

116TH CONGRESS  
1ST SESSION

# H. R. 5200

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.

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## IN THE HOUSE OF REPRESENTATIVES

NOVEMBER 20, 2019

Mr. RUSH (for himself, Mr. BUCSHON, Mr. BABIN, Mrs. BROOKS of Indiana, Mr. CARSON of Indiana, Ms. JUDY CHU of California, Mr. COHEN, Mr. DUNN, Mr. KING of New York, Mr. MEEKS, Mr. MURPHY of North Carolina, Mr. PAYNE, Mr. DAVID P. ROE of Tennessee, Mr. DAVID SCOTT of Georgia, Ms. SEWELL of Alabama, and Mr. WILLIAMS) introduced the following bill; which was referred to the Committee on Energy and Commerce

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## 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,*

1 **SECTION 1. SHORT TITLE.**

2 This Act may be cited as the “Prostate-Specific Anti-  
3 gen Screening for High-risk Insured Men Act” or the  
4 “PSA Screening for HIM Act”.

5 **SEC. 2. FINDINGS.**

6 Congress finds the following:

7 (1) Prostate cancer is the second leading cause  
8 of cancer death in men in the United States with 1  
9 in 41 men dying from prostate cancer and more  
10 than 31,600 men estimated to die from prostate  
11 cancer in 2019.

12 (2) Prostate cancer is the second most com-  
13 monly diagnosed cancer in the Nation with 1 in 9  
14 men being diagnosed in their lifetimes, 3.1 million  
15 men in the United States living with a diagnosis,  
16 and over 174,000 men estimated to be diagnosed in  
17 2019.

18 (3) The survival rate for prostate cancer diag-  
19 nosed in early stage is near 100 percent but prostate  
20 cancer diagnosed in late stage has only a 30-percent  
21 survival rate.

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

24 (5) African-American men have a disproportion-  
25 ately higher rate of prostate cancer and are 70 per-  
26 cent more likely to be diagnosed with prostate can-

1 cer than White men, with 1 in 6 African-American  
2 men developing prostate cancer in their lifetimes.

3 (6) African-American men are 2.3 times more  
4 likely to die from prostate cancer than White men.

5 (7) Men with a father or brother with prostate  
6 cancer are more than twice as likely to be diagnosed  
7 with prostate cancer than men without a family his-  
8 tory.

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

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

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

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

1           (12) The cost of treating metastatic prostate  
2 cancer in the United States health care system is  
3 hundreds of millions of dollars more annually than  
4 the cost of treating localized, early-stage cancer.

5 **SEC. 3. REQUIREMENT FOR GROUP HEALTH PLANS AND**  
6 **HEALTH INSURANCE ISSUERS OFFERING**  
7 **GROUP OR INDIVIDUAL HEALTH INSURANCE**  
8 **COVERAGE TO PROVIDE COVERAGE FOR**  
9 **PROSTATE CANCER SCREENINGS WITHOUT**  
10 **IMPOSITION OF COST-SHARING REQUIRE-**  
11 **MENTS.**

12           (a) IN GENERAL.—Subsection (a) of section 2713 of  
13 the Public Health Service Act (42 U.S.C. 300gg–13) is  
14 amended to read as follows:

15           “(a) COVERAGE OF PREVENTIVE HEALTH SERV-  
16 ICES.—

17           “(1) IN GENERAL.—A group health plan and a  
18 health insurance issuer offering group or individual  
19 health insurance coverage shall, at a minimum, pro-  
20 vide coverage for and shall not impose any cost-shar-  
21 ing requirements for—

22           “(A) evidence-based items or services that  
23 have in effect a rating of ‘A’ or ‘B’ in the cur-  
24 rent recommendations of the United States Pre-  
25 ventive Services Task Force;

1           “(B) immunizations that have in effect a  
2           recommendation from the Advisory Committee  
3           on Immunization Practices of the Centers for  
4           Disease Control and Prevention with respect to  
5           the individual involved;

6           “(C) with respect to infants, children, and  
7           adolescents, evidence-informed preventive care  
8           and screenings provided for in the comprehen-  
9           sive guidelines supported by the Health Re-  
10          sources and Services Administration;

11          “(D) with respect to women, such addi-  
12          tional preventive care and screenings not de-  
13          scribed in subparagraph (A) as provided for in  
14          comprehensive guidelines supported by the  
15          Health Resources and Services Administration  
16          for purposes of this subparagraph; and

17          “(E) with respect to men who are at high  
18          risk of developing prostate cancer (including Af-  
19          rican-American men and men with a family his-  
20          tory of prostate cancer (as defined in paragraph  
21          (2))), such additional preventive care and  
22          screenings not described in subparagraph (A)  
23          for prostate cancer.

24          “(2) MEN WITH A FAMILY HISTORY OF PROS-  
25          TATE CANCER DEFINED.—For purposes of para-

1 graph (1)(E), the term ‘men with a family history  
2 of prostate cancer’ means men who have a first-de-  
3 gree relative—

4 “(A) who was diagnosed with metastatic  
5 prostate cancer;

6 “(B) who developed metastatic prostate  
7 cancer; or

8 “(C) whose death was a result of prostate  
9 cancer.

10 “(3) CLARIFICATION REGARDING BREAST CAN-  
11 CER SCREENING, MAMMOGRAPHY, AND PREVENTION  
12 RECOMMENDATIONS.—For the purposes of this Act,  
13 and for the purposes of any other provision of law,  
14 the current recommendations of the United States  
15 Preventive Service Task Force regarding breast can-  
16 cer screening, mammography, and prevention shall  
17 be considered the most current other than those  
18 issued in or around November 2009.

19 “(4) RULE OF CONSTRUCTION.—Nothing in  
20 this subsection shall be construed to prohibit a plan  
21 or issuer from providing coverage for services in ad-  
22 dition to those recommended by the United States  
23 Preventive Services Task Force or to deny coverage  
24 for services that are not recommended by such Task  
25 Force.”.

1           (b) EFFECTIVE DATE.—The amendment made by  
2 subsection (a) shall apply with respect to plan years begin-  
3 ning on or after January 1, 2021.

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