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February 26, 2018

RE: AN ACT to amend the public health law, in relation to the written summary relating to prostate cancer; and to amend the insurance law, in relation to coverage of diagnostic screening for prostate cancer

A.8683-A (Gottfried)  
S.6882-A (Tedisco)

**MEMORANDUM IN OPPOSITION**

Submitted on behalf of the Blue Cross and Blue Shield Plans

The New York State Conference of Blue Cross and Blue Shield Plans oppose enactment of this legislation as it imposes coverage requirements that are not supported by nationally recognized evidence based guidelines. In prohibiting health insurers from using deductibles, coinsurance or copayments (“cost-sharing”) on mandated prostate cancer screenings, this legislation places prostate cancer screening in the same treatment categories that warrant no cost-sharing in contradiction of nationally recognized guidelines.

The Affordable Care Act (“ACA”) established an evidence based scientific peer-reviewed process for determining which preventative health services and screenings should be required without cost sharing. This approach places health policy rationale ahead of politics in determining which preventive services are widely considered to be necessary and should be encouraged without regard to cost sharing. Specifically, the types of preventative services that must be covered are established at the federal level and are based on the following:

- Services given an “A” or “B” recommended by the U.S. Preventive Services Task Force;
- Evidence-based preventive services for women recommended by the Institute of Medicine and supported by the Health Resources and Services Administration;
- Vaccinations recommended by the Center for Disease Control’s Advisory Committee on Immunization Practices; and
- Evidence-based services for infants, children, and adolescents based on guidelines developed by the American Academy of Pediatrics and the Department of Health and Human Services.

The U.S. Preventive Services Task Force (USPSTF) is an independent, volunteer panel of national experts in prevention and evidence-based medicine. Prior to the enactment of the ACA, the USPSTF *Guide to Clinical Preventive Services* was used nationally to provide guidelines for appropriate and effective preventive care. The ACA utilizes the USPSTF as a benchmark for determining coverage and requires that any service given an “A” or “B” rating by the USPSTF be included as a covered service under the EHB package. By not providing an “A” or “B” rating for prostate cancer screening, it is not a covered service under the EHB package, which would automatically prohibit the use of cost-sharing for the service.

In 2012, the USPSTF assigned prostate cancer screening a “D” rating, recommending against prostate-specific antigen (PSA)–based screening for prostate cancer, concluding that the “the benefits of PSA-based screening for prostate cancer do not outweigh the harms.” Specifically, the USPSTF found that “more men in a screened population will experience the harms of screening and treatment of screen-detected disease than will experience the benefit. The inevitability of over-diagnosis and overtreatment of prostate cancer as a result of screening means that many men will experience the adverse effects of diagnosis and treatment of a disease that would have remained asymptomatic throughout their lives.”

In 2017, the USPSTF undertook a review of their 2012 assessment of prostate screening. Currently a draft recommendation, the USPSTF has assigned prostate cancer screening a “C” rating, recommending that clinicians inform men ages 55 to 69 years about the potential benefits and harms of PSA screening for prostate cancer. The draft recommendations conclude, “screening offers a small potential benefit of reducing the chance of dying of prostate cancer. However, many men will experience potential harms of screening, including false-positive results that require additional testing and possible prostate biopsy; over-diagnosis and overtreatment; and treatment complications, such as incontinence and impotence.” As the USPSTF is tasked with conducting rigorous independent reviews of scientific evidence to ensure evidence-based recommendations for preventive services, the recommendations of the USPSTF should govern policy decisions.

While the goals of eliminating barriers to prostate cancer screening are laudable, this legislation will encourage men to undergo prostate cancer screening, in contradiction to the USPSTF findings and recommendations. New York’s Insurance Law already requires insurers to provide coverage for prostate cancer screening for men having a prior history, men 40 and over with a family history, and men 50 and over who are asymptomatic. This policy provides sufficient opportunity for men to access prostate cancer screening, while also providing protection against the risks from screening that have been documented by the USPSTF. The Legislature, however, should not place prostate cancer screening in the same categories that warrant no cost-sharing when it is not recommended by nationally recognized guidelines.

For the foregoing reasons, the New York State Conference of Blue Cross and Blue Shield Plans strongly opposes this legislation and urges that it not be enacted.

Respectfully submitted,

HINMAN STRAUB ADVISORS, LLC.

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4836-2063-7790, v. 2