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EDITORIAL

Men's Health and Prostate Cancer Screening as Legislative Priorities

There is a growing gender gap among American men. While both sexes are living longer, women are outpacing men on average by about 6 years. According to national statistics at age 65, there are only 77 men alive for every 100 women. Men die at a much younger age than women for a variety of reasons. Harvard Health Publishing has provided an overview of the many reasons for this gender longevity gap in their online publication "Mars vs. Venus: The gender gap in health".[1]

There are many reasons that men lag behind women that include a complex mix of biological, social, and behavioral factors. While some biologic factors are difficult to change, social factors and activities that impact overall health are opportunities for change. Males have higher mortality rates in nine out of the 10 leading causes of death.[2] Men visit healthcare providers less often than women, frequently eliminating regular health care between ages 18 and 50 before returning later in life for acute or chronic health issues. All of these identified factors would benefit from additional studies.

Awareness of these disparities in the sexes has captured the attention of legislators at both the federal and state level. The American Urologic Association (AUA) in particular has been proactive in this area of improving health outcomes in men. The AUA has organized the "Men's Health Policy Alliance" to bring patients, clinicians, and a variety of public health organizations together with urologists to engage with and educate members of congress on issues important to men's health.

At the federal level, the long-term efforts of the AUA and the AUA Political Action Committee (AUAPAC) have contributed significantly to the new "State of Men's Health Act" (H.R. 7602/S. 5113). Supported by bipartisan members of both the house and senate, the bill will be taken up by the 120th Congress when they convene in January 2027. Key elements in this bill will support federal studies of issues that directly impact men's health outcomes. The bill directs Congress to establish a first ever Office of Men's Health in the Department of Health and Human Services (HHS). It clearly stipulates that no funding will be taken away from any women's health initiatives. Activities of this new office would directly impact many aspects of men's health and the practice of urology.

There are also specific initiatives at the federal and state level that are designed to improve the diagnosis and outcome of high-risk men with prostate cancer. Prostate cancer is the most common solid tumor in American men and the second leading cause of cancer deaths. However, we have recently witnessed an increase in the diagnosis of men with advanced stage disease. While controversial, some of this increase may be due to changes in routine screening guidelines that occurred over the last 5 to 10 years.

"PSA Screening for HIM", known officially as Act H.R 1300, was introduced in the U.S. House of Representatives in the 2025-2026 legislative session with the Senate companion legislation, S.297, introduced in the spring of 2026. These bills, pending Congressional approval, require private health insurance plans to cover evidence-based, preventive care and screenings for prostate cancer that are not already covered under the recommendations of

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the U.S. Preventive Services Task Force for certain men. Specifically, the bill amends the Public Health Service Act such that health plans must cover such care and screenings for men who are age 40 and over and are at high risk of developing prostate cancer such as Black men and those with a family history or genetic markers like BRCA mutations. Such coverage must be provided without imposing any cost-sharing requirement. Medicare already covers annual prostate cancer screenings for individuals aged 50 and older. Even though some medical organizations updated their guidelines over the years to restrict routine testing, Medicare has maintained its coverage policy to ensure patients can access these tests if they choose. Most Medicare beneficiaries are 65 or older; about 1 in 8 are younger and qualify for Medicare because of a disability. PSA based screening for Medicare beneficiaries was passed by Congress and signed into law by President Bill Clinton. It officially established the Medicare benefit category for prostate screening, taking effect on January 1, 2000.

There is also nationwide interest at the state legislative level to facilitate the ability of high-risk younger men starting at age 40, to obtain PSA based prostate cancer screening. State legislation regarding PSA testing primarily focuses on eliminating out-of-pocket costs (deductibles, copayments, coinsurance) to improve early prostate cancer detection. While the federal Affordable Care Act (ACA) mandates no-cost preventive screenings for many conditions, such as breast, lung, cervical and colorectal cancer screenings, it does not fully eliminate cost-sharing for PSA testing for younger men. This is because federal guidelines recommend "shared decision-making" rather than recommending universal routine screening.

As a result, individual states are engaged in legislative efforts to ensure no-cost insurance coverage for PSA screening in high-risk men. Organizations such as the Large Urology Group Practice Association (LUGPA), Zero Prostate Cancer, American Cancer Society Cancer Action Network (ACS CAN) and others are spearheading these state legislative initiatives. The goal is to bring prostate cancer screening in line with other no-cost preventive services, such as breast and colorectal cancer screening, where coverage parity already exists. This shift reflects increasing recognition of the clinical value of PSA testing when paired with shared decision-making and emphasizing risk-based screening. Numerous states and the Washington D.C. District of Columbia have enacted no-cost prostate cancer screening policies in the United States with many other states developing similar legislative initiatives. According to LUGPA, the goal is to enact no cost PSA screening policies in 25 states by 2030. Examples of some states that have already passed this legislation include Alabama, Delaware, Kentucky, Louisiana, Maine, Maryland, New York, Oregon, Rhode Island, Tennessee, Virginia, and the District of Columbia. Pennsylvania, Maryland and Maine have pending legislation as of the fall of 2026.

Men's health care and prostate cancer screening are evolving from a standard one size fits all to more personalized care models. The renewed legislative interest in addressing the significant gender gap in longevity and the focus on high-risk men for PSA based screening will hopefully reduce some of the health care disparities that impact men in the US.

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