Navigating Insurance Challenges

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Challenges

- Significantly elevated lifetime risk of cancer
- Diagnoses at younger ages
- More aggressive disease
- Increased risk of 2nd and 3rd diagnoses
- Multiple family members affected
  - Lack of understanding, clear guidelines and policies on management of high-risk patients
  - Higher out-of-pocket health care costs due to:
    - earlier, more intensive cancer screening
    - surgery and/or treatment
    - associated loss of income, childcare costs, etc.
Patient Protection and Affordable Care Act (ACA)

- Access to health insurance for all Americans
- Elimination of pre-existing conditions as barrier to coverage
- Coverage for screening and preventative services without copay or deductible
- Coverage of young adults up to the age of 26 on parent’s plan
- Abolishment of annual and lifetime caps
- Capping out-of-pocket healthcare expenditures
- Coverage for those enrolled in clinical trials
## USPSTF & Prevention for High-Risk Women

**U.S. Preventive Services Task Force**

### Clinical Summary

#### Population

<table>
<thead>
<tr>
<th>Population</th>
<th>Asymptomatic women who have not been diagnosed with BRCA-related cancer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recommendation</td>
<td>Screen women whose family history may be associated with an increased risk for potentially harmful BRCA mutations. Women with positive screening results should receive genetic counseling and, if indicated after counseling, BRCA testing.</td>
</tr>
<tr>
<td>Grade</td>
<td>B</td>
</tr>
<tr>
<td>Recommendation</td>
<td>Do not routinely recommend genetic counseling or BRCA testing to women whose family history is not associated with an increased risk for potentially harmful BRCA mutations.</td>
</tr>
<tr>
<td>Grade</td>
<td>D</td>
</tr>
</tbody>
</table>

#### Treatment

Interventions in women who are BRCA mutation carriers include earlier, more frequent, or intensive cancer screening; risk-reducing medications (e.g., tamoxifen or raloxifene); and risk-reducing surgery (e.g., mastectomy or salpingo-oophorectomy).
Current Gaps in Coverage

USPSTF Guidelines Do Not Address

- Increased screening and preventive options for high-risk women (other than chemoprevention for certain women)
- Cancer survivors in treatment
- Genetic counseling and testing for Lynch and other hereditary cancer syndromes - single gene or multigene panel
- Second genetic test for women who previously tested negative
- Genetic testing for men

*Some health plans use lack of USPSTF letter grade A/B as justification to exclude or deny ANY coverage for these services*
Gaps in Coverage

Consequences...

- Financial toxicity
- Foregoing standard-of-care for cancer prevention and detection due to financial constraints
- Need for more treatment due to more advanced cancer at diagnosis
- Impact on relatives who may also be at similar risk
Breast Screening - Women

Mammograms
- Covered by insurers with no out-of-pocket costs for women ages 40 and over

Before age 40:
- Coverage is variable by insurer/plan
- May be applied toward your deductible and coinsurance

Tomosynthesis/3D Mammograms
- Medicare and most group health plans cover
- Medicaid coverage varies by state
Breast Screening - Women

MRIs
- Coverage is variable by insurer / plan
- Often applied toward your deductible and coinsurance
- Can result in large out-of-pocket costs

Financial Assistance for high-risk women
- Right Action for Women program administered by Patient Services Inc.
  - Up to $1500 grant, 2x year
Male-Specific Screening

Breast Cancer
- BSE training and education beginning at age 35
- Annual clinical breast exam beginning at age 35

Prostate Cancer
- PSA and Clinical DRE
  - Beginning at age 45 - BRCA2 carriers
  - “Consider” - BRCA1 carriers

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Final Recommendation Statement

Prostate Cancer: Screening

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<th>Population</th>
<th>Recommendation</th>
<th>Grade (What’s This?)</th>
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<tr>
<td>Men aged 55 to 69 years</td>
<td>For men aged 55 to 69 years, the decision to undergo periodic prostate-specific antigen (PSA)-based screening for prostate cancer should be an individual one. Before deciding whether to be screened, men should have an opportunity to discuss the potential benefits and harms of screening with their clinician and to incorporate their values and preferences in the decision. Screening offers a small potential benefit of reducing the chance of death from prostate cancer in some men. However, many men will experience potential...</td>
<td>C</td>
</tr>
</tbody>
</table>
Ovarian Cancer Screening

Transvaginal Ultrasound & CA-125

- Unreliable for early detection
- Not endorsed by any professional guidelines
- Many insurers are backing away from coverage

For those patients who have not elected RRSO, transvaginal ultrasound combined with serum CA-125 for ovarian cancer screening, although of uncertain benefit, may be considered at the clinician’s discretion starting at age 30–35 y.
Colon Cancer Screening

Colonoscopy

- Covered by insurers with no out-of-pocket costs for people age 50 and over

Before age 50:
- Coverage varies by insurer/plan
- May be applied toward your deductible and coinsurance
Pancreatic Cancer Screening

No national guidelines or standard-of-care

- MRI and Endoscopic Ultrasound (EUS)
  - Currently considered best screening tools
- CA19-9
  - Not recommended due to high rate of false -/+ results

“...exist for pancreatic cancer and melanoma, but screening may be individualized based on cancers observed in the family.”
Risk-Reducing Surgeries

Prophylactic Mastectomy

- Covered by the vast majority of group health plans (but not required)
- Copays and deductibles may apply
- In-network vs. out-of-network providers can make a substantial difference in coverage/reimbursement
- Coverage by Medicare & self-funded insurance plans is much less reliable
- Medicaid varies by state
Risk-Reducing Surgeries

Breast Reconstruction or Prostheses

- Women's Health and Cancer Rights Act (WHCRA) requires most insurers that cover mastectomy (regardless of a cancer diagnosis) to also pay for the following services after mastectomy:
  - breast prostheses
  - breast reconstruction
  - surgery on other breast to achieve a symmetrical appearance
  - treatment for complications

* Not all insurers must follow this law. Self-funded plans, Medicaid & Medicare make rules independently.
Risk-Reducing Surgeries

Salpingo-Oophorectomy
- Typically covered by group health insurers
- Copays and deductibles may apply

Total Hysterectomy
- Coverage varies by insurer/plan
- Copays and deductibles may apply
Medicare

Covers

- BRCA testing for people who have had breast or ovarian cancer (pancreatic cancer - some regions)
- Multigene panel testing (some regions)

Doesn’t cover

- BRCA counseling & testing for those who haven't had cancer (unaffected carriers/previvors)
- Prophylactic surgery for previvors*
- Genetic counseling with a certified genetic counselor*
- Increased screening for breast, ovarian and other cancers
Medicaid

- Coverage of BRCA genetic counseling, testing, screening and risk management services varies by state
  - Current information indicates that 46 states cover BRCA counseling and testing
  - Data on coverage of related services such as breast MRI or preventive surgeries not compiled in one place
Treatments & Medications

Chemoprevention
- Tamoxifen & Raloxifene

PARP inhibitors*
- Olaparib, Rubraca and Zejula

Oral Contraceptives
- Available at no cost to most women under ACA

*Working to ensure that patients have equality of access (and equality of insurance coverage) to all approved anticancer regimens
Website
Sample Appeal Letters

Genetics
- Genetic counseling
- BRCA testing for women & men

Detection and Screening
- Breast screening MRI
- Mammograms
- Ovarian cancer screening (TVU & CA125)
- PSA testing

Surgery
- Risk-reducing:
  - Salpingo-oophorectomy (removal of ovaries and tubes)
  - Bilateral mastectomy
  - Reconstruction after mastectomy

Treatment
- PARP inhibitors (Lynparza, Rubraca, Zejula)
- Chemoprevention (Tamoxifen, Raloxifene)