

PUBLIC COMMENTS

HB 3951

HOUSE COMMITTEE ON INSURANCE

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Hearing Date: April 20, 2021 10:30 AM - or upon final adjourn./recess or bill referral if permission granted

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Tammy Holbert

Zero - The End Of Prostate Cancer

Dallas, TX

Good afternoon and thank you for taking the time to read my response to HB 3951. My husband had to pay out of pocket to be proactively tested to get his baseline PSA levels because "at his age it wasn't necessary". ANY time we can get a man to be proactive about his health is a win. With prostate cancer being diagnosed in 1 out of every 9 men with 1 out of every 6 of African American Males, insurance covered for tests to actively detect prostate cancer early is paramount. The sooner men know there is a potential concern, the sooner they can begin to act on it and have the affordability of time on their hands so they can make informed decisions about their course of treatment. With insurance covering more options to detect prostate cancer, there also comes the ability to ward it off much sooner and keep overall costs down with more readily available, more affordable, front-line treatments for Prostate Cancer. I urge you as a wife of a husband who chose to pay and be proactive so that he could be with me for many years to come, to pass this bill and make additional tests for detection of prostate cancer affordable and MUCH more readily available for all men!

Ruben Nerio

Self

Fort Worth, TX

I am writing to urge you to SUPPORT HB 3951, a bill that would eliminate cost sharing for prostate cancer screening and increase access to this critical first steps for prostate cancer diagnosis.

My father was diagnosed with Prostate Cancer in 2000, he didn't have the access to screening and was found accidentally. He died in 2006 after the cancer had metastasized onto his skull. I feel if he had gotten screened he would be a survivor today.

Early diagnosis can be the difference between life and death for prostate cancer - if they're diagnosed early, almost 100% of men survive prostate cancer.

The 5 year survival rate is less than 30% for men diagnosed with advanced prostate cancer.

It is hard enough to get men to prioritize prostate cancer screening - removing cost sharing is just one way to make it a little easier.

I ask you to support this bill and make it just a little easier for men to catch their prostate cancer early and beat the disease.

Thank you.

Ruben Nerio

Kris Rangel

Self/HR professional

San Antonio, TX

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I am writing to urge you to SUPPORT HB 3951, a bill that would eliminate cost sharing for prostate cancer screening, and increase access to this critical first step for prostate cancer diagnosis.

On Feb. 28, 2019, my husband, Michael Rangel, passed away at age 44 from hyper-aggressive prostate cancer. Michael was a lifelong athlete: a soccer player, boxer, and cyclist in his earlier years; a marathoner and long-distance hiker as he got older. He was smart, kind, and a rock for everyone who was lucky enough to meet him. To watch him drop from 185 lbs to 145 lbs—his once muscular legs turned to sticks—as a result of prostate cancer was awful. To see him struggle emotionally, mentally, and spiritually as cancer ravaged his body, was unspeakable. And to not be able to even hold him, hug him, or soothe him, because he was in too much pain for me to touch him...that was torture, for both of us.

It was a mere 7.5 months from Michael's diagnosis until his death. My husband wasn't a candidate for early prostate cancer screening. For one thing, he was asymptomatic, right up until he wasn't. Even so, he was too young to be screened as a matter of course (screening typically starts at age 50), and he had no history of prostate cancer in his family that we knew of. His case was very much the exception, and because of that, we got caught completely flat-footed, when it was already way, way too late. But it does NOT have to be that way for the vast majority of other men.

Screening is paramount in the effort to catch prostate cancer early. When the disease is caught early, the survival rate is close to 100%. When caught in its advanced stages, however, the 5 year prostate cancer survival rate plummets to less than 30%.

Since Michael's death, I've had 781 days to figure out how I could have saved him, and I still don't think I could have. But I can help save other men from suffering the awful illness and death my husband experienced. I can help other caretakers, spouses, partners, and family members avoid the grief I will shoulder the rest of my life. And you, as legislators can help, too.

As Texans, we are a proud, independent lot, and we don't often ask for help. Especially men, especially men in South Texas, where my husband and I lived. There are so many cultural and social barriers to men obtaining access to medical care, especially to preventative care. Let's not make financial barriers yet another hurdle to jump when it comes to a simple test that could, literally, be the difference between life and death.

I ask that you support HB 3951, removing the cost-sharing component to getting screened for prostate cancer, and in so doing, making it that much easier for men to catch prostate cancer early and beat the disease. I ask this on behalf of men, but also, selfishly, on behalf of widows like me. I never want another spouse to have to bury their husband because of this disease, especially if early detection could have made all the difference.

Thank you.

Casey Fults

Zero- the End of Prostate Cancer

San Antonio, TX

I am the widow of a 23 year Air Force veteran who died from prostate cancer. My brother is a survivor as well as my son's Father in Law putting my sons and grandsons at high risk for prostate cancer. Early detection is the key to surviving prostate cancer. Please support HB-3951 and eliminate cost sharing for prostate cancer screening.

Tracy Crites

ZERO- The End of Prostate Cancer

Bulverde, TX

On behalf of all men and their families, all people with an interest in a just and equitable system of health care, and all cancer survivors, the Texas and Oklahoma Chapter of ZERO - The End of Prostate Cancer is writing in support of H.B. 3951, a bill which, if enacted, would provide vulnerable Americans with the tools necessary to fight prostate cancer.

Prostate cancer is the second-leading cause of cancer deaths among men in the United States and a significant health care problem because of its high incidence. Although one in eight men will be diagnosed with prostate cancer in their lifetime, the odds increase to one in six if they are African American, and one in three if they have a family history. Hispanic men are diagnosed at more advanced stages of disease than non-Hispanic white men due to health care access and socioeconomic issues. For 2021, the American Cancer Society projects 14,200 new cases of prostate cancer in Texas and 3,320 deaths. This legislation would help to reduce mortality by increasing access to screening, a necessary step towards diagnosis of cancer at its earliest, most treatable stage.

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When prostate cancer is caught early, nearly 100 percent of men survive. However, for men diagnosed with advanced disease, the 5 year survival rate is 30 percent. Getting screened regularly, especially for those men who are at the highest risk for developing aggressive forms of the disease, can very well be the difference between life and death. Cost sharing can deter high-risk and underserved populations from seeking care.

To remove cost sharing is to remove an unnecessary barrier. Similar legislation was passed in New York (SB 6882, 2018) and Maryland (SB 661, 2020), and analysis there shows that the per member per month cost is extremely small--on the order of a couple of pennies. These states have shown that providing preventative care in this capacity, making screening accessible for the men who need it most, can save lives for minimal cost.

The prostate cancer screening made accessible by this bill functions as a necessary tool for early diagnosis. Its clinical value has been scientifically validated and endorsed by the American Urological Association, American Cancer Society, National Comprehensive Cancer Network, American Society of Clinical Oncology, and American College of Physicians-American Society of Internal Medicine. Screening is only one necessary part of the process for prostate cancer diagnosis. The conversation between patient and clinician, and the exercise of clinical judgement is a next, equally necessary step to diagnosis.

The racial disparity in mortality among prostate cancer is currently the worst among all cancers in the United States. Eliminating disparities requires eliminating the barriers for screening. To do so is to maximize the early detection of cancer when it is at its most treatable and least lethal stage.

Simply put, prostate cancer screening saves lives. Please support HR 3951.

Allison Greer

CHCS

San Antonio, TX

I support HB 3951