

February 26, 2020

The Honorable Delores G. Kelley
Chair, Finance Committee
3 East Miller Senate Office Building
11 Bladen Street
Annapolis, MD 21401

SUPPORT

Senate Bill 661 (HB 852) Health Insurance- Prostate Cancer Screening- Prohibiting Cost Sharing

Dear Madame Chairman Kelley,

I hope this letter finds you in good health and good spirits. My name is Robert Ginyard. I am the Chairman of the Board of Directors of ZERO: The End of Prostate Cancer. I am a husband, civic leader, lover of life, father of two beautiful daughters, and a prostate cancer survivor. Ten years ago, I was diagnosed with prostate cancer and was successfully treated for the disease through a combination of surgery, followed by radiation treatment and hormone therapy.

I am alive today, I believe, because of my wife's insistence on me getting a PSA as part of my annual checkup, and a primary care physician who was cognizant of the importance of PSA testing given my family history of the disease and that I am African American.

Let's be honest, most men do not voluntarily raise their hands and yell out that they want to go to the doctor. For those brave souls who do, we should make sure that there are no obstacles to PSA screenings. How can we do that? By passing Senate Bill 661. Here's why:

- Parity. Currently, there is no cost sharing for mammograms. Also, through the ACA, there is no cost sharing for cervical cancer screenings. Prohibiting cost sharing for PSA test would eliminate the cost burden for men to receive the test just as women do not have a cost burden for mammograms and cervical cancer screenings.
- Mortality- Prostate cancer deaths are on the rise in the U.S. New reporting from the American Cancer Society shows that in 2020, the number of men who will die from prostate cancer will hit a record high over the last two decades, with an increase of 5 percent since last year. When caught early, a man diagnosed with prostate cancer has a 99 percent chance of survival; this is three times higher than when the cancer is found in an advanced stage, which has only a 30 percent rate of survival.
- Public Health and Health Disparities- African American men are at an increased risk for developing prostate cancer over white men and other men of color. One in six African American men will develop prostate cancer in their lifetime. Overall, African American men are 1.8 times more likely to be diagnosed with – and 2.2 times more likely to die from – prostate cancer than white men. African American men are also slightly more likely than white men to be diagnosed with advanced disease.

- Cost- Removing barriers to the PSA screening test and diagnosing prostate cancer at an earlier stage is much more cost effective than treating late stage prostate cancer.

Thank you for the opportunity to provide testimony on SB 661, I/we urge your support of SB 661.

Best regards,

Robert Ginyard,
Chairman of the Board of Directors, ZERO: The End Prostate Cancer