REDUCING HEREDITARY CANCER ACT OF 2021

H.R.####/S.###

Providing access to genetic testing, related cancer screening and preventive services for Medicare beneficiaries with a personal or family history of hereditary cancer.

Background

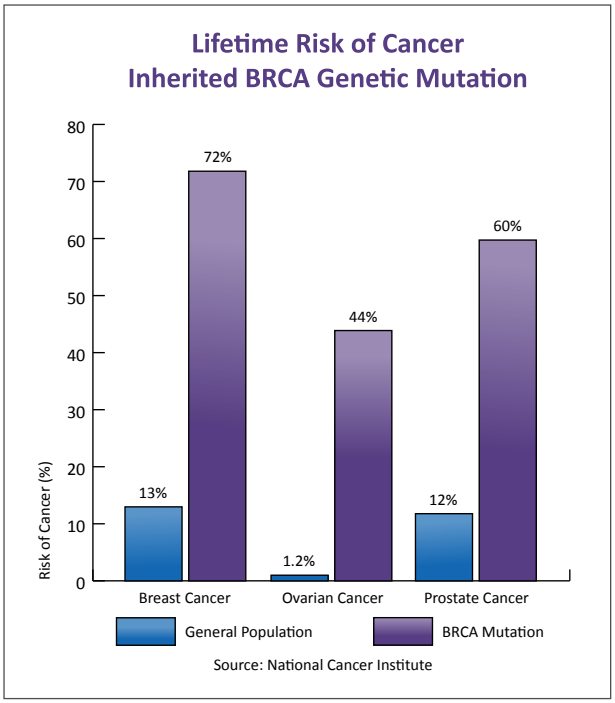
Medicare is not permitted to cover preventive health services unless explicitly authorized by Congress. Under existing guidelines, only a person with "signs, symptoms, complaints, or personal histories of disease" meets criteria for Medicare coverage of medical services. Recognizing the benefits of cancer prevention and early detection, Congress has passed legislation allowing for coverage of cancer screening services such as mammograms, colonoscopies and prostate-specific antigen (PSA) tests.

Genetic testing for a hereditary predisposition to cancer is widely recognized as medically necessary for individuals with certain personal or family histories of the disease. Knowledge of an inherited mutation (i.e. BRCA1, BRCA2 or the genes associated with Lynch syndrome) can be life-saving for an individual and their family members because it guides decisions regarding cancer screening and prevention.

The Problem

Medicare covers genetic testing only for beneficiaries already diagnosed with cancer (regardless of family cancer history or a known genetic mutation in the family). Even if an individual pays out of pocket and is found to carry an inherited mutation associated with increased cancer risk, coverage of the medically necessary high-risk cancer screenings or risk-reducing interventions is statutorily prohibited.

With the availability of low-cost genetic testing and broad coverage by private insurers prior to Medicare eligibility, a growing number of Medicare beneficiaries learn that they have an inherited cancer-predisposing mutation but they cannot access the evidence-based services they need to prevent or detect cancer earlier, when it is less invasive, less costly and more easily treated. This lack of coverage disproportionately affects low-income individuals and exacerbates health disparities.



The Solution

This legislation aims to modify the Medicare statutes to remedy this issue. As recommended by expert medical guidelines, it will enable coverage of:

- Genetic testing for inherited mutations known to significantly increase cancer risk in two Medicare populations: those with a known hereditary cancer mutation in their family as well as those with a personal or family history suspicious for hereditary cancer

For Medicare beneficiaries who have an inherited mutation causing a moderate to significant increased risk of cancer, the law will enable coverage of expert-recommended:

- Increased cancer screening (e.g. breast MRIs, more frequent colonoscopies)
- Risk-reducing surgeries (e.g. removal of ovaries and fallopian tubes)

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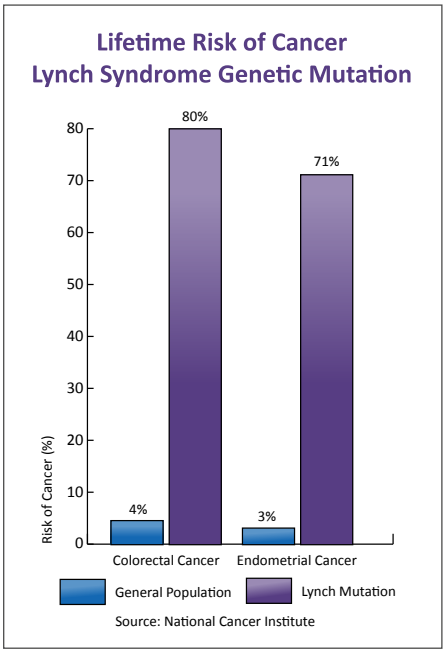
Benefits of Knowledge

Awareness of a hereditary cancer mutation can help individuals:

- Better understand their personal cancer risks for multiple cancers
- Make informed decisions about the type and frequency of cancer screenings
- Undergo recommended surgical interventions to significantly reduce the risk of certain cancers
- Qualify for participation in research
- Detect cancer earlier when it is more easily treated
- Inform family members about their potential cancer risks

For those diagnosed with cancer, knowledge of hereditary cancer mutations can help them:

- Make educated treatment and surgical decisions
- Qualify for clinical trials enrolling people with hereditary cancer
- Understand their risk of additional cancers



Reducing Disparities

Research shows discrepancies in access to and use of genetic counseling and testing among underserved racial and ethnic minorities, leading to disparities in cancer screening, prevention and early detection. Non-Hispanic Blacks and Hispanics are more likely to have advanced-stage cancer when they receive genetic testing. Insurance coverage and financial barriers are key factors in access to care. For example, African American, American Indian/ Alaska Native and Hispanic women were over 30% more likely to be diagnosed with advanced stage breast cancer compared with white women; nearly half of this disparity was from being underinsured. Later stage of diagnosis is linked to worse outcomes and higher mortality for many cancers.

The National Comprehensive Cancer Network's Elevating Cancer Equity working group recently made a recommendation to CMS and other payers that "all payers should cover appropriate genetic counseling and testing for individuals at high risk of cancer as well as related risk reduction services." This legislation will help alleviate disparities in early access to genetic testing and guided cancer prevention strategies.

For more information, contact:

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FORCE
Facing Hereditary Cancer EMPOWERED

1 National Comprehensive Cancer Network (NCCN) Clinical Practice Guidelines in Oncology – Genetic/Familial High-Risk Assessment: Breast, Ovarian, and Pancreatic and Genetic/Familial High-Risk Assessment: Colorectal
2 Disparities in Genetic Testing: Thinking Outside the BRCA Box, https://ascopubs.org/doi/full/10.1200/JCO.2006.05.5889
3 Racial and Ethnic Disparities in Genetic Testing at a Hereditary Breast and Ovarian Cancer Center
4 American Association for Cancer Research, AACR Cancer Disparities Progress Report 2020: Achieving the Bold Vision of Health Equity for Racial and Ethnic Minorities and Other Underserved Populations
5 NCCN Elevating Cancer Equity: Recommendations to Reduce Racial Disparities in Access to Guideline Adherent Cancer Care