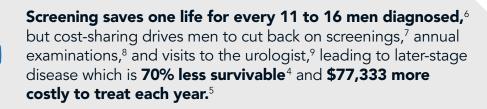
# Increase Access to Prostate Cancer Screening



### Get high-risk men screened to save lives and costs

- United States Prostate Cancer in 2024: New cases: 299,010 | Deaths: 35,250<sup>1</sup>
  In 2021, only 17.2% of high-risk men aged 40-85 had a PSA test.<sup>2</sup>
  In the last decade, the metastatic case rate increased 5% per year, outpacing the overall prostate cancer case rate by an additional 2%.<sup>3</sup>
- Prostate cancer is often asymptomatic until metastatic, and screening helps detect the disease early when it's most survivable and least costly to treat.

	EARLY STAGE	LATE STAGE	DIFFERENCE
6-YEAR SURVIVAL RATE <sup>4</sup>	99%	28.7%	70.3%
AVERAGE ANNUAL COST <sup>5</sup>	\$32,985	\$110,318	\$77,333



### **Cost Savings: Removing Prostate Cancer Screening Cost-Sharing for High-Risk Men**

- Bipartisan bills removing out-of-pocket costs for prostate cancer screening for high-risk men have been passed in DE, IL, KY, NY, MD, OR, RI, TN, and DC, and are being considered in NJ, OH, PA, TX and VA.
- Fiscal notes for similar bills in Kentucky,<sup>11</sup> Maryland,<sup>12</sup> Tennessee,<sup>13</sup> and Virginia<sup>14</sup> showed **no significant impact on state spending or insurance premiums,** with Maryland's premiums increasing by \$0.35 per person annually following bill passage and Kentucky anticipating **longterm savings via improved screening access.**
- Research suggests that removing cost sharing for prostate cancer screening in these states has led to:
  - 1,042,186 more men screened every two years, increasing screening by 25%.<sup>15</sup>
  - **1,482 metastatic cases prevented and 49,410 more cases detected** in men aged 55-69 over 13 years.<sup>16</sup>
  - **\$458,522,910.24 in treatment cost savings** for men aged 55-69 over 13 years.<sup>5,16</sup>
  - 867 lives saved of men aged 55-69 over 16 years,<sup>17</sup> including the lives of veterans,<sup>18</sup>
     Black men,<sup>19</sup> rural residents,<sup>20</sup> men with a family history<sup>21</sup> or genetic predisposition,<sup>22</sup> and legislators who are all at-risk.<sup>23</sup>







## Increase Access to Prostate Cancer Screening









American









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