need for continued advocacy.

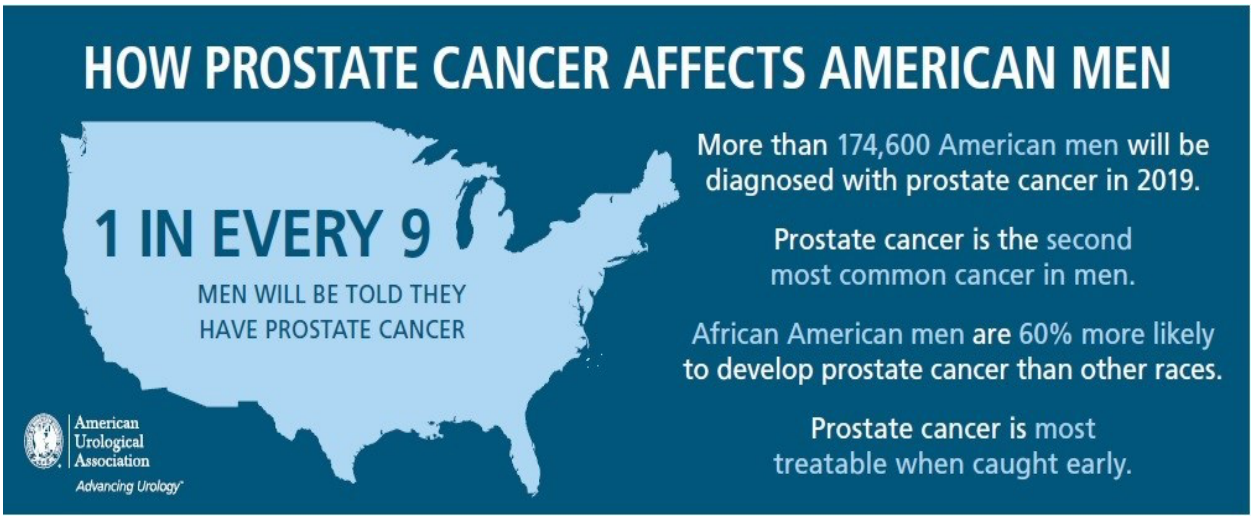
Background

- Prostate cancer is the second leading cause of cancer death among men in the U.S.
- In 2025, an estimated 313,780 new cases will be diagnosed, with approximately 35,770 deaths expected.

- Approximately one in nine men in the United States will get prostate cancer in their lifetime. This year, more than 190,000 men will be diagnosed with prostate cancer, killing a staggering 17 percent.
- Mortality rates are disproportionately higher among men of color, highlighting urgent health equity concerns.
- Despite long-term declines in overall mortality, advanced-stage diagnoses are increasing, underscoring the need for stronger screening policies.

Fast Facts about PSA Cancer Screening:

1. **PSA is a protein made by the prostate**. The prostate-specific antigen (PSA) test measures PSA levels in the blood. Elevated levels can indicate prostate cancer, but they can also be caused by benign conditions such as an enlarged prostate or infection.
2. **Early detection improves survival.** When prostate cancer is found early through PSA screening, the five-year survival rate is nearly 100%. In contrast, late-stage diagnoses drop survival rates to about 37%.
3. **Screening reduces deaths but has trade-offs.** Large studies show PSA screening can lower prostate cancer mortality by 13–20% over decades of follow-up, but it also carries risks of false positives, unnecessary biopsies, and overtreatment of slow-growing cancers.
4. **Recommendations vary by age and risk.** The U.S. Preventive Services Task Force advises that men aged 55–69 should make an individual decision about PSA screening after discussing risks and benefits with their doctor. Men at higher risk—such as African American men or those with a family history—may benefit from starting screening earlier, around age 40–54.
5. **PSA levels are not absolute.** There is no single "normal" cutoff. Generally, a PSA level above 4.0 ng/mL is considered abnormal, but age, medications, and other factors influence interpretation. Doctors often look at PSA velocity (how quickly levels rise) and percent free PSA to improve accuracy.

6. 

Call To Action

Currently, nine states guarantee coverage of prostate cancer screening without copayments or other cost-sharing. Most recently, legislation was enacted in Virginia, Kentucky, Tennessee, and Washington, D.C. The State of _____ has the opportunity to join this growing movement, ensuring equitable access to lifesaving screenings and reducing disparities in prostate cancer outcomes.

We respectfully urge lawmakers in _____ to support legislation eliminating cost-sharing for prostate cancer screening. By doing so, the state will protect high-risk men, improve survival rates, and advance health equity. The American Urological Association (AUA) is committed to ensuring that cost is never a barrier to lifesaving care. That's why we advocate for legislation eliminating copayments, deductibles, and coinsurance for prostate cancer screening, particularly for men at higher risk. Removing financial barriers helps reduce disparities and ensures more men receive timely, recommended screenings.

Sample Letter:

Re: Support for Legislation Waiving Cost-Sharing for Prostate Cancer Screening

Dear [Legislator's Name],

I am writing to urge your support for legislation that would eliminate cost-sharing including deductibles, copayments, and coinsurance for prostate cancer screenings in men at higher risk of developing this disease. The AUA is a globally engaged organization with more than 22,000 physician, physician assistant, and advanced practice nursing members in more than 100 countries. Our members represent the world's largest collection of expertise and insight into treating urologic disease. Of the total AUA membership, more than 15,000 are based in the United States and provide invaluable support to the urologic community by fostering the highest standards of urologic care through education, research, and the formulation of health policy.

Prostate cancer is the second leading cause of cancer death among men in the United States, and approximately one in nine men will be diagnosed during their lifetime. Early detection is critical: when prostate cancer is found at an early stage, the five-year survival rate is nearly 100%, compared to just 37% when diagnosed at a later stage. Unfortunately, financial barriers discourage many men from seeking timely screening, particularly those in high-risk groups such as African American men and those with a family history of the disease.

The prostate-specific antigen (PSA) test remains the most effective tool for early detection. Since its introduction, prostate cancer mortality has declined by nearly 40%, underscoring the lifesaving impact of screening. However, even minimal out-of-pocket costs reduce utilization of preventive services. Aligning PSA screening coverage with other high-value cancer screenings such as mammograms and colonoscopies ensures that cost is not a deterrent to care.

Currently, nine states have enacted laws guaranteeing coverage of prostate cancer screening without cost-sharing, with recent successes in Virginia, Kentucky, Tennessee, and Washington, D.C. The State of [_____] can join this growing movement, ensuring equitable access to lifesaving screenings and reducing disparities in prostate cancer outcomes.

I respectfully urge you to support legislation that waives cost-sharing for prostate cancer screening. By doing so, you will help protect the health of men in our state, improve survival rates, and advance health equity.

Thank you for your leadership and commitment to public health.

Sincerely, [Your Name] [Your Contact Information]

Sample Email:

Subject: Support Needed: No Cost-Sharing for Prostate Cancer Screening

Dear [Legislator's Name],

I urge your support for legislation eliminating cost-sharing including deductibles, copayments, and coinsurance for prostate cancer screenings in men at higher risk. Prostate cancer is the second leading cause of cancer death among men, affecting one in nine during their lifetime. Early detection through PSA testing offers nearly a 100% five-year survival rate, compared to just 37% when diagnosed late.

Even small out-of-pocket costs discourage screening, especially for high-risk groups such as African American men and those with a family history. Nine states, including Virginia, Kentucky, Tennessee, and Washington, D.C., have already passed similar laws. The State of [_____] can join this effort to save lives and reduce disparities.

Thank you for your leadership and commitment to public health.

Sincerely, [Your Name] [Your Contact Information]

Social Media:

- Prostate cancer affects approximately one in nine men in the United States during their lifetime.
- In 2025 alone, more than 190,000 men are expected to be diagnosed, with thousands losing their lives to the disease.
- Early detection through prostate-specific antigen (PSA) screening can dramatically improve outcomes when caught early, prostate cancer has a nearly 100% five-year survival rate.

Model State Legislative Language:

IN THE GENERAL ASSEMBLY
"Early Detection of Prostate Cancer Act"

Be it enacted by the People of the State of _____, represented in the General Assembly:

SECTION I. TITLE.
This Act shall be known and may be cited as the "Early Detection of Prostate Cancer Act"

SECTION II. PURPOSE.
The Legislature hereby finds and declares that:

a. Prostate cancer is the second-leading cause of cancer deaths American men. One in nine men will be diagnosed with prostate cancer in their lifetime and nearly 165,000 American men will be diagnosed with prostate cancer this year.
b. Certain risk factors, including family history of prostate cancer and ancestry, significantly raise an individual's risk of prostate cancer, making availability of early detection even more important.
c. African American men are nearly two times more likely to be diagnosed with and die from prostate cancer over white men. One in six African American men will be diagnosed with prostate cancer in their lifetime.
d. The American Urological Association (AUA) clinical guideline on the Early Detection of Prostate Cancer (2015) recommends men ages 55-69 or with a family history, make an informed decision regarding screening with their healthcare provider. Increased screening leads to catching cancer early when it is less advanced, and leads to a reduction in mortality.
e. The United States Preventive Services Task Force (USPSTF) updated and finalized their recommendation on "Screening for Prostate Cancer" in May of 2018, stating that men ages 55-69 and men with a family history should discuss screening with their health provider.
f. Cost of screening for early detection may deter men from detecting prostate cancer at an early stage.

SECTION III. DEFINITIONS.

a. "Cost sharing" means any cost or out of pocket expense to beneficiaries, including but not limited to, co-pays, co-insurance, and deductibles
b. "Health Insurer" means any person that offers or administers a health insurance plan.
c. "Prostate cancer screening" means medically viable methods for the detection and diagnosis of prostate cancer, which includes a digital rectal exam (DRE) and the prostate-specific antigen (PSA) test and associated lab work. "Prostate cancer screening" shall also include subsequent follow up testing as directed by a physician, including but not limited to:

1. urinary analysis
2. serum biomarkers
3. medical imaging, including but not limited to magnetic resonance imaging (MRI)

SECTION IV. PROSTATE CANCER SCREENING WITHOUT COST SHARING.

a. All health insurers operating within the state shall provide prostate cancer screening to beneficiaries with no cost sharing.

b. The prostate cancer screening services under this Act shall not be subject to:
1. Lifetime dollar limitations;
2. Limitations to a pre-designated facility, scope of treatment, or other similar limitations;
3. Different financial requirements than for other illnesses covered under the health insurance plan.

c. The prostate cancer screening benefits outline in this Act shall apply to all health insurance plans offered to consumers in the state.

SECTION V. EFFECTIVE.
This Act shall become effective six months after being enacted into law.

SECTION VI. SEVERABILITY.
If any provision of this Act is held by a court to be invalid, such invalidity shall not affect the remaining provisions of this Act, and to this end the provisions of this Act are hereby declared severable.