

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”.

1 **SEC. 2. FINDINGS.**

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.

8 (2) Prostate cancer is the second most com-
9 monly diagnosed cancer in the Nation with 1 in 9
10 men being diagnosed in their lifetimes, 3.1 million
11 men in the United States living with a diagnosis,
12 and over 174,000 men estimated to be diagnosed in
13 2019.

14 (3) The survival rate for prostate cancer diag-
15 nosed in early stage is near 100 percent but prostate
16 cancer diagnosed in late stage has only a 30-percent
17 survival rate.

18 (4) There are few, if any, symptoms of prostate
19 cancer before it reaches late stage.

20 (5) African-American men have a disproportion-
21 ately higher rate of prostate cancer and are 70 per-
22 cent more likely to be diagnosed with prostate can-
23 cer than White men, with 1 in 6 African-American
24 men developing prostate cancer in their lifetimes.

25 (6) African-American men are 2.3 times more
26 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.

5 (8) The common clinical definition for men at
6 high-risk of prostate cancer includes African-Amer-
7 ican men and men with a family history.

8 (9) Most of the major cancer and urological so-
9 cieties recommend beginning screening discussions
10 earlier for African-American men and those with a
11 family history of prostate cancer.

12 (10) The United States Preventive Services
13 Task Force has encouraged research on screening
14 African-American men, including whether to screen
15 African-American men at younger ages, and has
16 identified this research as a high-priority cancer re-
17 search gap.

18 (11) Barriers to screening should be minimized
19 for high-risk men in order to catch asymptomatic
20 prostate cancer before it metastasizes and the sur-
21 vival rate is dramatically reduced.

22 (12) The cost of treating metastatic prostate
23 cancer in the United States health care system is
24 hundreds of millions of dollars more annually than
25 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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