

FOR THE RECORD

Committee on Oversight and Government Reform

Full Committee Hearing on:

**“Prostate Cancer: New Questions about
Screening and Treatment”**

Thursday, March 4, 2010

10:00 a.m.

Room 2154, Rayburn House Office Building

Statement Submitted for Consideration by the Committee

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Hearing on “Prostate Cancer: New Questions about Screening and Treatment”

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Statement of Men’s Health Network (MHN)

On behalf of Men’s Health Network we applaud the Committee’s decision to hold hearings on this critical health issue.

We also support the joint statement from America’s Prostate Cancer Organizations which was submitted to this committee. MHN’s additional recommendations are found on page 4 of this statement. Supportive materials begin on page 6.

Impact on Women and Families:

Prostate cancer does not affect men in isolation. Spouses, significant others, and children are too often emotionally, financially, and physically strained, and the diagnosis reaches beyond the family to impact friendships, employers, churches, and communities.

Prostate Cancer Incidence

Prostate cancer is the number one cancer in men and the second leading cause of cancer deaths among men. 37 states currently require private insurers to cover testing for prostate cancer, reflecting the public’s concern about this issue. As this disease continues to strike one in six American men, it is important that patients and physicians engage in a meaningful conversation about prostate cancer, an individual’s risk of getting the disease, and the value of early detection and prevention.

Screening/Detection/Treatment

Because of regular screening, including Prostate Specific Antigen (PSA) tests, prostate cancer death rates have fallen significantly. Prostate Specific Antigen (PSA) and the Digital Rectal Exam (DRE) are currently the most effective tools healthcare providers and patients have to detect a disease that kills over 27,000 men a year in the US.

Prostate cancer screening is particularly important for those segments of the population and individuals who are identifiable as high risk, including African American men and men who have a family history of prostate cancer.

Recognizing that prostate cancer can be treated successfully if caught early, the American Urological Association currently recommends that men consider a “baseline” prostate cancer test at age 40.

In addition to the approximately 200,000 men who are diagnosed with prostate cancer each year, we must remember that the disease can have a devastating effect on entire communities.

The detection and treatment of prostate cancer is a variable process, involving a number of important factors and requiring knowledge and understanding by both men and their healthcare providers. Important research progress is being made in developing better, more specific diagnostic tools for prostate cancer. However, until we have them at our disposal, we need to bring clarity to the debate, and continue utilizing the tests and tools we have while informing patients and their families about the benefits of screening and the risks involved with various treatments.

Prostate cancer testing has been supported by a resolution of the Democratic National Committee in September 2009 and by President Obama in a town hall meeting and again in a Weekly Address on August 15, 2009 (see appendix below). President Obama said that he would “require insurance companies to cover routine checkups and preventive care” so that “diseases like breast cancer and prostate cancer” can be detected early.

Patient Navigation / Education / Informed Treatment Decisions

Patient navigation and education are key elements in helping patients with their fight against prostate and other cancers. Even well-educated patients with access to resources often have difficulty understanding the labyrinth of medical care and treatment options in the face of prostate cancer. Patient navigators are essential to helping patients make informed decisions and understand the options for treatment, and possible outcomes.

Patient navigation has also been shown to be effective in reducing disparities, as well as mortality rates.

We acknowledge the key role that oncology nurses and nurse navigators, physician assistants, nurse practitioners, and many others play in the health and well-being of men and their families.

Healthcare Reform / USPSTF

We are concerned that the health care needs of males, and the prostate cancer community, are not adequately addressed in healthcare reform legislation currently being considered. Men’s health and well-being has a crucial financial and social impact within American families and communities. This impact is highlighted by an Administration on Aging study which found that more than half the elderly widows living in poverty were not poor before the death of their husbands.¹

According to the United States Census Bureau, the ratio of men to women in the early retirement years (age group 65-69) reduces to 85 men per 100 women.² The growing disparity in this statistic suggests that among other factors, the declining health of men increases the risk of women entering retirement age as widows.

¹ Meeting the Needs of Older Women: A Diverse and Growing Population, The Many Faces of Aging, U.S. Administration on Aging. June 20, 2001

² Premature Death Among Men = Poverty for Aging Women, found at www.menshealthnetwork.org/library/retireratio.pdf

We also understand that health disparities exist and that Healthy People 2010 made one of its core issues the elimination of gender disparities, a goal largely unrealized over the past 10 years. Across all racial and ethnic categories, American men live less healthy lives and die younger than American women. Engaging men in health care has enormous benefits for women, children, and society.

Recent changes in national guidelines and standards for mammography screenings from the United States Preventive Services Task Force (USPSTF) have caused a flurry of discussion around the role of the Task Force. Men's Health Network has monitored their recommendations closely for many years and is concerned that the USPSTF does not recommend prostate cancer testing even while the use of the DRE and PSA continues to save lives.

We are also concerned that the recommendations of the USPSTF will override the prostate cancer testing benefit required of insurance companies in 37 states (and currently available to millions of men across the country), the life-saving benefits offered to those entering Medicare, the wishes of the Democratic National Committee, and the promises made by the President of the United States, Barack Obama.

We are concerned that the failure to recognize the benefits of early detection of prostate cancer (and breast cancer) will result in the unnecessary suffering of cancer victims and their families.

Recommendations:

In addition to the concerns expressed in the joint statement submitted by America's Prostate Cancer Organizations, we offer the following suggestions:

- Health Reform Legislation. A comprehensive preventive health care screening package for men that mirrors the preventive health screening package for women that was added to the Senate health reform bill is a top priority.
- Office of Men's Health. We support HR 2115, bipartisan legislation which would establish an Office of Men's Health within the Department of Health and Human Services for the purpose of improving the health of men and their families. This Office will mirror the existing Office of Women's Health, established in the early 1990s, which has improved the quality of life for women nationwide.

The Office of Men's Health will be designed to monitor and coordinate efforts to improve the health and well-being of men by streamlining government efforts on the federal and state levels in the areas of prevention, health education, outreach, and research. The office would conduct and support programs and activities to improve the state of men's health in the United States. It would provide for consultation among offices and agencies of HHS for the purpose of coordinating public awareness, education, and screening programs and activities relating to men's health.

- Least Costly Alternative (LCA). We urge Congress to demand that the Centers for Medicaid & Medicare Services (CMS) rescind the Least Costly Alternative policy for prostate cancer drug therapies to ensure patients have equitable access to vital drug

treatments. This policy drives healthcare providers to make treatment decisions based on cost, rather than clinical factors.

LCA unfairly singles out prostate cancer patients, disproportionately affects low-income patients, and does not apply to other conditions. LCA policies for prostate cancer drugs are inappropriate because they substitute Medicare's determination that certain drugs are interchangeable for the physician's professional judgment that one drug may be more efficacious or have fewer side effects for a particular patient. LCA is not provided for in statute, Furthermore, the District of Columbia Appellate Court has ruled that this is not based in law, and CMS does not have statutory authority to continue the least costly alternative policy. Therefore, we call on Congress to abolish this unfair and unjust rule that disenfranchises prostate cancer patients

- Research. We have some of the brightest minds in this country working on research and development of breakthrough therapies, tests, and treatments for prostate cancer, but they are drastically underfunded. We need to find better ways to support these efforts, while continuing to keep our focus on improving the lives of patients and their families. We are close to significantly moving the needle in the prevention, treatment, and management of prostate cancer for men and their families. As a nation we should be committing resources and expertise toward ensuring the continuation of these exciting new developments.
- Treatments Options / Innovation. Cutting edge research and development and novel innovative discoveries will lead to new treatment options for advanced stage disease as well as opportunities for prevention and earlier detection of prostate cancer. We should *Fast Track* new therapies through FDA to facilitate the development and expedite the review of drugs and treatments that will help improve the lives of victims of prostate cancer.

The utmost should be done to support public education campaigns to inform men and their families of new treatment options, tests, and risk reduction and/or prevention therapies for prostate cancer when they become available.

Appendix

State requirements on insurance providers:

Currently 37 jurisdictions require that insurance companies operating in those states provide coverage for prostate cancer tests. A July 17, 2009 letter to this Committee on this issue, signed by the majority of prostate cancer advocacy organizations, is attached. (Arkansas became the 37th earlier this year, joining the 35 states and the District of Columbia mentioned in the accompanying letter to the Committee.)

A total of 50 jurisdictions, 49 states and the District of Columbia, require the same benefit for breast cancer screening (mammograms), Utah being the exception.

Role of the USPSTF:

Secretary Sebelius stated in her November 18, 2009 comments on the new breast cancer screening recommendations:

"The U.S. Preventive Task Force is an outside independent panel of doctors and scientists who make recommendations. They do not set federal policy and they don't determine what services are covered by the federal government."

But, under the health care bill passed by the House of Representatives and the bill passed by the Senate, the USPSTF will do exactly that: determine which services are covered by a public plan offered by federal government while setting minimum standards for private insurance policies – thereby effectively overriding the prostate cancer test wishes of 37 state legislatures.

This language from HR 3962 as passed by the House of Representatives on November 16, 2009:

Sec. 222. Essential Benefits Package Defined.

(a) In General- In this division, the term 'essential benefits package' means health benefits coverage, consistent with standards adopted under section 224, to ensure the provision of quality health care and financial security, that--

. . .

(8) Preventive services, including those services recommended with a grade of A or B by the Task Force on Clinical Preventive Services and those vaccines recommended for use by the Director of the Centers for Disease Control and Prevention.

. . .

(1) No Cost-Sharing For Preventive Services - There shall be no cost-sharing under the essential benefits package for--

(A) preventive items and services recommended with a grade of A or B by the Task Force on Clinical Preventive Services and those vaccines recommended for use by the Director of the Centers for Disease Control and Prevention; or. . . .

The "Task Force on Clinical Preventative Services" will consist of the members of the USPSTF and others, and the current recommendations of the USPSTF will be the initial recommendations of the "Task Force on Clinical Preventative Services":

` Subtitle G--General Provisions

` SEC. 3171. Definitions.

` In this title:

.....

(b) Transition Provisions Applicable to Task Forces-

(1) Functions, Personnel, Assets, Liabilities, And Administrative Actions- All functions, personnel, assets, and liabilities of, and administrative actions applicable to, the Preventive Services Task Force convened under section 915(a) of the Public Health Service Act and the Task Force on Community Preventive Services (as such section and Task Forces were in existence on the day before the date of the enactment of this Act) shall be transferred to the Task Force on Clinical Preventive Services and the Task Force on Community Preventive Services, respectively, established under sections 3131 and 3132 of the Public Health Service Act, as added by subsection (a).

(2) **Recommendations- All recommendations of the Preventive Services Task Force and the Task Force on Community Preventive Services, as in existence on the day before the date of the enactment of this Act, shall be considered to be recommendations of the Task Force on Clinical Preventive Services and the Task Force on Community Preventive Services, respectively,** established under sections 3131 and 3132 of the Public Health Service Act, as added by subsection (a).

(3) Members Already Serving-

(A) **Initial Members-** The Secretary of Health and Human Services may select those **individuals already serving on the Preventive Services Task Force and the Task Force on Community Preventive Services, as in existence on the day before the date of the enactment of this Act, to be among the first members appointed to the Task Force on Clinical Preventive Services and the Task Force on Community Preventive Services, respectively,** under sections 3131 and 3132 of the Public Health Service Act, as added by subsection (a).

President Obama addresses the need for early detection of breast and prostate cancer:

The availability of tests, while not perfect, which can identify cancer in an early stage is certainly responsible for the increased detection of early stage, treatable prostate cancer and breast cancer, and the dramatic reduction in deaths from those cancers over the past two decades.

Those tests should be made available so that we might continue to identify cancers while they are treatable, thereby saving the lives of mothers, fathers, brothers, sisters, husbands, wives, and other loved ones.

President Obama promised as much in his weekly address of August 15, 2009:

"Finally, we'll require insurance companies to **cover routine checkups and preventive care**...because there's no reason we shouldn't be saving lives and dollars by catching diseases like **breast cancer and prostate cancer** on the front end."

This followed a similar statement he made at the Town Hall meeting in Portsmouth, New Hampshire on August 11, 2009

The Democratic National Committee calls for prostate cancer screening and tests:

The President's commitment was reinforced by the Democratic National Committee at the DNC Annual Meeting in Austin held over September 10-12, 2009 in a resolution which concluded:

Therefore Be It Resolved, that the Democratic National Committee urges action to promote prostate cancer screening and testing

That resolution in support of prostate cancer testing is attached to this statement.

The "Welcome to Medicare" physical provides for prostate cancer screening tests:

As to Medicare, Congress has provided an excellent prostate cancer screening benefit, available to any man aged 50 and above who is enrolled in the program:

Title 42--The Public Health And Welfare - Chapter 7--Social Security
Sec. 1395x. Definitions

.....

(oo) Prostate cancer screening tests

(1) The term "prostate cancer screening test" means a test that consists of any (or all) of the procedures described in paragraph (2) provided for the purpose of early detection of prostate cancer **to a man over 50 years of age** who has not had such a test during the preceding year.

(2) The procedures described in this paragraph are as follows:

(A) A digital rectal examination.

(B) A prostate-specific antigen blood test.

(C) For years beginning after 2002, such other procedures as the Secretary finds appropriate for the purpose of early detection of prostate cancer, taking into account changes in technology and standards of medical practice, availability, effectiveness, costs, and such other factors as the Secretary considers appropriate.

.....

(ww) Initial preventive physical examination

(1) The term "**initial preventive physical examination**" means physicians' services consisting of a physical examination (including measurement of height, weight, and blood pressure, and an electrocardiogram) with the goal of health promotion and disease detection and includes education, counseling, and referral with respect to screening and other preventive services described in paragraph (2), but does not include clinical laboratory tests.

(2) The screening and other preventive services described in this paragraph include the following:

.....

(D) Prostate cancer screening tests as defined in subsection (oo) of this section.

Democratic National Committee

September 10-12, 2009

**Resolution Urging Action to Promote
Prostate Cancer Screening and Testing**

WHEREAS, one in every six men in the United States will be diagnosed with prostate cancer; and,

WHEREAS, nearly 30,000 men in the United States will die of prostate cancer this year; and,

WHEREAS, nearly 200,000 men in the United States will be diagnosed with prostate cancer this year; and,

WHEREAS, prostate cancer is the second most common cancer in American men; and,

WHEREAS, Senator Chris Dodd was recently diagnosed with prostate cancer and received timely treatment because of early detection; and,

WHEREAS, the American Urology Association recommends prostate cancer screenings such as PSAs and other diagnostic tools as part of a detection and treatment protocol;

THEREFORE BE IT RESOLVED, that the Democratic National Committee urges action to promote prostate cancer screening and testing

July 17, 2009

The Honorable Henry Waxman
Chairman
Energy and Commerce
2125 Rayburn House Office Building
Washington, DC 20515

The Honorable Joe Barton
Ranking Member
Energy and Commerce
2322-B Rayburn House Office Building
Washington, DC 20515

Dear Representatives,

The undersigned organizations commend Congress and the Administration for seeking ways to extend health benefits to all Americans, and to make prevention the cornerstone of that effort. However, we are concerned that the health care needs of males, and the prostate cancer community, are not adequately addressed in the legislation currently being considered. We are also concerned that these bills appear to preempt state benefit laws that now require private insurers to provide a number of critical services, including tests for prostate cancer, the number one cancer in men.

Men's health and well-being has a crucial financial and social impact within American families and communities. This impact is highlighted by an Administration on Aging study which found that more than half the elderly widows living in poverty were not poor before the death of their husbands.³ We also understand that health disparities exist and that Healthy People 2010 made one of its core issues the elimination of gender disparities.

Across all racial and ethnic categories, American men live less healthy lives and die younger than American women. Engaging men in health care has enormous benefits for women, children, and society.

Specifically, we encourage language within the final health reform legislation that will address these concerns:

- Current state mandates on health insurance coverage must be honored. The Essential Benefits Package as presently written (in the House bill) will offer only those preventive services actively recommended by the US Preventive Services Task Force (USPSTF). However, the USPSTF does not recommend many services now required by many different states. As just one example, at least 36 states require private insurers to cover testing for prostate cancer. The 2006 Census estimates found over 35 million men between the ages of 40 and 64 in those 36 states. Those 35 million men now have coverage for prostate cancer testing if they have health insurance. They will not be covered under the Essential Benefits Package unless state mandates are honored, and would therefore lose their right to understand their potential for risk of the most prevalent form of cancer in men
- The Senate and House bills each establish means whereby government will determine how best to proceed with prevention and wellness activities in both the private and public sectors. In making these determinations, advice will be sought by the heads of various agencies, including the Office on Women's Health.

This highlights the need for an Office on Men's Health to advise, recommend and direct wellness and prevention efforts for men and boys.

³ Meeting the Needs of Older Women: A Diverse and Growing Population, The Many Faces of Aging, U.S. Administration on Aging. June 20, 2001

Signed:

Accelerate Progress
Malecare
Men's Health Network
National Alliance of State Prostate Cancer Coalitions
Out With Cancer – The LGBT Cancer Project
Prostate Cancer International
Prostate Cancer Foundation
Prostate Conditions Education Council
Prostate Health Education Network
The Prostate Net
Us Too International
Women Against Prostate Cancer
Zero – The Project to End Prostate Cancer

State Organizations:

Alaska - Alaska Prostate Cancer Coalition
Arkansas - Arkansas Prostate Cancer Foundation
California - California Prostate Cancer Coalition
Colorado – PCEC Colorado Coalition
Connecticut - Prostate Cancer Education Forum of Connecticut
Georgia - Georgia Prostate Cancer Coalition
Hawaii - Hawaii Prostate Cancer Coalition
Kansas - Kansas Prostate Cancer Coalition
Kentucky - Kentucky Prostate Cancer Coalition
Maine - Maine Coalition to Fight Prostate Cancer
Maryland - Maryland Prostate Cancer Coalition
Michigan - Prostate Cancer Coalition of Michigan
Nevada - Nevada Prostate Cancer Task Force
New Hampshire - New Hampshire Prostate Cancer Coalition
New Jersey - Prostate Cancer Coalition of New Jersey
New York - New York State Prostate Cancer Coalition
North Carolina - Prostate Cancer Coalition of North Carolina
Pennsylvania - Pennsylvania Prostate Cancer Coalition
Pennsylvania - Obediah Cole Foundation for Prostate Cancer
Texas - Texas Prostate Cancer Coalition
Virginia - Virginia Prostate Cancer Coalition
West Virginia - Dan Blue Prostate Cancer Foundation