

Amendment No. 2 to SB2883

Akbari  
Signature of Sponsor

**AMEND Senate Bill No. 2883**

**House Bill No. 2954\***

by deleting all language after the caption and substituting:

WHEREAS, prostate cancer is the second leading cause of cancer death in men in the United States with one in forty-one men dying from prostate cancer and more than 34,700 men estimated to die from prostate cancer in 2023; and

WHEREAS, prostate cancer is the second most commonly diagnosed cancer in the country, with one in eight men being diagnosed in their lifetimes, 3.1 million men in the United States living with a diagnosis, and over 288,000 men estimated to be diagnosed in 2023; and

WHEREAS, the survival rate for prostate cancer diagnosed in early stage is near 100 percent, but prostate cancer diagnosed in late stage has only a thirty-percent survival rate; and

WHEREAS, there are few, if any, symptoms of prostate cancer before it reaches late stage; and

WHEREAS, African-American men have a disproportionately higher rate of prostate cancer and are seventy percent more likely to be diagnosed with prostate cancer than white men, with one in six African-American men developing prostate cancer in their lifetimes; and

WHEREAS, African-American men are 2.1 times more likely to die from prostate cancer than white men; and

WHEREAS, men with a father or brother with prostate cancer are more than twice as likely to be diagnosed with prostate cancer than men without a family history; and

WHEREAS, the common clinical definition for men at high-risk of prostate cancer includes African-American men and men with a family history; and

WHEREAS, 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; and

WHEREAS, 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; and

WHEREAS, 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; and

WHEREAS, the cost of treating metastatic prostate cancer is significantly more annually than the cost of treating localized, early-stage cancer; now, therefore,

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF TENNESSEE:

SECTION 1. This act is known and may be cited as the "Prostate-Specific Antigen Screening for High-risk Insured Men Act" or the "PSA Screening for HIM Act."

SECTION 2. Tennessee Code Annotated, Section 56-7-2354, is amended by deleting the section and substituting:

(a) As used in this section:

(1) "Cost sharing requirement" means a deductible, coinsurance, copayment, or a maximum limitation on the application of a deductible, coinsurance, copayment, or other out-of-pocket expense;

(2) "Health benefit plan":

(A) Means a hospital or medical expense policy; health, hospital, or medical service corporation contract; policy or agreement entered into by a health insurer; or health maintenance organization contract offered by an employer;

(B) Includes a state insurance plan set out in title 8, chapter 27; a policy or contract for health insurance coverage provided under the TennCare medical assistance program or a successor program provided for in title 71, chapter 5; and a policy or contract for health insurance coverage provided under the CoverKids program or a successor program provided for in title 71, chapter 3; and

(C) Does not include policies or certificates covering only accident, credit, dental, disability income, long-term care, hospital indemnity, medicare supplement, as defined in § 1882(g)(1) of the Social Security Act (42 U.S.C. § 1395ss(g)(1)), specified disease, or vision care; other limited benefit health insurance; coverage issued as a supplement to liability insurance; workers' compensation insurance; automobile medical payment insurance; or insurance that is statutorily required to be contained in any liability insurance policy or equivalent self insurance; and

(3) "Men with a family history of prostate cancer" means men who have a first-degree relative:

(A) Who was diagnosed with prostate cancer;

(B) Who developed prostate cancer;

(C) Whose death was a result of prostate cancer;

(D) Who has been diagnosed with a cancer known to be associated with an increased risk of prostate cancer; or

(E) Who has a genetic alteration known to be associated with an increased risk of prostate cancer.

(b) A health benefit plan shall provide, upon the recommendation of a physician, coverage for the early detection of prostate cancer for:

(1) Men forty (40) to forty-nine (49) years of age who are at a high risk of developing prostate cancer, including African-American men and men with a family history of prostate cancer;

(2) Men fifty (50) years of age and older; and

(3) Other men, if a physician determines that early detection for prostate cancer is medically necessary.

(c)

(1) Except as provided in subdivision (c)(2), a health benefit plan that provides coverage for the early detection of prostate cancer must provide such coverage without imposing a cost sharing requirement on the enrollee.

(2) If compliance with subdivision (c)(1) would result in a high deductible health benefit plan with a health savings account becoming ineligible under § 223 of the Internal Revenue Code (26 U.S.C. § 223), then subdivision (c)(1) applies to such plans only after the plan enrollee has satisfied the minimum deductible required under § 223 of the Internal Revenue Code, except with respect to items or services that are deemed preventive care pursuant to § 223(c)(2)(C) of the Internal Revenue Code.

(d) Notwithstanding subsection (b), a policy or contract for health insurance coverage provided under the TennCare medical assistance program or a successor program provided for in title 71, chapter 5, or the CoverKids program or a successor program provided for in title 71, chapter 3, must provide coverage pursuant to this section when determined to be medically necessary pursuant to § 71-5-144.

SECTION 3. This act takes effect July 1, 2024, the public welfare requiring it, and applies to policies or contracts entered into, issued, amended, or renewed on or after that date.