

117TH CONGRESS 1ST SESSION H.R. 1176

To amend title XXVII of the Public Health Service Act to require group health plans and health insurance issuers offering group or individual health insurance coverage to provide coverage for prostate cancer screenings without the imposition of cost-sharing requirements, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

February 18, 2021

Mr. Rush (for himself and Mr. Bucshon) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To amend title XXVII of the Public Health Service Act to require group health plans and health insurance issuers offering group or individual health insurance coverage to provide coverage for prostate cancer screenings without the imposition of cost-sharing requirements, and for other purposes.

- 1 Be it enacted by the Senate and House of Representa-
- 2 tives of the United States of America in Congress assembled,
- 3 SECTION 1. SHORT TITLE.
- 4 This Act may be cited as the "Prostate-Specific Anti-
- 5 gen Screening for High-risk Insured Men Act" or the
- 6 "PSA Screening for HIM Act".

SEC. 2. FINDINGS.

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- 2 Congress finds the following:
- 3 (1) Prostate cancer is the second leading cause 4 of cancer death in men in the United States with 1 5 in 41 men dying from prostate cancer and more 6 than 31,600 men estimated to die from prostate 7 cancer in 2019.
 - (2) Prostate cancer is the second most commonly diagnosed cancer in the Nation with 1 in 9 men being diagnosed in their lifetimes, 3.1 million men in the United States living with a diagnosis, and over 174,000 men estimated to be diagnosed in 2019.
 - (3) The survival rate for prostate cancer diagnosed in early stage is near 100 percent but prostate cancer diagnosed in late stage has only a 30-percent survival rate.
 - (4) There are few, if any, symptoms of prostate cancer before it reaches late stage.
 - (5) African-American men have a disproportionately higher rate of prostate cancer and are 70 percent more likely to be diagnosed with prostate cancer than White men, with 1 in 6 African-American men developing prostate cancer in their lifetimes.
 - (6) African-American men are 2.3 times more likely to die from prostate cancer than White men.

- 1 (7) Men with a father or brother with prostate 2 cancer are more than twice as likely to be diagnosed 3 with prostate cancer than men without a family his-4 tory.
 - (8) The common clinical definition for men at high-risk of prostate cancer includes African-American men and men with a family history.
 - (9) Most of the major cancer and urological societies recommend beginning screening discussions earlier for African-American men and those with a family history of prostate cancer.
 - (10) The United States Preventive Services Task Force has encouraged research on screening African-American men, including whether to screen African-American men at younger ages, and has identified this research as a high-priority cancer research gap.
 - (11) Barriers to screening should be minimized for high-risk men in order to catch asymptomatic prostate cancer before it metastasizes and the survival rate is dramatically reduced.
 - (12) The cost of treating metastatic prostate cancer in the United States health care system is hundreds of millions of dollars more annually than the cost of treating localized, early-stage cancer.

1	SEC. 3. REQUIREMENT FOR GROUP HEALTH PLANS AND
2	HEALTH INSURANCE ISSUERS OFFERING
3	GROUP OR INDIVIDUAL HEALTH INSURANCE
4	COVERAGE TO PROVIDE COVERAGE FOR
5	PROSTATE CANCER SCREENINGS WITHOUT
6	IMPOSITION OF COST-SHARING REQUIRE-
7	MENTS.
8	(a) In General.—Subsection (a) of section 2713 of
9	the Public Health Service Act (42 U.S.C. 300gg–13) is
10	amended to read as follows:
11	"(a) Coverage of Preventive Health Serv-
12	ICES.—
13	"(1) IN GENERAL.—A group health plan and a
14	health insurance issuer offering group or individual
15	health insurance coverage shall, at a minimum, pro-
16	vide coverage for and shall not impose any cost-shar-
17	ing requirements for—
18	"(A) evidence-based items or services that
19	have in effect a rating of 'A' or 'B' in the cur-
20	rent recommendations of the United States Pre-
21	ventive Services Task Force;
22	"(B) immunizations that have in effect a
23	recommendation from the Advisory Committee
24	on Immunization Practices of the Centers for
25	Disease Control and Prevention with respect to
26	the individual involved;

1	"(C) with respect to infants, children, and
2	adolescents, evidence-informed preventive care
3	and screenings provided for in the comprehen-
4	sive guidelines supported by the Health Re-
5	sources and Services Administration;
6	"(D) with respect to women, such addi-
7	tional preventive care and screenings not de-
8	scribed in subparagraph (A) as provided for in
9	comprehensive guidelines supported by the
10	Health Resources and Services Administration
11	for purposes of this subparagraph; and
12	"(E) with respect to men who are at high
13	risk of developing prostate cancer (including Af-
14	rican-American men and men with a family his-
15	tory of prostate cancer (as defined in paragraph
16	(2))), such additional preventive care and
17	screenings not described in subparagraph (A)
18	for prostate cancer.
19	"(2) Men with a family history of pros-
20	TATE CANCER DEFINED.—For purposes of para-
21	graph (1)(E), the term 'men with a family history
22	of prostate cancer' means men who have a first-de-
23	gree relative—
24	"(A) who was diagnosed with metastatic
25	prostate cancer:

1	"(B) who developed metastatic prostate
2	cancer; or
3	"(C) whose death was a result of prostate
4	cancer.
5	"(3) Clarification regarding breast can-
6	CER SCREENING, MAMMOGRAPHY, AND PREVENTION
7	RECOMMENDATIONS.—For the purposes of this Act,
8	and for the purposes of any other provision of law,
9	the current recommendations of the United States
10	Preventive Service Task Force regarding breast can-
11	cer screening, mammography, and prevention shall
12	be considered the most current other than those
13	issued in or around November 2009.
14	"(4) Rule of Construction.—Nothing in
15	this subsection shall be construed to prohibit a plan
16	or issuer from providing coverage for services in ad-
17	dition to those recommended by the United States
18	Preventive Services Task Force or to deny coverage
19	for services that are not recommended by such Task
20	Force.".
21	(b) Effective Date.—The amendment made by
22	subsection (a) shall apply with respect to plan years begin-
23	ning on or after January 1, 2022.

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