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The Virginia General Assembly
House Committee on Labor and Commerce
201 North 9th Street
Richmond, VA 23219

February 6, 2026

Re: Support for HB 813

Dear Chairwoman Ward, Vice Chair Sullivan, and Members of the House Committee on Labor and Commerce,

My name is Ron Lanton, and I am Government Affairs Director for the American Association of Clinical Urology, Inc. (AACU).

The AACU respectfully submits this letter in support of HB 813, legislation requiring health insurers to provide coverage for prostate cancer screening for men aged 50 and older, and for men aged 40 and older who are at high risk, in accordance with evidence-based clinical guidelines. This bill represents an important step toward improving access to preventive care and advancing early detection of a disease that continues to impose a significant clinical and economic burden on patients and families across the Commonwealth.

Founded in 1968 by urologists concerned about the growing role of government in the practice of medicine, the AACU is a national professional organization representing more than 3,700 urologists and urologic societies across the United States. We are dedicated to advancing health policy that preserves professional autonomy while ensuring patients receive timely, appropriate, and high-quality urologic care.

From a clinical perspective, prostate cancer remains one of the most commonly diagnosed cancers among men and a leading cause of cancer-related mortality. Men at increased risk—including African American men and those with a family history of prostate cancer—face higher incidence, earlier onset, and more aggressive disease. Financial barriers to screening can discourage early evaluation among these populations, contributing to later-stage diagnoses that are more difficult to treat and associated with worse outcomes.



Protecting the political and professional interests of Urology since 1968



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HB 813 addresses this challenge by removing cost-sharing barriers that interfere with appropriate screening and shared decision-making between patients and their physicians. Early detection through guideline-supported screening enables clinicians to identify disease at a more treatable stage, reduces downstream treatment complexity, and helps mitigate long-standing disparities in outcomes.

AACU has observed similar screening access policies enacted or advanced in other states, reflecting a growing recognition that preventive urologic care is a sound investment in patient health and long-term system sustainability. Experience shows that improving access to screening does not encourage inappropriate utilization, but rather supports evidence-based care tailored to patient risk.

The AACU commends the General Assembly for its consideration of HB 813 and respectfully urges the Committee to advance this legislation. We stand ready to serve as a clinical and policy resource as the Committee continues its work.

Thank you for your time and consideration.

Sincerely,

John Lam, MD

John Lam, MD

State Advocacy Network Chair
American Association of Clinical Urologists, Inc.

C. Mark Jackson, MD

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