Make Prostate Cancer Screening Affordable

The Society of Behavioral Medicine (SBM) urges Congress to ensure Affordable Care Act (ACA) coverage for prostate cancer screening support services for high-risk men.

These are the facts about prostate cancer.

- **Second Most Common**
  Prostate cancer is the second most common cancer in men.

- **11.2%**
  Men in the United States have an 11.2% lifetime risk of being diagnosed with prostate cancer.

- **Twice as Likely**
  African American men are twice as likely to die from prostate cancer as compared to white men.

- **70% Greater Risk**
  African American men carry a 70% greater risk of being diagnosed with prostate cancer as compared to white men.

- In 2017, 161,360 men were diagnosed with prostate cancer in the United States.

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These are the Recommendation Ratings provided by the United States Preventative Services Task Force (USPSTF)

- **A**
  Offer or provide this service.

- **B**
  Offer or provide this service.

- **C**
  Offer or provide this service for selected patients depending on individual circumstances.

- **D**
  Discourage the use of this service.

- **I**
  Uncertainty regarding benefits and harms.

This is why a "C" rating is problematic.

- **Coverage**
  Recommendations that are given a "C" rating or lower are less likely to be reimbursed by insurance plans.

- **Equity**
  High-risk groups, including African American men and men with family history, are less likely to get screened.

- **Limitations**
  For some patients, preventative treatments and counseling are limited due to lack of insurance coverage.

- **Complexity**
  Screening and disease counseling are complex matters that are made more difficult by lack of coverage.

This is what the Society of Behavioral Medicine recommends.

- **Reimburse patients regardless of rating.**

- **Address inequities for high-risk groups, including African Americans.**

- **Expand coverage to support patient navigators.**

- **Expand coverage to support training of health care providers.**

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Read the brief.