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Breast Cancer Treatment Access

Breast cancer is a public concern which will affect almost 15% of all women over the course of their lifetime. Federal and state government have the authority to regulate and provide access to healthcare systems to assist with the treatment of Breast Cancer. The United States government is also the largest funder of continued biomedical research and advancement. It is important that those who influence policy are educated and trained and adhere only to the agenda of saving lives and ending breast cancer.

Scope of the Problem

The fight against breast cancer has never been as aggressive or advanced as it is today. It is estimated 40,450 women in the U.S. are expected to die in 2016 from breast cancer. However, since 1990, breast cancer mortality rates have been decreasing annually by 1.9%, on average (NBCC 2016). Women under the age of 50 have experienced larger decreases. These decreases are thought to be the result of advances in treatment, earlier detection through screening, and increased awareness.

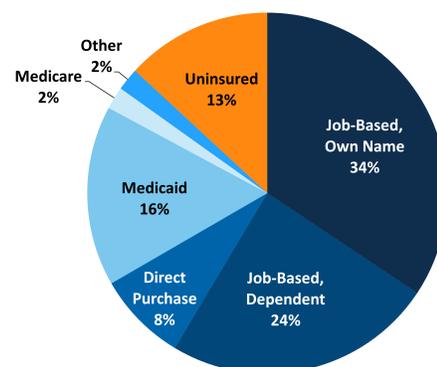
Despite this progress and support for the cure, many individuals are unable to win the fight against cancer because of a lack of access to these medical advancements. Previous studies have found that in the United States, uninsured and Medicaid insured patients with breast cancer have a lower survival rate in comparison to patients with access to private insurance or Medicare, even after adjustment for important prognostic factors such as gender, age, race/ethnicity, marital status, SES, and stage (Niu 2013). Comparisons of cancer survival among Canadian residents with U.S. residents concluded that low-income Canadians have a survival advantage over low-income U.S. residents. This is most likely due to Canada's universal health care system which provides equal access to medically necessary care.

Approximately 12.8 million women in the U.S. (13%)

ages 19 to 64 were uninsured in 2014. These women often have inadequate access to care, receive a lower standard of care when they are in the health system, and have poorer health outcomes (Niu 2013).

Furthermore, in comparison to women with insurance, uninsured women have lower utilization rate of important treatment services and are more likely to forgo medical services due to cost. In a survey conducted in Fall 2014, uninsured women were less likely to have a regular source of care compared to women with any form of insurance (Dayaratna 2014). Because of this, it is important to determine differential effects of health insurance on health status as a substantial portion of society remains limited to life saving health services.

Figure 1
Women's Health Insurance Coverage, 2014



Total= 97.5 Million Women Ages 19 to 64

NOTE: For non-elderly women, "other" includes women who are covered through the military or are covered by private insurance for which the origin is unknown. Percentages may not add up to 100% due to rounding.
SOURCE: Kaiser Family Foundation analysis based on 2015 Current Population Survey, U.S. Census Bureau.



Past Policy

Mandates from the State of New York ensuring access and protection to breast cancer patients have been advocated for since the mid-1980's. Since then, State laws have been reformed to require that insurers provide coverage for inpatient hospital care following a mastectomy, lymph node dissection, or lumpectomy. Insurers are required to provide coverage for the length of time determined medically appropriate by the attending physician in consultation with the patient (CDC 2000).

These policies also provide reimbursement and mandate exact details about the coverage to which patients are entitled. Informed consent for the treatment of breast cancer is also required in states such as Louisiana, Maine, Montana, Pennsylvania, and Virginia (CDC 2000). In statutes dating primarily from the mid-1980s, 14 states require physicians inform patients of the advantages, disadvantages, and risks of medically viable alternative therapies for the treatment of breast cancer. These laws may require use of a standardized written summary prepared by a state agency or the posting of signs outlining these alternatives. Some states also require the use of written consent for treatment forms signed by all breast cancer patients, verifying they have received the information mandated by these statutes (CDC 2000).

There are ten state laws which require insurers to offer coverage for chemotherapy and/or bone marrow transplants for the treatment of breast cancer in New York. Eight of these 10 laws have come into effect since 1993.

The statutes typically include quality assurance provisions relating to treatment facilities and protocols and require that coverage levels be no less favorable than for other services (CDC 2000). It is important to note these laws apply to private insurances and do not address the problem of uninsured patients.

Current Policy

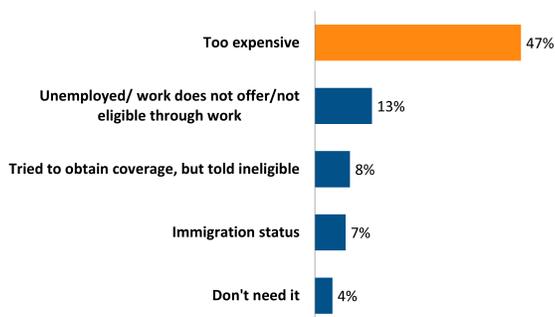
In March of 2010, the Patient Protection and Affordable Care Act, was signed into law, changing several rules regarding health care insurance coverage in the United States. One of the main goals of the act was to solve the issue of coverage for those uninsured or underinsured. For people with cancer, this law affects both the cost of and access to medical services

The health insurance reform ensures private healthcare plans are not allowed to place a Lifetime Limit (called a cap) on the dollar value of a person's coverage. This means an insurance company cannot refuse to cover a person's health care for the rest of their lifetime once a specific dollar amount is reached. The law also banned new plans and existing group plans from charging annual dollar limits on most covered benefits. However, one may still be responsible for paying for benefits that are not covered under their healthcare plan. Insurers cannot take away coverage, for any reason, except in cases of fraud. Previously, insurance companies could cancel coverage for an error or technical mistake in a patient's insurance application. This practice is now illegal (ASCO 2016).

The Affordable Care Act (2010) ensures insurance plans which offer dependent coverage to make coverage available to up to the age of 26. Furthermore, insurers cannot deny coverage for pre-existing conditions, unless they are grandfathered into individual healthcare plans. In the individual and small group market, the law eliminates the ability of insurance companies to charge higher rates because a patient is male or female or has a specific health condition care. To increase access and use of tests and services that can lower a person's cancer risk, the Affordable Care Act requires that certain preventive services which are recommended by their State.

Figure 4
Cost is the Major Barrier to Coverage for Many Uninsured Women

Among women uninsured in 2014, main reason for lacking coverage:



New York Governor Cuomo also signed an executive order in 2013 which established a statewide health insurance exchange as required under the Affordable Care Act. The provisions of the Affordable Care Act went into effect on a staggered basis, with some going into effect immediately, but most going into effect in 2014. Under the Patient Protection and Affordable Care Act (ACA), states are required to establish a statewide health insurance exchange, or default to the federal health insurance exchange. The health insurance exchange is a one-stop competitive market place for the purchase of health insurance under the rules established in the ACA. The exchange also provides help for consumers navigating through the different policies. The ACA provides New York with an opportunity to establish a strong, consumer-oriented health insurance exchange with comprehensive essential health benefit requirements.

New York State law now requires health insurance plans to cover treatment for breast cancer. If one does not have insurance and needs treatment, they may be eligible for the Medicaid Cancer Treatment Program (MCTP). The MCTP provides full Medicaid coverage for breast cancer treatment, breast reconstruction following surgery for breast cancer, and other medical expenses for people who meet certain eligibility criteria (DOH 2014). If an individual who meets the requirements appears to be eligible for Medicaid in any of the mandatory categories, the individual will be given Medicaid coverage under the MCTP for a limited time, pending a Medicaid eligibility determination survey.

Some people also benefit from the Family and Medical Leave Act (FMLA). This law lets many people with serious illnesses take unpaid leave to get medical care or manage their symptoms. Leave can take many forms, such as a part-time schedule for a specific amount of time, or taking certain days off a week. However, not all employers are required to follow FMLA (DOH 2015).

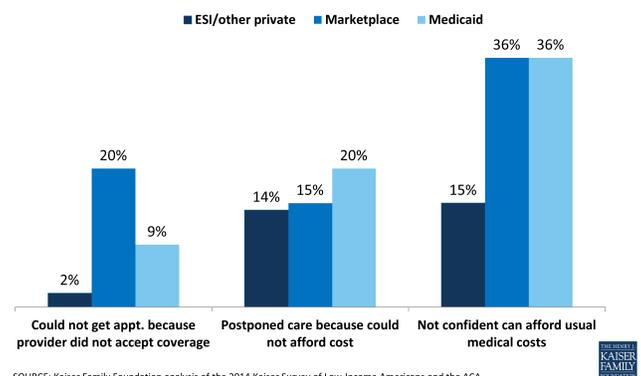
In New York State, during treatment patients are required to use step therapy. This step therapy requires patients to use drugs preferred by the insurance company, before a treatment that may be more useful for the patient.

If the patient does not respond to that drug then they are allowed to proceed to the next preferred drug that is covered under their insurance. This protocol is used to control costs and manage treatment plans for patients by insurance companies. This is an issue as the time that is spent using a drug that may not work can mean the difference between life and death for some patients.

This issue is hoped to be alleviated through the Prescription Drug Out-of-Pocket Cost Limitation Act was passed by the NYS Senate. This Act prohibits insurers and health maintenance organizations from creating specialty tiers within their prescription drug formularies. Specialty tiers force patients to pay a percentage of the cost of certain high-priced drugs, rather than a fixed amount, as a co-payment for a prescription drug. Additionally, specialty tiers most often apply to drugs needed by people suffering from life-threatening and/or chronic illnesses, thus requiring people with these conditions, even though insured, to pay hundreds or even thousands of dollars a month for vital medication.

The restrictions faced by those who are unable to fully access treatments necessary are measured in number of lives saved. Policies which encourage the fight against breast cancer have been on the rise and will continue to be one of the most effective tools in the fight. If well utilized, these tools will be efficient in the cause of increasing access to treatment and coverage for those under or uninsured.

Figure 5
Affordability and Access to Care Among Women, by Insurance Type, 2014



Policy Options

Accelerating the End of Breast Cancer Act through State Level Initiatives:

A call to action is necessary for all stakeholders to be informed of the necessary shift of all intended efforts towards looking at the disease differently, encouraging new approaches and staying focused on what will truly benefit women. It is important to define the important role the state and federal government must play in this effort, including necessary legislation complements and enhances the strategic work being done by the National Breast Cancer Coalition to end breast cancer.

Guaranteed Access to Quality Care for All:

Ensuring access to quality, evidence-based health care has been a top priority for many years. It is necessary to identify, advocate for, and support the implementation of laws such as the Patient Protection and Affordable Care Act (PPACA) which marks important steps forward in access to quality health care for individuals with, and at risk of, breast cancer. The PPACA is also committed to protecting vital existing programs, such as the Medicaid Breast and Cervical Cancer Treatment Program. New York State plays a vital part in ensuring these services cater best to State residents.

Increased funding for the New York State Breast Cancer Service, Research and Education Programs:

Increased funding will aid in the eradication of breast cancer by allowing for innovative, high-impact research through a partnership of scientists and consumers. This initiative is widely viewed as an innovative, unique, and efficient medical research model which has proven to be accountable to the public and has produced extraordinary results. It is necessary to have ongoing advocacy for increased funding for this program to continue to be successful.

Key Organizations

In order for the End of Breast Cancer deadline to be met, multiple stakeholders must continue to be focused and up to date on the essential efforts necessary to ensure this goal is effectively and efficiently met. Mentioned organizations play a vital effort in planning and pursuing these goals.

- **Conquer Cancer Foundation (CCF):** The CCF was created by the world's foremost cancer doctors of the American Society of Clinical Oncology (ASCO) to seek dramatic advances in the prevention, treatment and cures of all types of cancer. Toward the vision of a world free from the fear of cancer, CCF works to conquer this disease by funding breakthrough cancer research and sharing cutting-edge knowledge with patients and physicians worldwide, by improving quality of and access to care, and by enhancing quality of life for all who are affected by cancer.
- **Cancer Cares (CC):** Cancer Cares is a professional network of oncology social workers which provide free emotional and practical support for people with cancer, caregivers, loved ones and the bereaved. Support offered includes financial assistance, counseling, access to support groups and community programs, online educational workshops, and access to publications written by experts, which provides easy-to-read booklets and fact sheets provide reliable information on several cancer-related topics.
- **National Breast Cancer Coalition (NBCC):** The NBCC is a nationwide advocacy network whose efforts have effectively provided \$2.89 billion of new federal dollars for breast cancer research. The efforts of the NBCC have attracted more than 46,232 research proposals.

Glossary of Terms

Medicaid BCCTP: The Breast and Cervical Cancer Treatment Program (BCCTP) is a legislative bill passed in several States which provides needed cancer treatment to eligible individuals diagnosed with breast and/or cervical cancer and who are in need of treatment.

Underinsured: One who has had health insurance for at least a full year, but have high deductibles or out-of-pocket expenses relative to their income, resulting in inadequate healthcare.

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Community Policy Institute

The Community Policy Institute builds capacity surrounding policy within the Capital Region. We provide researched-based policy information to our community partners who use the information to modify best practices and advocate for policies that will further the development and effectiveness of direct community engagement.

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