

COUNCIL OF THE DISTRICT OF COLUMBIA THE JOHN A. WILSON BUILDING 1350 PENNSYLVANIA AVENUE, NW WASHINGTON, DC 20004

Charles Allen
Councilmember, Ward 6
Chairperson
Committee on Transportation and the Environment

Committee Member
Business and Economic Development
Health
The Judiciary & Public Safety

March 21, 2023

Nyasha Smith, Secretary Council of the District of Columbia 1350 Pennsylvania Avenue, NW Washington, DC 20004

Dear Secretary Smith:

Today, along with Councilmembers Christina Henderson, Matthew Frumin, Anita Bonds, Vincent C. Gray, Janeese Lewis George, Brianne K. Nadeau, Zachary Parker, Brooke Pinto, Robert C. White, Jr. Trayon White, Sr., and Chairman Phil Mendelson, I am introducing the "Cost-Free Coverage for Prostate Cancer Screening Amendment Act of 2023." Please find enclosed a signed copy of the legislation.

According to the National Cancer Institute, prostate cancer is the most common type of cancer and the second leading cause of cancer death among men in the United States. The American Cancer Society estimates that there are 3.1 million men currently diagnosed, and there will be an additional 288,300 new cases and 34,700 deaths this year alone. Compared to other states, the District unfortunately ranks at the top in prostate cancer incidence and deaths – #1 for prostate cancer deaths, with 26.9 in every 100,000 men dying from the disease. For prostate cancer incidence, the District ranks #7, with 131.3 in every 100,000 men diagnosed. In 2023, it is estimated that there will be approximately 540 new cases and 70 deaths.

Data suggests that African American men are 2.1 times more likely to die of prostate cancer. This racial disparity is currently the worst among all cancers in the United States. African American men are also more likely to get diagnosed with a more aggressive disease, at younger ages, and at higher incidence compared to white men when there is equal access to treatment. The disproportionate impact of prostate cancer on African American men is primarily due to differences in accessing adequate testing and care.

Prostate cancer screening is a necessary step to not only diagnose the disease, but to facilitate a larger conversation between the patient and their provider about prostate cancer risk. The clinical value of prostate cancer screening has been scientifically validated and endorsed by the

American Urological Association, American Cancer Society, and many other reputable medical organizations. Screening also allows for prostate cancer to be caught early when it is at its most treatable and least lethal stage.

This legislation would require insurers to provide coverage for prostate cancer screening in accordance with evidence-based guidelines, to include no less than one prostate-specific antigen test and digital rectal exam per year. Insurers would also be prohibited from imposing any deductible, coinsurance, copayment, or other cost-sharing requirement when a patient receives a prostate-specific antigen test and digital rectal exam. Given the high incidence and death rates for prostate cancer in the District, this legislation is a critical step towards ensuring that no one forgoes potentially lifesaving screening services due to cost.

Please free to reach out to me or my Legislative Director, Antonio Nunes, with any questions or for additional information.

Sincerely,

Charles Allen, Ward 6 Councilmember

Chairperson, Committee on Transportation & the Environment

Vice Chair, Metropolitan Washington Council of Governments

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25 26		A BILL
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30	IN THE COUNCIL OF THE DISTRICT OF COLUMBIA	
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35 36 37	To amend the Prostate Cancer Screening Insurance Coverage Requirement Act of 2002 to provide cost-free coverage of one prostate-specific antigen test and digital rectal example per year and prohibit any health insurer from imposing a deductible, coinsurance	
38	copayment, or other cost-sharing re	quirement for prostate cancer screening.
39	DE IT ENLA CTED DV THE COLD	IOH OF THE DISTRICT OF COLUMNIA THE ARE
40	BE IT ENACTED BY THE COUN	NCIL OF THE DISTRICT OF COLUMBIA, That this
41	act may be cited as the "Cost-Free Covera	age for Prostate Cancer Screening Amendment Act of
42	2023".	

- Sec. 2. Section 3 of the Prostate Cancer Screening Insurance Coverage Requirement Act of 2002, effective March 25, 2003 (D.C. Law 14-233; D.C. Official Code § 31-2952), is amended as follows:
- (a) Subsection (a) is amended by striking the phrase "the latest screening guidelines issued by the American Cancer Society for the ages, family histories, and frequencies referenced in such guidelines" and inserting the phrase "evidence-based guidelines, to include no less than one prostate-specific antigen test and digital rectal exam per year" in its place.
 - (b) A new subsection (c) is added to read as follows:
- "(c) No health insurer shall impose on any person receiving benefits pursuant to this section any deductible, coinsurance, copayment, or other cost-sharing requirement, except to the extent that coverage without cost-sharing would disqualify a high-deductible health benefit plan from eligibility for a health savings account pursuant to 26 U.S.C. § 223.".
- 55 Sec. 3. Fiscal impact statement.
- 56 The Council adopts the fiscal impact statement in the committee report as the fiscal impact statement required by section 4a of the General Legislative Procedures Act of 1975, approved October 16, 2006 (120 Stat. 2038; D.C. Official Code § 1-301.47a).
- 59 Sec. 4. Effective date.

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This act shall take effect following approval by the Mayor (or in the event of veto by the Mayor, action by the Council to override the veto), a 30-day period of congressional review as provided in section 602(c)(1) of the District of Columbia Home Rule Act, approved December 24, 1973 (87 Stat. 813; D.C. Official Code § 1-206.02(c)(1)), and publication in the District of Columbia Register.

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