American Urological Association

January 26, 2026

RE: Opposition to SB 78

Dear Chairwoman Pamela Beidle,

On behalf of the American Urological Association, Inc. (AUA) we are writing to respectfully express our opposition to **SB 78**, legislation that would require providers and clinical laboratories to provide written information to patients each time a Prostate Specific Antigen (PSA) test is ordered, regardless of clinical context or prior counseling. The AUA is a globally engaged organization with more than 22,000 physicians, physician assistants, and advanced practice nursing members practicing in more than 100 countries. Our members represent the world's largest collection of expertise and insight into the treatment of urologic disease. Of the total AUA membership, more than 15,000 are based in the United States, including 297 licensed and practicing Maryland urologists who provide invaluable support to the urologic community by fostering the highest standards of urologic care through education, research, and the formulation of health policy.

We appreciate Senator Ellis's intent to ensure that patients are informed about PSA testing and the possibility of misleading results. However, as written, SB 78 creates substantial administrative and operational burdens without meaningfully advancing patient understanding or clinical accuracy. Our first concern with SB 78 is that the bill imposes excessive and duplicative administrative requirements. SB 78 requires that "if a provider orders a prostate–specific antigen test for a patient during a patient encounter, the provider shall provide written information to the patient relating to the necessary preparation for ensuring accurate test results." This requirement applies each time a prostate–specific antigen test (PSA) is ordered, even when patients undergo multiple PSA tests annually as part of regular monitoring. Such repetitive documentation requirements add unnecessary paperwork to already overburdened clinical workflows and divert limited provider time away from direct patient care.

Optimizing the use of PSA data is essential for accurately identifying men with clinically significant prostate cancer, and this requires allowing clinicians to interpret an inherently variable lab value within the broader context of patient history, risk factors, and complementary diagnostic tools. A burdensome written patient instruction mandate will have no effect on the interpretation of an inherently variable lab value that is best analyzed in the context of other tests and clinical parameters. Imposing additional administrative requirements would only create barriers to timely and efficient diagnosis without improving clinical accuracy. Such barriers to testing risk delaying evaluation for individuals already at elevated risk such as African American men and those with a significant family history of prostate cancer.

We share your commitment to ensuring patients make informed decisions about prostate cancer screening. However, SB 78's mandate for written instructions at every PSA order is unnecessarily

prescriptive, operationally burdensome, and misaligned with clinical best practices. For these reasons, we respectfully urge the Committee to **oppose SB 78.**

Thank you for your consideration. We welcome the opportunity to work together on approaches that better balance patient education with practical care delivery.

Sincerely,

Brian Duty, MD, MBA
Chair, State Advocacy Committee

Mark Edney, MD, MBA
Chair, Public Policy Committee