

HOUSE OF REPRESENTATIVES

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LD 1502: An Act to Update the Requirements for Health Insurance Coverage of Prostate Cancer Screening

Testimony of Rep. Matt Moonen, Portland April 29, 2025

Good afternoon, Senator Bailey, Representative Mathieson, and honorable members of the Joint Standing Committee on Health Coverage, Insurance, and Financial Services. I am here today to present LD 1502: An Act to Update the Requirements for Health Insurance Coverage of Prostate Cancer Screening.

I want to start by sharing some alarming statistics:

- 1) 1 in 8 American men will be diagnosed with prostate cancer in their lifetime.
- 2) Every two minutes, a person is diagnosed with prostate cancer in America.
- 3) Men with at least one close family member with prostate cancer have at least two times the risk for prostate cancer; the risk increases with each affected family member.

The good news is that current law already requires coverage for services related to the early detection of prostate cancer. This bill proposes a few tweaks to improve on current law:

- 1) In current law, the definition of early detection services only includes a digital rectal exam and a prostate-specific antigen test. This bill would broaden that out a bit by including associated lab services and medically necessary follow-up testing such as urinary analysis and biomarker testing.
- 2) In current law, early detection services must be covered once a year for men over 50. But the guidelines recommend that individuals at high risk of prostate cancer begin annual testing at age 40. This bill would broaden the current law a bit by requiring coverage when nationally recognized guidelines recommend it.

3) Finally, the bill would prohibit deductibles, copays, or other cost-sharing arrangements for early detection services.

I know that the cost-sharing prohibition may be the biggest issue here. But when a doctor recommends testing, one of the first places a patient's mind goes is out-of-pocket cost. This may cause a man to decide not to pursue the early detection services that his doctor thinks he needs. And that early detection really matters because prostate cancer has nearly a 100% survival rate, and is significantly less expensive to treat, when diagnosed at stage 1. At later stages, not only does the cost to treat prostate cancer increase, but the survival rate plummets to 30% or lower.

I want to close by thanking my constituent, Paul Lewandowski, for bringing this bill to me. As a prostate cancer survivor, he has worked on this issue at both the federal and state level. As always, Congress is way behind in taking action. But other states have done what this bill proposes, and we should join them. Ensuring access to these critical early detection services will both reduce costs and save lives. I ask you to support this bill.