

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 247
(A-24)

Introduced by: Texas

Subject: Prohibit Health Benefit Plans From Charging Cost Sharing for Covered Prostate Cancer Screening

Referred to: Reference Committee B

1 Whereas, about one in eight men will be diagnosed with prostate cancer during their lifetime;
2 and
3
4 Whereas, prostate cancer screening with a prostate specific antigen (PSA) blood test can catch
5 cancer before it metastasizes, which provides a better survival rate; and
6
7 Whereas, the rate of metastatic prostate cancer rises when prostate cancer screening
8 decreases, which suggests that prostate cancer screening reduces the chance of getting
9 metastatic prostate cancer; and
10
11 Whereas, screening for prostate cancer with PSA is at least as effective at preventing death as
12 screening for breast cancer, and federal law already requires no-cost breast cancer screening;
13 and;
14
15 Whereas, other cancers for which federal law requires no-cost screening include cervical,
16 colorectal, and lung cancer, and prostate cancer has a greater mortality rate than both cervical
17 and colorectal cancer; and
18
19 Whereas, cost sharing is a barrier to patients for cancer screening; and
20
21 Whereas, Arkansas, Illinois, Maryland, New York, and Rhode Island (as of Dec. 31, 2023) have
22 passed legislation requiring that health benefit plans may not charge any cost sharing for
23 covered prostate cancer screening; therefore be it
24
25 RESOLVED, that our American Medical Association advocate for federal legislation requiring
26 that health benefit plans may not charge any form of cost sharing for covered prostate cancer
27 screening. (Directive to Take Action)
28

Fiscal Note: Modest - between \$1,000 - \$5,000

Received: 5/10/2024

REFERENCES:

1. American Cancer Society. 2024. Accessed Jan. 20, 2024. <https://cancerstatisticscenter.cancer.org/>
2. Desai MM, Cacciamani GE, Gill K, et al. [Trends in incidence of metastatic prostate cancer in the US](https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2790041). *JAMA Netw Open*. 2022;5(3):e222246. <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2790041>.
3. Welch HG, Gorski DH, Albertsen PC. [Trends in metastatic breast and prostate cancer – lessons in cancer dynamics](https://doi.org/10.1056/NEJMp1510443). *N Engl J Med*. 2015;373(18):1685-1687. www.nejm.org/doi/full/10.1056/NEJMp1510443.

4. KFF. Women's Health Policy. [Preventive services covered by private health plans under the Affordable Care Act](https://www.kff.org/womens-health/policy/fact-sheet/preventive-services-covered-by-private-health-plans/). May 15, 2023. Accessed Jan. 20, 2024. www.kff.org/womens-health/policy/fact-sheet/preventive-services-covered-by-private-health-plans/.
5. Fusco N, Sils B, Graff JS, Kistler K, Ruiz K. [Cost-sharing and adherence, clinical outcomes, health care utilization, and costs: A systematic literature review](https://doi.org/10.18553/jmcp.2022.21270). *J Manag Care Spec Pharm*. 2023;29(1):4-16. [www.jmcp.org/doi/epdf/10.18553/jmcp.2022.21270](https://doi.org/10.18553/jmcp.2022.21270).

RELEVANT AMA POLICY

Clinical Guidelines and Evidence Regarding Benefits of Prostate Cancer Screening and Other Preventive Services D-450.957

Our AMA will: (1) continue to advocate for inclusion of relevant specialty societies and their members in guideline and performance measure development, including in technical expert panels charged with developing performance measures; (2) work with the federal government, specialty societies, and other relevant stakeholders to develop guidelines and clinical quality measures for the prevention or early detection of disease, such as prostate cancer, based on rigorous review of the evidence which includes expertise from any medical specialty for which the recommendation may be relevant to ultimately inform shared decision making; and (3) encourage scientific research to address the evidence gaps highlighted by organizations making evidence-based recommendations about clinical preventive services. [Res. 225, I-15; Appended: CMS Rep. 06, A-19]

Preventive Prostate Cancer H-425-966

Our AMA encourages: (1) public and private payers to ensure coverage for prostate cancer screening when the service is deemed appropriate following informed physician-patient shared decision-making; and (2) national medical specialty societies to promote public education around the importance of informed physician-patient shared decision-making regarding medical services that are particularly sensitive to patient values and circumstances, such as prostate cancer screening. [CMS Rep. 06, A-19]

Screening and Early Detection of Prostate Cancer H-425-980

Our AMA believes that: (1) All men who would be candidates for and interested in active treatment for prostate cancer should be provided with information regarding their risk of prostate cancer and the potential benefits and harms of prostate cancer screening, sufficient to support well-informed decision making. (2) Prostate cancer screening, if elected by the informed patient, should include both prostate-specific antigen testing and digital rectal examination. [Res. 726, I-04; Reaffirmation I-07; Reaffirmed: CMS Rep. 01, A-17; Reaffirmed: CMS Rep. 01, A-17; Appended: CMS/CSAPH Joint Rep. 01, A-18]