

119TH CONGRESS
1ST SESSION

H. R. 1300

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.

IN THE HOUSE OF REPRESENTATIVES

FEBRUARY 13, 2025

Mr. DUNN of Florida (for himself, Ms. CLARKE of New York, Mr. MURPHY, and Mr. CARTER of Louisiana) introduced the following bill; which was referred to the Committee on Energy and Commerce

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 44 men dying from prostate cancer and more
10 than 35,700 men estimated to die from prostate
11 cancer in 2025.

12 (2) Prostate cancer is the second most com-
13 monly diagnosed cancer in the Nation with 1 in 8
14 men being diagnosed in their lifetimes, 3.3 million
15 men in the United States living with a diagnosis,
16 and over 310,000 men estimated to be diagnosed in
17 2025.

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 37 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 2.1 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 age 40
18 and over and are at high risk of developing
19 prostate cancer (including African-American
20 men and men with a family history of prostate
21 cancer (as defined in paragraph (2))), such ad-
22 ditional evidence-based preventive care and
23 screenings not described in subparagraph (A)
24 for prostate cancer.

1 “(2) MEN WITH A FAMILY HISTORY OF PROS-
2 TATE CANCER DEFINED.—For purposes of para-
3 graph (1)(E), the term ‘men with a family history
4 of prostate cancer’ means men who have a first-de-
5 gree relative—

6 “(A) who was diagnosed with prostate can-
7 cer;

8 “(B) who developed prostate cancer;

9 “(C) whose death was a result of prostate
10 cancer;

11 “(D) who have been diagnosed with a can-
12 cer known to be associated with increased risk
13 of prostate cancer; or

14 “(E) who has a genetic alteration known to
15 be associated with increased risk of prostate
16 cancer.

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

1 “(4) RULE OF CONSTRUCTION.—Nothing in
2 this subsection shall be construed to prohibit a plan
3 or issuer from providing coverage for services in ad-
4 dition to those recommended by the United States
5 Preventive Services Task Force or to deny coverage
6 for services that are not recommended by such Task
7 Force.”.

8 (b) EFFECTIVE DATE.—The amendment made by
9 subsection (a) shall apply with respect to plan years begin-
10 ning on or after January 1, 2026.

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