Identification and Management of Individuals at Risk for Hereditary Cancer in the Medicare Population and Beyond

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Abstract

Focused on chronic care management, **Medicare** is not permitted to cover preventive health services unless recommended by the USPSTF (appropriate for the general population) or authorized by Congress. Genetic testing for inherited cancer-predisposing mutations is covered only for beneficiaries diagnosed with cancer. Although Congress passed legislation covering certain cancer screening services for the general population, critical testing, screening, and prevention interventions for people at risk for hereditary cancers are not covered. This barrier disproportionately affects low-income individuals, exacerbating health disparities.

The **Reducing Hereditary Cancer Act** is federal legislation aimed at modifying the Medicare statutes to remedy this coverage gap. It would enable reimbursement of guideline-recommended genetic testing for inherited mutations that increase cancer risk in the Medicare population with a known familial mutation and those with a personal or family history indicating increased risk for hereditary cancer. Individuals with a known mutation would have access to guideline-recommended cancer screenings and risk-reducing interventions.

The **Affordable Care Act** relies on the **USPSTF** to guide coverage of preventive services with no cost-sharing. USPSTF recommendations for BRCA risk assessment, counseling, and testing only apply to women not currently in cancer treatment. Commercial payor and Medicaid coverage for testing for germline mutations and for men is variable. Reimbursement for high-risk screenings and risk-reducing surgeries is inconsistent, often resulting in high out-of-pocket costs.

Better guideline-driven public policies would ensure equitable, affordable access to appropriate genetic counseling, testing, screening, and preventive care for all who are at increased risk due to a known inherited mutation.

Reducing Hereditary Cancer Act

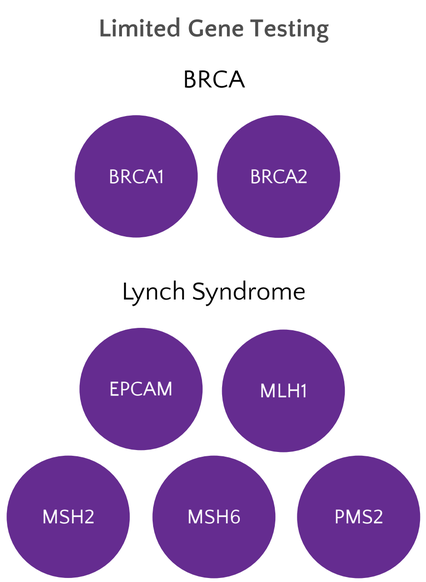
H.R. 4110 / S. 3656 - As recommended by National Comprehensive Cancer Network (NCCN) or similar medical guidelines, this federal legislation will enable coverage of genetic counseling and testing for Medicare beneficiaries with a:

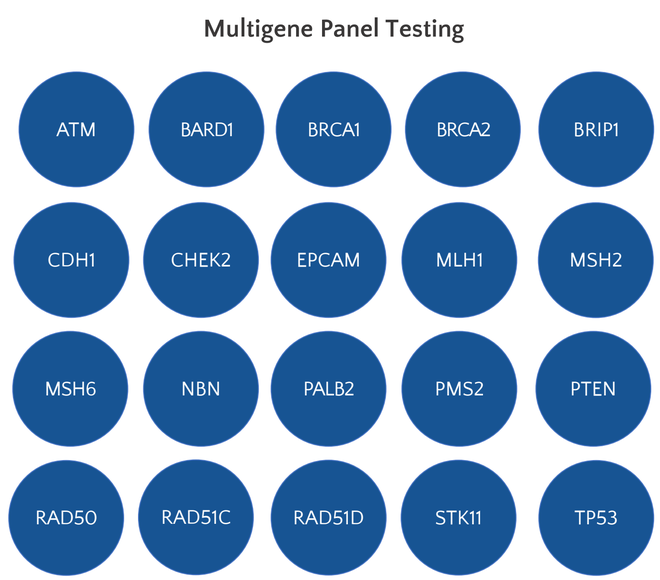
- Family history of a hereditary cancer gene mutation, or
- Personal or family history suspicious for hereditary cancer

For Medicare beneficiaries who have an inherited genetic mutation causing an increased risk of cancer, the law will enable coverage of guideline-recommended:

- Increased cancer screenings (e.g. breast MRI, upper endoscopy)
- Risk-reducing surgeries (e.g. removal of ovaries and fallopian tubes)

Hereditary Cancer Genetic Testing





Hereditary Cancer Screenings Covered at 100% by Medicare

Screening	Condition	Population	Ages	Frequency	Qualifiers & Notes
Genetic counseling & testing	BRCA mutation	Everyone	18+		Must have cancer diagnosis and meet specific criteria
	Lynch mutation				Begins with tumor biomarker testing
	Multigene panel				Must have cancer diagnosis and meet BRCA testing criteria plus criteria for at least one other hereditary cancer syndrome
Mammogram	Breast cancer	Women	35-39	Once	Baseline mammogram
			40-74	Annual	Excludes men
Colonoscopy	Colorectal cancer	Everyone	No minimum	2 years	High risk
				6 years	Average risk
PSA/DRE	Prostate cancer	Men	50+	Annual	

Hereditary Cancer Screenings Covered at 100% under ACA

Screening	Condition	Population	Ages	Frequency	Qualifiers & Notes
Genetic counseling & testing	BRCA mutation	Women	18+		Must have a family history of cancer/known mutation; Not currently in cancer treatment; Excludes men
Mammogram*	Breast cancer	Women	40-74	1-2 years	USPSTF recommends for ages 50+; Excludes men
Colonoscopy	Colorectal cancer	Everyone	45+	10 years	No differentiation for those deemed to be high risk
PSA/DRE	Prostate cancer	Men	N/A	N/A	Not recommended/covered

Private / Commercial Health Plans

Coverage / reimbursement varies for:

- Genetic counseling and testing for mutations beyond BRCA
- Mammograms before age 40
- Breast screening MRIs
- Colonoscopies before age 45, frequency > every 10 yrs
- Ovarian cancer screening
- Pancreatic cancer screening
- Prostate cancer screening
- Risk-reducing bilateral salpingo-oophorectomy or hysterectomy
- Risk-reducing bilateral mastectomy

Copays or deductibles & coinsurance apply except in rare circumstances, typically, when the state requires “no cost-sharing.”

Medicaid

State Medicaid programs (traditional):

- 49/50 cover testing for BRCA genetic
  - Eligibility varies based on gender and cancer status
    - Some states follow NCCN guidelines while others follow USPSTF or Medicare policies
  - Cancer screening & preventive services are generally covered
- 39/50 cover testing for Lynch syndrome
  - Eligibility varies based on cancer status
  - Cancer screening & preventive services are generally covered

Policy Change

The clinical value of identifying individuals at high risk for cancer lies in their ability to access evidence-based services that prevent cancer or identify it at an earlier stage. Inherited mutations are associated with increased risk for several malignancies, i.e., breast, colorectal, prostate, pancreatic, ovarian, endometrial, and stomach cancers. The more prevalent cancer-related genetic mutations are found in approximately 1:300 Americans, with higher rates in certain populations.

Learning that they are at an increased risk for cancer is only the beginning of the journey for many patients, especially unaffected carriers (previvors). Faced with ongoing, high out-of-pocket costs each year, many struggle to access the guideline-recommended screenings and risk-reducing interventions—or skip them altogether. The promise of personalized medicine can only be realized if we implement public policies that ensure affordable, equitable access to appropriate care.