A STUDY OF NEW JERSEY SENATE BILL 3060

EXPANDS REQUIREMENTS FOR HEALTH INSURANCE CARRIERS CONCERNING PROSTATE CANCER SCREENING AND REQUIRES COVERAGE BE PROVIDED WITHOUT COST SHARING

Report to the New Jersey Senate

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Mandated Health Benefits Advisory Commission

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INTRODUCTION

The Mandated Health Benefits Advisory Commission (MHBAC) has been asked to review S3060 (see Appendix I for a copy of the legislation), a bill that expands requirements for health insurance carriers concerning prostate cancer screening and requires coverage be provided without cost sharing. Specifically, the bill would require carriers "to provide coverage for an annual prostate cancer screening without cost sharing for men…between 40 and 75 years of age." The bill would apply to health insurers, including health service corporations, hospital service corporations, medical service corporations, health maintenance organizations, group health insurers, health benefits plans issued pursuant to the New Jersey Individual Health Coverage and Small Employer Health Benefits Programs, and the State Health Benefits Program (SHBP) and School Employees' Health Benefits Program (SEHBP).

The coverage mandate that would be established under S3060 would expand existing prostate cancer screening coverage requirements that apply to certain carriers and certain markets and would establish a new coverage requirement for certain other carriers and other markets. Specifically, current law, P.L.1996, c.125, requires health, hospital, and medical service corporations, health maintenance organizations, and commercial group health insurers to cover prostate cancer screenings for men aged 50 and over who are asymptomatic and for men aged 40 and over with a family history of prostate cancer or other risk factors for prostate cancer. The current law only applies to the large group market; it does not apply to the individual or small employer markets. A separate law, P.L.2007, c.103, requires the State Employee Health Benefits Program and the School Employees' Health Benefits Program to cover routine adult physicals, including prostate examinations, but does not specify any terms and conditions for those examinations. Additionally, prostate cancer screenings are currently referenced as an example of a covered preventive service in the standard policy forms used by the Individual Health Coverage Program and the Small Employer Health Benefits Program.

Under S3060, the prostate cancer screening coverage requirement would additionally apply to commercial individual health insurers, health benefits plans issued pursuant to the New Jersey Individual Health Coverage and Small Employer Health Benefits Programs, the State Health Benefits Program, and the School Employees' Health Benefits Program. Although these markets may already cover prostate cancer screenings as a preventive care service outside of the existing state statutory mandate, S3060 could potentially expand the scope of that coverage to include additional services or require coverage for a broader population. Existing statutory coverage requirements do not exempt prostate cancer screenings from cost sharing requirements; under S3060, no deductible, coinsurance, copayment, or any other cost-sharing requirement on benefits would apply to covered prostate cancer screenings.

Under S3060, the prostate cancer screening requirement would apply to all men between 40 and 75 years of age and would not establish distinctions based on whether the covered individual has risk factors for prostate cancer. S3060 would also expand the definition of "prostate cancer

screening." Under current law, covered screenings include a "medically recognized diagnostic examination including, but not limited to, a digital rectal examination and a prostate-specific antigen test (PSA)." Under the bill, covered screenings would additionally include associated laboratory work and subsequent follow up testing as directed by a physician, including, but not limited to urinary analysis, serum biomarkers, and medical imaging, including, but not limited to, magnetic resonance imaging. In defining "prostate cancer screening," S3060 would also replace the current term "medically recognized diagnostic examination" with "medically viable methods for the detections and diagnosis of prostate cancer."

The Mandated Health Benefits Advisory Commission Act (N.J.S.A. 17B:27D-1 *et seq.*) tasks the Commission with providing an independent analysis of the social, medical, and financial impact of proposed legislation referred to it for review. The Act does not ask the Commission to recommend whether to enact the legislation, and the Commission does not do so here. The MHBAC prepared this report using its own resources, including staff from the New Jersey Department of Banking and Insurance. Commission members contributed their professional expertise, on a voluntary basis, in helping to shape the presentation of this report, analyzing published research, and drafting and editing its various sections. The MHBAC has sought to include information from a number of reputable sources that it found credible but recognizes that opinions and analyses may differ.

MEDICAL EVIDENCE

Prostate cancer is a type of cancer that occurs in the prostate, which is a small gland that is part of the male reproductive system. In broad terms, prostate cancer only occurs in men, tends to develop later in life, is frequently detected early, and generally grows slowly. Prostate cancer is one of the more treatable forms of cancer, although more serious complications can develop, particularly if the cancer goes undetected or spreads to other parts of the body. The causes of prostate cancer are not known, although certain factors, such as a family history of prostate or other cancers, have been associated with an increased risk of developing prostate cancer.[i]

According to the Mayo Clinic, early-stage prostate cancer may not initially present with symptoms, but when it does, symptoms can include blood in the urine, blood in the semen, and needing to urinate more often, especially at night.[ii] According to the Memorial Sloan Kettering Cancer Center, other symptoms can include trouble starting or stopping the flow of urine, trouble achieving an erection, painful ejaculation, and pain or stiffness in the hips, lower back, or upper thighs.[iii]

The goal of prostate cancer screening is to identify any growth of malignant cells in the prostate early, before the cancer spreads into other parts of the body.[iv] The most common prostate cancer screening tests include a prostate-specific antigen blood test (PSA) and a digital rectal exam (DRE), both of which may be performed individually or in combination with one another.[v] The

PSA test examines for a buildup of a protein made by the prostate gland in the bloodstream, indicating possible prostate cancer. However, an elevated PSA level is not always indicative of prostate cancer.[vi] For the DRE exam, a medical professional inserts a gloved, lubricated finger inside the rectum to feel the prostate for nodules or abnormal texture, shape, or size of the gland.[vii] Some other diagnostic exams include a prostate MRI, ultrasound, biopsy, and cancer biomarkers tests.[viii]

Treatments for prostate cancer include surgery, radiation, and medication.[ix] Hormone therapy, chemotherapy, targeted therapy, and immunotherapy are among the other methods used to treat prostate cancer.[x] In some cases, treatment may include the use of ablation therapy, which is the use of extreme cold, heat, or lasers to create scar tissue at the cancer site.[xi] Active surveillance is a common treatment option for prostate cancer, particularly when the disease is detected in its early stages.[xii] Using data from the SEER (Surveillance, Epidemiology, and End Results) database, which includes men diagnosed with prostate cancer between 2014 and 2020, the American Cancer Society (ACS) notes the 5-year relative survival rate—which compares people with the same type and stage of cancer to the general population—varies significantly based on the stage at diagnosis.[xiii] The specific findings are as follows:

- **Localized stage** (cancer confined to the prostate): The 5-year relative survival rate is greater than 99%.
- **Regional stage** (cancer has spread to nearby structures or lymph nodes): The survival rate remains greater than 99%.
- **Distant stage** (cancer has spread to other parts of the body): The survival rate drops significantly to 37%.[xiv]

When prostate cancer is detected at the localized stage, men often pursue a wider range of treatment options, including less invasive treatments such as active surveillance, focal therapy, or minimally invasive surgery.[xv] In addition to enabling intervention when the disease is most treatable, early detection is also associated with faster recovery times, maintaining urinary and sexual function, and reducing the emotional burden that can accompany a later-stage diagnosis.[xvi]

The causes of prostate cancer are not clear, but studies suggest the risk factors for prostate cancer may include older age, race and ethnicity, a family history of prostate cancer, a family history of DNA change, obesity, and smoking tobacco.[xvii] Specifically, African American men have a greater risk of prostate cancer compared to all other races and ethnicities, and prostate cancers occurring in African American men tend to grow more quickly or be more advanced when detected.[xviii]

The ACS recommends that men begin discussing prostate cancer screening with their healthcare provider based on their individual risk levels.[xix] The ACS advises that men at average risk, who

are expected to live at least 10 more years, should talk with their healthcare provider about the potential benefits and risks of screening starting at age 50.[xx] Men at higher risk — including African American men and those with a first-degree relative (such as a father or brother) who was diagnosed with prostate cancer before age 65 — should begin these discussions at age 45.[xxi] The ACS recommends that men with the highest risk of developing prostate cancer, meaning men with more than one first-degree relative diagnosed with prostate cancer before age 65, should start conversations about prostate cancer screening at age 40.[xxii] The ACS recommends that, for men who want prostate cancer screening, the primary method of screening should be a PSA test, which may be paired with a DRE screening. [xxiii] It should be noted that the ACS, through its New Jersey chapter, is an advocacy group that has been lobbying in support of S3060.

In contrast, the United States Preventive Services Task Force (USPSTF) recommends that only men aged 55 to 69 be counseled about prostate cancer screening using the PSA test; the USPSTF has assigned this recommendation a Grade C.[xxiv] For men aged 70 and older, the USPSTF gives the PSA screening a Grade D recommendation, meaning it advises against PSA-based screening in this age group.[xxv] These grades follow an A-to-D scale, where an A indicates that the USPSTF strongly recommends the service due to a substantial net benefit, while a D signifies that the USPSTF advises against the service because it offers no net benefit or its harms outweigh the benefits.[xxvi] Additionally, the USPSTF can give a service an "I statement" signifying current evidence for a service is insufficient and a balance between the benefits and harms cannot be determined.[xxvii]

SOCIAL IMPACT

There are benefits and drawbacks to prostate cancer screening, and it is recommended that men have a detailed discussion with their healthcare providers and make a choice that best suits their preferences and values.[xxviii] Prostate cancer screening is beneficial to the extent that it aids in detecting prostate cancer early, when the disease is easier to treat, leading to a better prognosis.[xxix] Additionally, screening can provide individuals with more detailed information about their risk of prostate cancer. For example, if men know their baseline PSA levels, this can help them plan for future tests to monitor their prostate health.[xxx]

In contrast, prostate cancer screenings can have limitations, as the benefits of testing may not outweigh the risks in all cases. For example, PSA testing can result in both false positives and false negatives – some patients will show elevated PSA levels even when cancer is not present, while tests of some patients who have prostate cancer will find normal PSA levels.[xxxi] It is important for medical providers to be aware of these limitations and be ready to rule out any other possible reasons for elevated PSA levels or conduct additional screenings even in the absence of elevated PSA levels.[xxxii] Some other barriers to prostate cancer screenings that men

face include financial costs, time constraints (*e.g.,* work schedule), lack of awareness, and fear and anxiety.[xxxiii] These particular barriers disproportionately affect minority groups and those of low socioeconomic status.[xxxiv]

African American men are 70% more likely than white men to develop prostate cancer and twice as likely to die from it.[xxxv] This racial health disparity is thought to be influenced by a complex interplay of social and environmental factors, such as access to healthcare, nutrition, and exposure to environmental pollutants.[xxxvi] These differences, especially access to healthcare, lead to disparities in the stage at which cancer is diagnosed and the subsequent care African American men receive.[xxxvii] The Memorial Sloan Kettering Cancer Center asserts that previous screening guidelines were based on studies that do not include a sufficient representation of African American men, which may have resulted in an underestimation of the benefits of prostate cancer screening for this demographic.[xxxviii] To address the elevated risk, the Prostate Cancer Foundation (PCF) recommends that African American men should consider baseline PSA testing starting between the ages of 40 and 45.[xxxix]

More generally, studies have shown some men who undergo prostate cancer screening experience adverse psychological effects. In a qualitative study, 397 men responded to a survey, split by a control group and a biopsy group. The control group (n=230) consisted of men who received normal screening results, and the biopsy group (n=167) consisted of men who had suspicious initial test screening results and then received a benign biopsy result.[xl] Even after benign results, men in the biopsy group reported "substantial thinking and worrying about prostate cancer."[xli] 36% of men in the benign group also reported feeling that they were at an increased risk of prostate cancer, even though this was not accurate.[xlii] In addition to the psychological impact, some men in the biopsy group reported "moderate-to-severe" pain from the biopsy.[xliii] The authors of this study concluded that the potential physiological impact is an "underrecognized human cost of screening" and should be considered when discussing the benefits and drawbacks.[xliv]

A study using the SEER Program database, which examined the cost of care from 2012 to 2016 among Medicare beneficiaries with a cancer diagnosis — including prostate cancer — found that, for all cancer types, beneficiaries diagnosed at more advanced stages incurred up to seven times higher costs than those diagnosed at earlier stages.[xlv] Specifically, for prostate cancer, the total cost of care in year 1 was $7,640 when diagnosed at stage I, compared to $58,783 when diagnosed at stage IV.[xlvi] The study found that, for all cancer types, although the total cost of care was lower in subsequent years when compared with year 1, disparities in the total cost of care associated with earlier-stage diagnoses as compared with later-stage diagnoses persisted in years 2–5.[xlvii] The study's authors concluded that, for all cancers, earlier diagnosis may lead to "more efficient treatment and reduced management costs."[xlviii]

OTHER STATES

Nine states and Washington, DC have enacted legislation that, like S3060, requires commercial insurance coverage for prostate cancer screening and prohibits the application of cost-sharing.[xlix] Table 1 provides an overview of the provisions of those state laws. Although there are additional states with statutory coverage mandates for prostate cancer screenings in the commercial insurance market, in the interest of focusing the discussion on laws comparable to the provisions of S3060, this report will limit its analysis to those states that, like S3060, restrict the application of cost-sharing. The information in Table 1 is grouped by states with similar age and cancer risk requirements for coverage, with blocks of states separated by bolded lines.

Table 1. States with Prostate Screening Coverage Laws that Preclude Application of Cost-Sharing

State (Year)*	Tests and Procedures Covered	Scope of Coverage, including Age- and Risk-Based Requirements
Maryland (2020)	Preventive care screening services for prostate cancer, including a digital rectal examination and a PSA test	Men 40 to 75 years of age
Rhode Island (2021)	Preventive screening examinations and laboratory tests for prostate cancer from an in-network provider	Asymptomatic men
Oregon (2024)	PSA Screening	All men regardless of risk
Washington, DC (2024)	One PSA test and digital rectal examination per year	All men
New York (2018)	Diagnostic screening for prostate cancer	Men over age 40 with a family history of prostate cancer; all men over age 50
Illinois (2022)	Prostate cancer screening and follow up diagnostic testing, including urinary analysis, serum biomarkers, and medical imaging, including MRI	African American men ages 40 and older; men with a family history of prostate cancer ages 40 and older; asymptomatic men ages 50 and older
Tennessee (2024)	Prostate cancer screenings for early detection	Men ages 40 to 49 who are at high risk, including African American men and men with a family history of prostate cancer; all men ages 50 and older; other men if a physician determines that early detection is medically necessary

Virginia (2025)	One PSA test and digital rectal examination in a 12-month period	Men age 40 and older at high risk for prostate cancer; all men ages 50 and older
Kentucky (2024)	Any preventive screening, test, or procedure performed for the purpose of detecting cancer	Men ages 40 and older at higher risk, including men with multiple family members diagnosed with prostate cancer; men ages 45 and older at high risk, including African American men and men who have a first degree relative diagnosed with prostate cancer; men ages 50 and older at average risk
Delaware (2024)	Prostate screening for the detection and diagnosis of prostate cancer, including a digital rectal examination, PSA test, and associated laboratory work	Men ages 40 and older at higher risk, including men with more than one first degree relative diagnosed with prostate cancer; men ages 45 and older at high risk, including African American men and men who have a first degree relative diagnosed with prostate cancer; men ages 50 and older at average risk

*Source: Zero Prostate Cancer, "Saving Lives by Eliminating Costs of Early Detection of Prostate Cancer," 2025. Accessed 5/19/25. Early Detection of Prostate Cancer: Eliminating Costs of Screening | ZERO Prostate Cancer

The simplest way to group these states is by the age ranges and risk criteria used to determine the applicability of insurance coverage for prostate cancer screening. For three of the states and Washington, DC, commercial insurers are effectively required to provide prostate cancer screening coverage for all men, regardless of age or risk profile. Rhode Island, for example, mandates commercial insurance coverage for preventive screening examinations and laboratory tests for prostate cancer for asymptomatic men, as long as the testing is performed by an in-network provider.[l,li] Similarly, Maryland requires commercial insurance coverage for preventive care screening services for prostate cancer, including a digital rectal exam and a PSA test, for all men 40 to 75 years of age.[lii] Oregon Health Authority's Health Evidence Review Commission adopted a recommendation that requires commercial insurance coverage of PSA screening for prostate cancer for all men, regardless of prostate cancer risk.[liii] Finally, Washington, DC law mandates commercial insurance coverage for one PSA test and digital rectal exam per year for all men.[liv]

The prostate cancer screening laws of New York, Illinois, Tennessee, and Virginia require commercial insurance coverage for prostate cancer screening based on various risk factors, such as age, race, and family history. New York's law, for example, mandates coverage of diagnostic screening for prostate cancer for men over age 40 with a family history of prostate cancer; otherwise, commercial insurance coverage applies to all men over age 50.[lv] Illinois's

commercial insurance coverage law applies to African American men and men with a family history of prostate cancer ages 40 and over, as well as asymptomatic men ages 50 and over.[lvi] The Illinois law further requires coverage for a broader range of benefits for prostate cancer screening and follow up diagnostic testing as compared with other states, which additional screenings include urinary analysis, serum biomarkers, and medical imaging, including magnetic resonance imaging. [lvii]

Tennessee uses a similar set of criteria to the Illinois law, requiring commercial insurance coverage of prostate cancer screenings for early detection for men ages 40 to 49 who are at high risk of prostate cancer, including African American men and men with a family history of prostate cancer, and for men 50 years and older who are not at high risk.[lviii] Tennessee's law also requires coverage for men not included in those criteria if a physician determines that early detection is medically necessary. Virginia law mandates commercial insurance coverage for one PSA test and digital rectal examination in a 12-month period for men ages 40 and older who are at high risk for prostate cancer and for men ages 50 and older who are not at high risk.[lix]

The last group of states, Kentucky and Delaware, make an even finer distinction in age groups and risk levels. Kentucky's law requires commercial insurance coverage for any preventive screening, test, or procedure performed for the purpose of detecting cancer, but divides the men to whom the coverage applies into three age groups, based on relative risk of prostate cancer. Coverage applies to men aged 40 and older if they have multiple family members diagnosed with prostate cancer. Coverage applies to men aged 45 and above if they are African American or have a first degree relative diagnosed with prostate cancer. For men at average risk of prostate cancer, coverage applies at age 50 and older.[lx] Delaware's law mandates commercial insurance coverage for prostate screening for the detection and diagnosis of prostate cancer, including a digital rectal examination, PSA test, and associated laboratory work. The age and risk criteria that determine when the coverage provisions apply to Delaware men are nearly identical to those for Kentucky's prostate cancer screening mandate, dividing men into three groups. Commercial insurance coverage applies to men at ages 40 and older with the highest risk of prostate cancer, including those with more than one first degree relative diagnosed with prostate cancer (a slightly more restrictive criterion than Kentucky's "multiple family members diagnosed with prostate cancer"), at ages 45 and above for African American men and men who have a first degree relative diagnosed with prostate cancer, and at ages 50 and older for men at average risk.[lxi] Although the specific parameters, including age and risk profile, used to determine insurance coverage varied by state, all of the laws discussed above prohibit the application of cost-sharing, such as deductibles, copays, or coinsurance, to covered prostate cancer screenings.

In comparison to these other states, S3060 does not differ from most of these states in terms of who is eligible for the benefit. However, New Jersey's bill is significantly broader in the list of services that are eligible for the mandate and for which no cost sharing is permitted. S3060 is most similar in its scope of benefits with the Illinois law, which is the only state law that, as would be provided under S3060, requires coverage for no-cost MRIs.

DISCUSSION

Studies have found that prostate cancer, when detected early, is usually highly treatable and has a high survival rate. [lxii] In particular, early detection allows for an expanded range of treatment options, including the use of less-invasive treatments, enables faster recovery times, allows patients to maintain greater urinary and sexual function, can reduce the emotional burden on patients, and can result in a lower total cost of care when compared with detection at a more advanced stage.[lxiii] Many patients with prostate cancer are asymptomatic, and, in the absence of routine screenings, may not learn they have prostate cancer until the disease has progressed to a more advanced stage, which can reduce treatment options, increase the cost of care, and result in more significant and lasting effects on the patient's medical condition and overall quality of life.[lxiv] Although prostate cancer screenings can facilitate early detection and treatment, current screening methodologies can result in both false positives and false negatives, which can increase the stress and emotional burden on patients, including those who are ultimately found to be cancer-free.[lxv]

Although New Jersey law currently requires specified carriers in certain markets to cover prostate cancer screenings for certain men, S3060, if enacted, would remove some age and risk-based distinctions from the coverage mandate, prohibit the application of cost-sharing to the coverage mandate, expand the coverage mandate to include associated laboratory work and follow-up testing, and expand the mandate to additional types of carriers.

Advocates for expanded insurance coverage for prostate cancer screenings suggest that expanded coverage will facilitate early detection and treatment, thereby reducing the overall cost of care when prostate cancer is detected.[lxvi,lxvii] In addition, advocates have suggested that prohibiting the application of cost-sharing to prostate cancer screening coverage will remove certain financial barriers to access, enabling additional individuals to be screened who would not be otherwise.[lxviii] Those advocates have also suggested that precluding cost-sharing for prostate cancer screenings will establish parity between prostate cancer screenings and certain other cancer screenings, such as screenings for breast cancer, for which cost sharing is already prohibited.[lxix,lxx]

The American Cancer Society Cancer Action Network (CAN) wrote a memorandum in support of Washington, DC's proposed prostate screening law. Specifically, the CAN memo suggests, "[E]nabling cost-free access to screening and early detection of prostate cancer….will save lives, and could actually decrease the cost of providing health care for those impacted."[lxxi]

Nine other states and Washington, DC have enacted laws prohibiting the application of cost-sharing for covered prostate cancer screenings. The coverage mandates established under these laws vary as to which populations are covered and under which circumstances, with some states requiring coverage for all men, regardless of risk factors, and others establishing age-based distinctions that factor in race and family history of cancer. The laws in those states can also be

distinguished based on the specific tests and procedures that are subject to the coverage mandate, as well as the frequency at which the screenings are required to be covered. The language of these state mandates also vary in the specific terminology used to describe the covered screenings, which distinctions may have a substantive effect on what specific services fall within the coverage mandate (*i.e.*, there may be differences depending on whether a given law applies to "preventive screenings," "diagnostic screenings," or "any preventive screening, test, or procedure performed for the purpose of detecting cancer").

Although the stated purpose of many of these coverage mandates is to ensure early detection and treatment of prostate cancer, experts have cautioned that, because the most common screening methodologies for prostate cancer carry a risk of both false positives and false negatives, practitioners need to be aware of the potential limitations of those screening methodologies and be ready to take the steps needed to mitigate those limitations. Additionally, it should be noted that the current USPSTF guidelines assign a "C" grade to prostate cancer screenings for men ages 55 to 69 years and a "D" grade to prostate cancer screenings for men ages 70 and older; although it may be further noted that the Memorial Sloan Kettering Cancer Center has suggested that current screening recommendations may be based on an insufficient dataset. In other words, although some studies support modifying or removing certain age-based requirements for prostate cancer screening coverage, there is not universal support for doing so.

The Patient Protection and Affordable Care Act (ACA), Section 2713, amending the Public Health Services Act, as well as regulations implementing the ACA, and state law set forth at P.L.2019, c.360, currently require carriers to provide coverage for evidence-based preventive services that have an "A" or "B" recommendation rating from the USPSTF. As a result, because the current USPTF recommendations do not assign an A or B rating to prostate cancer screenings, the screenings are not required to be covered under the ACA's general mandate on preventive services or New Jersey's general mandate on preventive services. However, as noted, New Jersey already has statutory mandates requiring coverage for prostate cancer screening in certain markets and for certain purposes, and prostate cancer screenings are listed as an example of a preventive service for which coverage is required in the standard policy forms used by the Individual Health Coverage Program and the Small Employer Health Benefits Program.

Finally, some advocates have suggested that mandating commercial insurance coverage for prostate cancer screenings without cost-sharing makes these screenings more affordable and accessible. This may establish a coverage mandate that is on par with mandated screenings for other cancers, such as breast cancer, that similarly prohibit the application of cost-sharing. [lxxii,lxxiii]

FINANCIAL IMPACT

Of the jurisdictions discussed above, in the "Other States" section, that have adopted a prostate cancer screening mandate that prohibits the application of cost sharing, four of those states and Washington, DC provided fiscal notes or financial impact statements analyzing the impact of those mandates on insurance costs, examining either the impact to state budgets or to policy holders' premiums.

Washington, DC's fiscal impact statement is limited to a short description regarding funding for its proposed new law mandating coverage for one PSA test and one digital rectal examination per year, without cost-sharing. The document states, "Funds are sufficient in the fiscal year 2024 budget and fiscal year 2025 though fiscal year 2028 budget and financial plan to implement the bill….All health insurers operating in the District…already cover prostate cancer screenings."[lxxiv] Virginia's fiscal statement assessing the budget impact of mandating coverage for one PSA test and one digital rectal examination per year on health carriers and the health care coverage plan for state employees, as well as the state's Medicaid program, was summarized in one sentence, "The proposed legislation is not expected to have a state fiscal impact."[lxxv]

Tennessee's Fiscal Review Committee produced a fiscal note analyzing the impact of extending commercial insurance coverage for prostate cancer screenings for early detection beyond men ages 50 and older to men 40 to 49 years of age at high risk of prostate cancer, and to other men if a physician determines that early detection is medically necessary. Tennessee's law also eliminated all cost-sharing provisions for these prostate cancer screenings. The analysis estimated no fiscal impact on the State Group Insurance Program and found any fiscal impact on Tennessee's Department of Commerce and Insurance was "estimated to be not significant."[lxxvi]

Maryland provided several analyses of the fiscal and insurance premium impacts of its prostate cancer screening law, which would eliminate all cost-sharing provisions in extending coverage for preventive care screening services, including a PSA test and digital rectal examination, to all men 40 to 75 years of age. The Department of Legislative Services produced a fiscal and policy note, reporting the following fiscal impacts, "Potential minimal increase for the State Employee and Retiree Health and Welfare Benefits Program….Potential increase in expenditures for local governments that purchase fully insured insurance plans…."[lxxvii] The analysis also estimated potentially meaningful impacts for small businesses, to the extent that the elimination of cost-sharing could increase costs for small group insurance carriers.[lxxviii]

The Maryland Health Care Commission ("Commission") provided a more detailed analysis of the insurance premium impacts of the prostate screening bill. The Commission analysis "included the fully insured individual market, small group market, and large group market (including the Federal Employees Health Benefits Program)."[lxxix] Across all of these markets, "The Commission estimates that the elimination of cost-sharing will add about $0.03 per member per month (PMPM) to fully insured health care premiums (or about $0.35 per year)…in

Maryland.[lxxx] An earlier cost analysis by the Commission found "the estimated cost for eliminating the member cost-sharing is about 0.01% of premium across all markets (individual, small group, and fully-insured large group)."[lxxxi] The Commission also stated its belief that the elimination of cost-sharing would not "fuel excessive demand" for PSA testing, "because of the emphasis on shared decision making" in assessing the benefit of PSA screening.[lxxxii]

Kentucky provided four analyses of the projected impacts of its law requiring commercial insurance coverage for any preventive screening, test, or procedure performed for the purpose of detecting cancer. This insurance coverage mandate was extended to men 40 years and older at highest risk of prostate cancer, to men aged 45 years and older at high risk, and to men aged 50 years and older at average risk, while also eliminating all cost-sharing provisions. The Kentucky Department of Insurance analyzed the financial impacts of the legislation on all fully insured policies for all health benefits plans, excluding Medicaid and the state employees' program. That financial impact statement found that the expanded requirement "is not expected to materially increase premiums…." and "is not expected to materially increase the total cost of health care in the Commonwealth…."[lxxxiii] The expanded requirements were also not expected to materially increase the administrative costs of the carriers.[lxxxiv] The financial impact statement also noted, "It is acknowledged that there is a potential for long-term savings due to increased affordability and accessibility to cancer screenings which could lead to earlier detection of cancer."[lxxxv] However, the report advised that this analysis was beyond the time and resources available to the authors.

A second analysis of the Kentucky legislation examined the impact of the expanded coverage mandate on local governments. The Kentucky Legislative Research Commission (LRC) reported the expanded mandate would "have no fiscal impact on the majority of cities since the health insurance they offer includes preventive care."[lxxxvi] For those cities that offer health insurance plans without preventive screening coverage, "The bill would have an indeterminable but negative short term fiscal impact on premiums…." The LRC indicated that, while it did not have sufficient data to make an informed estimate of the potential increase in premiums to pay for the additional preventive services, "[P]reventive services generally result in long term cost savings because early detection reduces the potential for more costly treatments in the future."[lxxxvii]

The LRC also prepared separate actuarial analyses on behalf of the Kentucky Public Pensions Authority (KPPA) and the Judicial Form Retirement System (JFRS). With regard to the projected effects on the KPPA, the LRC found that the new coverage mandate "will not increase or decrease benefits, nor will it increase or decrease the participation in benefits, in any of the retirement systems administered by the [KPPA]."[lxxxviii] The LRC also reported that new law would not change the actuarial accrued liability of any of the systems administered by KPPA.[lxxxix] Finally, the LRC found there "may be an increase in employer costs if the inclusion of preventive cancer screenings causes an increase in insurance premiums for the plans provided through KPPA…."[xc] The LRC's actuarial analysis for the JFRS reported the same findings.[xci]

An additional consideration is that the federal Patient Protection and Affordable Care Act requires states to defray the cost of any health insurance benefit mandate enacted after December 31, 2011, that is part of an insurance plan sold on a state exchange that is in addition to the state's essential health benefits (EHBs) and related to specific care, treatment, or services (P.L. 111-148 § 1311(d)(3) & 45 CFR 155.170). The state must then defray the cost of the additional mandates by making the appropriate payment directly to an enrollee or to the insurer on the enrollee's behalf (45 CFR 155.170). A 2017 federal final rule (§ 19) changed the entity responsible for identifying mandates and receiving excess cost reports from the state's exchange to the state. Defrayment does not apply to the large group market. For more information on State-required benefits, please refer to this CMS FAQ on Defrayal of State Additional Required Benefits.[xcii] As part of the HHS Notice of Benefit and Payment Parameters for 2025, for plan years beginning on or after January 1, 2027, CMS is proposing revisions to the standards for state selection of EHB-benchmark plans to address long-standing requests from states to improve, and reduce the burden of, the EHB-benchmark plan update process.[xciii] The process of updating the state's EHB-benchmark plan could create a pathway to adding benefits to the benchmark plan that may not trigger defrayal provided certain parameters are met. Thus, although this is a state-by-state analysis and no such analysis has been performed for New Jersey, a coverage mandate for prostate cancer screening without cost sharing may trigger the federal defrayment requirements.

CONCLUSION

The prostate cancer screening recommendations and guidelines from leading national entities differ. The USPSTF does not recommend screening for men younger than 55 years of age, recommends that men and their healthcare providers balance considerations of potential benefits and harms from screening for men between the ages of 55 and 69 years, and recommends against screening for men 70 years and older. ACS guidelines recommend that men at higher risk of prostate cancer, due to personal demographics or family history, begin discussions with their healthcare providers at younger ages and recommend screening using a PSA test.

The medical evidence shows that earlier detection of prostate cancer results in significantly higher survival rates compared with patients whose cancer is detected at a more advanced stage. Studies suggest the treatment of prostate cancer in its earlier stages also leads to fewer side effects and better quality of life. The cost of care for treating prostate cancer at a more advanced stage is significantly higher, as studies have found the cost of treating stage 4 prostate cancer is up to 7 times more expensive than the cost of treating stage 1 prostate cancer.

S3060 and the enacted laws discussed in this report prohibit the application of cost-sharing to prostate cancer screenings subject to the coverage mandate, the purpose of which is generally

attributed to the goal of increasing access to screenings, improving screening rates, and lowering or removing potential barriers from the decision to screen for prostate cancer.

Although some state financial or fiscal impact statements identified the possibility of higher costs or premiums in some insurance markets resulting from a prohibition on cost-sharing for prostate cancer screenings, none found the potential costs to be prohibitive. Most analyses found no meaningful increases in healthcare costs, insurance premiums, or administrative expenditures as a result of these mandated changes in coverage. Several fiscal impact analyses additionally predicted that states could expect long-term savings as a result of improving the affordability and accessibility of screening, which in turn would result in prostate cancer being detected and diagnosed at earlier stages, when the disease is less costly to treat.

On the other hand, of the enacted laws discussed above, only the Illinois law enacted coverage of services that appears to be comparable to the services that would be subject to the coverage mandate that would be established under S3060. Like S3060, Illinois' prostate screening law requires coverage of all screening tests and procedures, as well as follow up services including, but not limited to, urinary analysis, serum biomarkers, and medical imaging, including, but not limited to, magnetic resonance imaging, for men at younger ages at higher risk levels. The Illinois prostate cancer screening law did not require a fiscal impact statement, so no detailed financial analysis of the law most comparable to S3060 exists. As a result, the cost of coverage for this broader range of services with no cost sharing, especially follow-up services such as MRIs, will likely be higher than has been observed under other state laws providing expanded coverage for prostate cancer screenings.

In addition to expanding the scope of the existing statutory prostate cancer coverage mandate to apply to a broader age range, remove certain risk-factor-based distinctions, expand the scope of services covered under the mandate, and prohibit the application of cost-sharing, S3060 would expand the coverage mandate to additional insurance markets, including the individual insurance market, the Individual Health Coverage and Small Employer Health Benefits Programs, and the State Health Benefit Program and School Employees' Health Benefits Program. To the extent these markets do not already provide coverage for prostate cancer screenings, or to the extent that existing coverage in those markets would be expanded, there may be a fiscal impact to those markets. As discussed above, the effect on premiums in those markets may be *de minimis*, and there is the potential that increased costs resulting from increased utilization and a restriction on cost-sharing will be offset by cost savings resulting from earlier treatment interventions. Although studies suggest the financial effects of an expanded prostate cancer screening mandate and a prohibition on cost-sharing on insurance costs are likely to be minimal, it is not possible at this juncture to predict how S3060 would affect prostate cancer screening utilization or either increase or decrease the costs of insurance coverage.

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SENATE, No. 3060

STATE OF NEW JERSEY

221st LEGISLATURE

INTRODUCED APRIL 8, 2024

Sponsored by:
Senator TROY SINGLETON
District 7 (Burlington)

Co-Sponsored by:
Senators Gopal and Greenstein

SYNOPSIS

Expands requirements for health insurance carriers concerning prostate cancer screening and requires coverage be provided without cost sharing.

CURRENT VERSION OF TEXT

As introduced.

(Sponsorship Updated As Of: 3/17/2025)

AN ACT concerning health insurance coverage for prostate cancer screening and amending P.L.1996, c.125 and supplementing various parts of the statutory law.

BE IT ENACTED *by the Senate and General Assembly of the State of New Jersey:*

1. Section 1 of P.L.1996, c.125 (C.17:48E-35.13) is amended to read as follows:.

1. a. No health service corporation contract providing hospital or medical expense benefits **[**for groups with greater than 49 persons**]** shall be delivered, issued, executed or renewed in this State, or approved for issuance or renewal in this State by the Commissioner of Insurance on or after the effective date of **[**this act**]** P.L.1996, c.125 (C.17:48E-35.13 et al.), unless the contract provides benefits to any named subscriber or other person covered thereunder for expenses incurred in conducting an annual **[**medically recognized diagnostic examination including, but not limited to, a digital rectal examination and a prostate-specific antigen test for men age 50 and over who are asymptomatic and for men age 40 and over with a family history of prostate cancer or other prostate cancer risk factors**]** prostate cancer screening.

The benefits shall be provided to the same extent as for any other medical condition under the contract except that no deductible, coinsurance, copayment, or any other cost-sharing requirement on the benefits shall be imposed for men who are between 40 and 75 years of age.

This section shall apply to all health service corporation contracts in which the health service corporation has reserved the right to change the premium.

b. As used in this section:

"Prostate cancer screening" means medically viable methods for the detection and diagnosis of prostate cancer, which includes a digital rectal exam and the prostate-specific antigen test and associated laboratory work. "Prostate cancer screening" shall also include subsequent follow up testing as direct by a health care provider, including, but not limited to:

(1) urinary analysis;

(2) serum biomarkers;

(3) medical imaging, including, but not limited to, magnetic resonance imaging.

(cf: P.L.1996, c.125, s.1)

2. Section 2 of P.L.1996, c.125 (C.17:48-6p) is amended to read as follows:

EXPLANATION – Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and is intended to be omitted in the law.

Matter underlined thus is new matter.

2. a. No hospital service corporation contract providing hospital or medical expense benefits [for groups with greater than 49 persons] shall be delivered, issued, executed or renewed in this State, or approved for issuance or renewal in this State by the Commissioner of Insurance on or after the effective date of [this act] P.L.1996, c.125 (C.17:48E-35.13 et al.), unless the contract provides benefits to any named subscriber or other person covered thereunder for expenses incurred in conducting an annual [medically recognized diagnostic examination including, but not limited to, a digital rectal examination and a prostate-specific antigen test for men age 50 and over who are asymptomatic and for men age 40 and over with a family history of prostate cancer or other prostate cancer risk factors] prostate cancer screening.

The benefits shall be provided to the same extent as for any other medical condition under the contract except that no deductible, coinsurance, copayment, or any other cost-sharing requirement on the benefits shall be imposed for men who are between 40 and 75 years of age.

This section shall apply to all hospital service corporation contracts in which the hospital service corporation has reserved the right to change the premium.

b. As used in this section:

"Prostate cancer screening" means medically viable methods for the detection and diagnosis of prostate cancer, which includes a digital rectal exam and the prostate-specific antigen test and associated laboratory work. "Prostate cancer screening" shall also include subsequent follow up testing as direct by a health care provider, including, but not limited to:

(1) urinary analysis;

(2) serum biomarkers;

(3) medical imaging, including, but not limited to, magnetic resonance imaging.

(cf: P.L.1996, c.125, s.2)

3. Section 3 of P.L.1996, c.125 (C.17:48A-7n) is amended to read as follows:

3. a. No medical service corporation contract providing hospital or medical expense benefits [for groups with greater than 49 persons] shall be delivered, issued, executed or renewed in this State, or approved for issuance or renewal in this State by the Commissioner of Insurance on or after the effective date of [this act] P.L.1996, c.125 (C.17:48E-35.13 et al.), unless the contract provides benefits to any named subscriber or other person covered thereunder for expenses incurred in conducting an annual [medically recognized diagnostic examination including, but not limited to, a digital rectal examination and a prostate-specific anitgen test for men age 50 and over who are asymptomatic and for

men age 40 and over with a family history of prostate cancer or other prostate cancer risk factors**]** prostate cancer screening.

The benefits shall be provided to the same extent as for any other medical condition under the contract except that no deductible, coinsurance, copayment, or any other cost-sharing requirement on the benefits shall be imposed for men who are between 40 and 75 years of age.

This section shall apply to all medical service corporation contracts in which the medical service corporation has reserved the right to change the premium.

b. As used in this section:

"Prostate cancer screening" means medically viable methods for the detection and diagnosis of prostate cancer, which includes a digital rectal exam and the prostate-specific antigen test and associated laboratory work. "Prostate cancer screening" shall also include subsequent follow up testing as direct by a health care provider, including, but not limited to:

(1) urinary analysis;

(2) serum biomarkers;

(3) medical imaging, including, but not limited to, magnetic resonance imaging.

(cf: P.L.1996, c.125, s.3)

4. Section 4 of P.L.1996, c.125 (C.17B:27-46.1o) is amended to read as follows:

4. a. No group health insurance policy providing hospital or medical expense benefits **[**for groups with greater than 49 persons**]** shall be delivered, issued, executed or renewed in this State, or approved for issuance or renewal in this State by the Commissioner of Insurance on or after the effective date of **[**this act**]** P.L.1996, c.125 (C.17:48E-35.13 et al.), unless the policy provides benefits to any named insured or other person covered thereunder for expenses incurred in conducting an annual **[**medically recognized diagnostic examination including, but not limited to, a digital rectal examination and a prostate-specific antigen test for men age 50 and over who are asymptomatic and for men age 40 and over with a family history of prostate cancer or other prostate cancer risk factors**]** prostate cancer screening.

The benefits shall be provided to the same extent as for any other medical condition under the policy except that no deductible, coinsurance, copayment, or any other cost-sharing requirement on the benefits shall be imposed for men who are between 40 and 75 years of age.

This section shall apply to all group health insurance policies in which the health insurer has reserved the right to change the premium.

b. As used in this section:

"Prostate cancer screening" means medically viable methods for the detection and diagnosis of prostate cancer, which includes a digital rectal exam and the prostate-specific antigen test and associated laboratory work. "Prostate cancer screening" shall also include subsequent follow up testing as direct by a health care provider, including, but not limited to:

(1) urinary analysis;

(2) serum biomarkers;

(3) medical imaging, including, but not limited to, magnetic resonance imaging.

(cf: P.L.1996, c.125, s.4)

5. Section 5 of P.L.1996, c.125 (C.26:2J-4.13) is amended to read as follows:

5. a. A certificate of authority to establish and operate a health maintenance organization in this State shall not be issued or continued by the Commissioner of Health on or after the effective date of **[**this act**]** P.L.1996, c.125 (C.17:48E-35.13 et al.) unless the health maintenance organization provides health care services to any enrollee which include an annual **[**medically recognized diagnostic examination including, but not limited to, a digital rectal examination and a prostate-specific antigen test for men age 50 and over who are asymptomatic and for men age 40 and over with a family history of prostate cancer or other prostate cancer risk factors**]** prostate cancer screening.

The health care services shall be provided to the same extent as for any other medical condition under the contract except that no deductible, coinsurance, copayment, or any other cost-sharing requirement on the services shall be imposed for men who are between 40 and 75 years of age.

The provisions of this section shall apply to all contracts for health care services by health maintenance organizations under which the right to change the schedule of charges for enrollee coverage is reserved.

b. As used in this section:

"Prostate cancer screening" means medically viable methods for the detection and diagnosis of prostate cancer, which includes a digital rectal exam and the prostate-specific antigen test and associated laboratory work. "Prostate cancer screening" shall also include subsequent follow up testing as directed by a health care provider, including, but not limited to:

(1) urinary analysis;

(2) serum biomarkers;

(3) medical imaging, including, but not limited to, magnetic resonance imaging.

(cf: P.L.1996, c.125, s.5)

6. (New section) a. Every individual health insurance policy that provides hospital or medical expense benefits and is delivered, issued, executed or renewed in this State pursuant to chapter 26 of Title 17B of the New Jersey Statutes, or approved for issuance or renewal in this State by the Commissioner of Banking and Insurance, on or after the effective date of this act shall provide coverage for an annual prostate cancer screening.

The benefits shall be provided to the same extent as for any other medical condition under the contract except that no deductible, coinsurance, copayment, or any other cost-sharing requirement on the services shall be imposed for men who are between 40 and 75 years of age.

The provisions of this section shall apply to all policies in which the insurer has reserved the right to change the premium.

b. As used in this section:

"Prostate cancer screening" means medically viable methods for the detection and diagnosis of prostate cancer, which includes a digital rectal exam and the prostate-specific antigen test and associated laboratory work. "Prostate cancer screening" shall also include subsequent follow up testing as direct by a health care provider, including, but not limited to:

(1) urinary analysis;

(2) serum biomarkers;

(3) medical imaging, including, but not limited to, magnetic resonance imaging.

7. (New section) a. Every individual health benefits plan that provides hospital or medical expense benefits and is delivered, issued, executed or renewed in this State pursuant to P.L.1992, c.161 (C.17B:27A-2 et seq.) or approved for issuance or renewal in this State on or after the effective date of this act shall provide benefits for an annual prostate cancer screening.

The benefits shall be provided to the same extent as for any other medical condition under the contract except that no deductible, coinsurance, copayment, or any other cost-sharing requirement on the services shall be imposed for men who are between 40 and 75 years of age.

The provisions of this section shall apply to all health benefits plans in which the carrier has reserved the right to change the premium.

b. As used in this section:

"Prostate cancer screening" means medically viable methods for the detection and diagnosis of prostate cancer, which includes a digital rectal exam and the prostate-specific antigen test and associated laboratory work. "Prostate cancer screening" shall also include subsequent follow up testing as direct by a health care provider, including, but not limited to:

(1) urinary analysis;

(2) serum biomarkers;

(3) medical imaging, including, but not limited to, magnetic resonance imaging.

8. (New section) a. Every small employer health benefits plan that provides hospital or medical expense benefits and is delivered, issued, executed or renewed in this State pursuant to P.L.1992, c.162 (C.17B:27A-17 et seq.) or approved for issuance or renewal in this State on or after the effective date of this act shall provide benefits for an annual prostate cancer screening.

The benefits shall be provided to the same extent as for any other medical condition under the contract except that no deductible, coinsurance, copayment, or any other cost-sharing requirement on the services shall be imposed for men who are between 40 and 75 years of age.

The provisions of this section shall apply to all health benefits plans in which the carrier has reserved the right to change the premium.

b. As used in this section:

"Prostate cancer screening" means medically viable methods for the detection and diagnosis of prostate cancer, which includes a digital rectal exam and the prostate-specific antigen test and associated laboratory work. "Prostate cancer screening" shall also include subsequent follow up testing as direct by a physician, including, but not limited to:

(1) urinary analysis;

(2) serum biomarkers;

(3) medical imaging, including, but not limited to, magnetic resonance imaging.

9. (New section) a. The State Health Benefits Commission shall ensure that every contract purchased by the commission on or after the effective date of this act that provides hospital or medical expense benefits shall provide coverage for an annual prostate cancer screening.

The benefits shall be provided to the same extent as for any other medical condition under the contract except that no deductible, coinsurance, copayment, or any other cost-sharing requirement on the services shall be imposed for men who are between 40 and 75 years of age.

b. As used in this section:

"Prostate cancer screening" means medically viable methods for the detection and diagnosis of prostate cancer, which includes a digital rectal exam and the prostate-specific antigen test and associated laboratory work. "Prostate cancer screening" shall also include subsequent follow up testing as direct by a health care provider, including, but not limited to:

(1) urinary analysis;

(2) serum biomarkers;

(3) medical imaging, including, but not limited to, magnetic resonance imaging.

10. (New section) a. The School Employees' Health Benefits Commission shall ensure that every contract purchased by the commission on or after the effective date of this act that provides hospital or medical expense benefits shall provide coverage for an annual prostate cancer screening.

The benefits shall be provided to the same extent as for any other medical condition under the contract except that no deductible, coinsurance, copayment, or any other cost-sharing requirement on the services shall be imposed for men who are between 40 and 75 years of age.

b. As used in this section:

"Prostate cancer screening" means medically viable methods for the detection and diagnosis of prostate cancer, which includes a digital rectal exam and the prostate-specific antigen test and associated laboratory work. "Prostate cancer screening" shall also include subsequent follow up testing as direct by a health care provider, including, but not limited to:

(1) urinary analysis;

(2) serum biomarkers;

(3) medical imaging, including, but not limited to, magnetic resonance imaging.

11. This act shall take effect on the 90th day next following the date of enactment and shall apply to all contracts and policies delivered, issued, executed, or renewed on or after that date.

STATEMENT

As amended, this bill requires health, hospital, and medical service corporations, health maintenance organizations, and commercial group health insurers to provide coverage for an annual prostate cancer screening without cost sharing for men who are between 40 and 75 years of age. Under current law, these health insurance carriers are required only to provide coverage for an annual medically recognized diagnostic examination including, but not limited to, a digital rectal examination and a prostate-specific antigen test for men age 50 and over who are asymptomatic and for men age 40 and over with a family history of prostate cancer or other prostate cancer risk factors. The bill expands the definition of "prostate cancer screening" to mean medically viable methods for the detection and diagnosis of prostate cancer, which includes a digital rectal exam and the prostate-specific antigen test and

associated laboratory work. "Prostate cancer screening" shall also include subsequent follow up testing as direct by a physician, including, but not limited to:

(1) urinary analysis;

(2) serum biomarkers;

(3) medical imaging, including, but not limited to, magnetic resonance imaging.

The bill also extends the prostate cancer screening requirements to commercial individual health insurers, health benefits plans issued pursuant to the New Jersey Individual Health Coverage and Small Employer Health Benefits Programs, the State Health Benefits Program, and the School Employees' Health Benefits Program, which are not required to provide this coverage under current law.

Appendix II

Liza Ackerman
Jamie Galemba
Office of Legislative Services
Committee Aides
609-847-3845

NEW JERSEY LEGISLATURE

SENATE COMMERCE COMMITTEE

STATE HOUSE ANNEX · P.O. BOX 068 · TRENTON, NJ 08625-0068
www.njleg.gov

May 5, 2025

New Jersey Mandated Health Benefits Advisory Commission
P.O. Box 325
Trenton, NJ 08625

Dear Members of the Commission:

As the Chair of the Senate Commerce Committee, I respectfully request the Commission to review and prepare a written report of Senate Bill 3060, sponsored by Senator Singleton. The bill would expand requirements for health insurance carriers concerning prostate cancer screening and requires coverage be provided without cost sharing.

If you have any questions, please do not hesitate to contact Allison Meyers or David Smith, Senate Commerce Committee Aides, at 609-847-3700. Thank you for your immediate attention to this matter.

Sincerely,

Joseph A. Lagana
Senator, 38th District

CC: Allison Meyers
Policy Analyst
Senate Majority Office

David Smith
Senior Policy Analyst
Senate Majority Office