

HEALTH INSURANCE REFORM AND BREAST CANCER:

Making the Health Care System Work for Women

Introduction

Rising health care costs and inadequate coverage burden many Americans. Alarming, those Americans most likely to fall through the cracks are also those who need care the most. Breast cancer patients face great uncertainty in the current health care system. Women diagnosed with breast cancer, whether insured or not, face significant and sometimes devastating hurdles to receiving timely, affordable treatment.

Breast cancer is the second leading type of cancer among women.¹ The disease will affect one in eight American women during their lifetime,² with treatment costs totaling \$7 billion in 2007.³ Older women are more likely to develop breast cancer, as well as women who are obese and those who have a history of cancer in their family.⁴ This year alone, an estimated 192,370 American women will be diagnosed with breast cancer and 40,170 will die from the disease, making it the second leading cause of cancer deaths in women.⁵

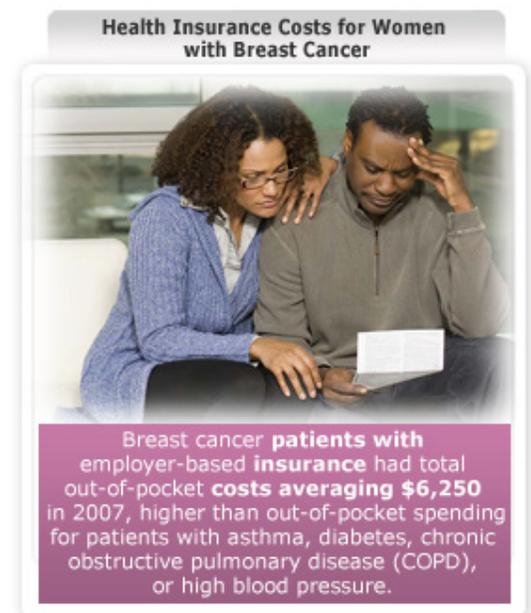
The affordability of treatment is often a concern for women diagnosed with breast cancer. Rising health care costs have left a growing number of Americans either uninsured or with less meaningful coverage than they need and deserve. The results of a recent survey estimated that 72 million, or 41 percent, of non-elderly adults have accumulated medical debt or had difficulty paying medical bills in the past year – and 61 percent of those experiencing difficulty paying medical bills had insurance.⁶ Health insurance reform seeks to eliminate these hurdles to ensure that women with breast cancer, along with all Americans, get the quality, affordable health care they deserve.

Health Insurance Costs for Women with Breast Cancer

Problem: Breast cancer patients have high and potentially ruinous out-of-pocket health care costs.

With each passing year, women face increasingly high deductibles, copayments, and other cost-sharing requirements, forcing them to make difficult decisions to make ends meet. Women affected by breast cancer are particularly susceptible to these rising costs. Breast cancer patients with employer-based insurance had total out-of-pocket costs averaging \$6,250 in 2007, higher than out-of-pocket spending for patients with asthma, diabetes, chronic obstructive pulmonary disease (COPD), or high blood pressure.⁷

In addition to rising deductibles, copayments, and coinsurance, health insurance plans often contain annual and lifetime benefit caps, particularly in the non-group insurance market. Because breast cancer treatment is costly and long-term, patients are more likely to surpass these benefit caps, leaving them essentially uninsured.



Source ⁷

In one recent national survey, ten percent of all cancer patients reported that they reached a benefit limit in their insurance policy and were forced to seek alternative insurance coverage or pay the remainder of their treatment out-of-pocket.⁹

“I am a hard worker and now I am making decisions between paying for my groceries and paying off some of my bills,” Jamie says. “I stress about my bills, my job, my cancer.”

Jamie Drzewicki, Florida

Jamie reached her employer-sponsored insurance plan’s \$100,000 annual limit after she was diagnosed with breast cancer. As a result, she amassed about \$75,000 in unpaid medical bills. Her hospital eventually forgave \$40,000 of her debt, but about \$30,000 in debt remains. The medical debt caused significant stress for Jamie, who received many calls from collection agencies.¹⁰

Health Insurance Reform Solution: Make health care affordable for everyone.

Women with breast cancer are frequently forced to make decisions based on their finances and not on what is best for their health. By expanding health insurance to all Americans and providing premium assistance to make it affordable, health insurance reform will make health care affordable for women with breast cancer.

Health Insurance Reform Solution: Limit out-of-pocket spending and eliminate benefit limits.

Women with breast cancer are more likely to spend more out-of-pocket and reach yearly and lifetime insurance policy benefit limits than individuals without cancer. Health insurance reform will limit what insurance companies can force an individual to pay in out-of-pocket expenses such as deductibles and copayments. Health insurance reform will also eliminate yearly and lifetime limits on how much insurance companies cover when an individual is sick.

Health Insurance Stability for Women with Breast Cancer

Problem: Too few women have access to stable, employer-based coverage.

In the current employer-based health insurance system, women too often fall through the cracks. Women are less likely than men to be employed full-time (52 percent versus 73 percent), making them less likely to be eligible for employer-based health benefits. Most women not covered directly through an employer are covered through a spouse (41 percent), while smaller proportions purchase insurance directly through the individual market (5 percent), or are insured through public programs (10 percent). Notably, 38 percent of these women remain uninsured.¹¹ Such a piecemeal framework for obtaining health insurance can create uncertainty and anxiety for women already fighting a life-threatening disease like breast cancer.

Difficulty finding and maintaining employer-based coverage is especially pronounced for older women, who are more likely to develop conditions like breast cancer. Women are twice as likely as men to get employer-sponsored insurance through their spouse,¹² but this coverage becomes unstable for older women as their spouses may go on Medicare. This can lead to a loss of coverage at a time when older women need it most.

Compounding these difficulties with employer-based coverage, breast cancer is also a physically and emotionally taxing disease, oftentimes precipitating an inability to work. Almost 20 percent of

families experiencing any cancer reported that the cancer caused someone in the household to lose a job, change jobs, or work fewer hours.¹³

When employer-sponsored insurance is lost, limited protections exist to ensure families can find adequate coverage. Through COBRA coverage, breast cancer patients can usually continue their employer-sponsored insurance coverage for an average of 18 months by paying the full premiums themselves (with no employer contribution). Through the Health Insurance Portability and Accountability Act (HIPAA), breast cancer patients who previously had employer-based coverage can be protected in finding new employer-based and sometimes individual coverage, but this is subject to several conditions, including at least 18 months of prior uninterrupted group coverage.

Health Insurance Reform Solution: Greater and more affordable choices.

Many women with breast cancer lack or lose employer-sponsored coverage. Health insurance reform will create a health insurance exchange so an individual can compare prices and health plans and decide which quality affordable option is right for a patient and her family. Health insurance reform will ensure that you will always have choices of quality, affordable health insurance if you lose your job, switch jobs, move or get sick.

Health Insurance Fairness for Women with Breast Cancer

Problem: Insurance discrimination based on pre-existing conditions prevent breast cancer patients from accessing necessary treatment in the health care system.

In 45 states across the US, when a person with a health condition such as breast cancer tries to buy health insurance through the individual insurance market, insurance companies can charge higher premiums, exclude coverage for certain conditions, or even deny coverage altogether because of the pre-existing medical condition.¹⁴ Women are doubly affected by discrimination in the insurance market, particularly in their child-bearing years, when a 22-year-old woman can be charged one and a half times the premium of a 22-year-old man.¹⁵

Because of this, breast cancer patients, even when in remission, are unlikely to find meaningful insurance coverage in the individual insurance market. A full 11 percent of individuals with any cancer said they could not obtain health coverage because of their illness.¹⁶

The stress, costs, and uncertainty in maintaining coverage can lead people with chronic conditions like breast cancer to stay in a job they would otherwise leave in order to maintain health benefits – a phenomenon called “job lock.” This inability to change jobs has been estimated to cost \$3.7 billion in forgone wages in a year.¹⁷

“It is frustrating to me,” Joni says. “I am at low risk for recurrence, but because I have this cancer diagnosis on my chart, I am uninsurable.”

Joni Lownsdale, Illinois

Joni completed her treatments for stage I breast cancer in 2007 and is insured through her state’s high-risk pool. She pays \$556 per month for coverage with a \$500 deductible and a \$1,500 out-of-pocket maximum. She and her husband are self-employed. They have two daughters and spend approximately 14 percent of their income on health insurance premiums and other medical expenses. They try to limit their family’s doctor visits in order to save money.¹⁸

In addition to the inability to find meaningful coverage, if an individual is diagnosed with an expensive condition like breast cancer while covered by a nongroup plan, some insurance companies will review her initial health status questionnaire for errors. In most states' individual insurance markets, insurance companies can retroactively cancel the entire policy if any condition was missed – even if the medical condition is unrelated, or if the person was not aware of the condition at the time.¹⁹ This practice is called rescission.

Health Insurance Reform Solution: Eliminate Discrimination for Pre-existing Conditions and Health Status.

Health insurance companies often use the presence of chronic conditions like breast cancer to charge higher premiums and deny coverage. Health insurance reform will prevent any insurance company from denying coverage based on your underlying health status, including genetic information, and it will end discrimination that charges you more if you're sick.

Health Insurance Reform Solution: Prohibit Rescissions

The threat of having a health plan retroactively canceled when someone falls ill creates insecurity and a lack of meaningful coverage at a time when breast cancer patients need it most. Health insurance reform will prohibit such insurance company practices.

Health Care Quality and Prevention for Women with Breast Cancer

Problem: Breast cancer prevention and early treatment are under-emphasized.

Women who receive recommended mammograms for breast cancer increase their chances for survival and significantly decrease the projected cost of treatment. In recent decades, the size of breast tumors at diagnosis has decreased as mammograms have become more prevalent.²⁰ However, many effective prevention measures that help with the early detection of cancer are not used often enough. One in five women aged 50 and above have not received a mammogram in the past two years.²¹

Uninsured women in the U.S. are less likely to receive these vital preventive screenings than women with insurance. A woman who was uninsured for more than 12 months was half as likely to get a mammogram in the past 2 years than a woman who had continuous insurance.²² As a result, uninsured women with breast cancer are significantly more likely than insured women to be diagnosed with a larger tumor or more advanced cancer. Women without insurance are also more likely to experience a 90 day delay between diagnosis and treatment (23 percent versus 3 percent) and are more likely to receive a mastectomy (37 percent versus 26 percent). And while they are more likely to initiate chemotherapy than insured women, they are less likely to complete it.²³

Even for women with insurance, cost can be a deterrent to obtaining recommended screenings. Among Medicare beneficiaries, women with insurance plans that required



Source ²³

a co-payment for a mammogram were significantly less likely to obtain the mammogram than those beneficiaries whose insurance covered the full cost (69 percent versus 78 percent).²⁴

In 2009, 40,170 women will lose their lives to breast cancer.²⁵ It is estimated that 4,000 breast cancer deaths could be prevented just by increasing the percentage of women who receive recommended breast cancer screenings to 90 percent.²⁶

Health Insurance Reform Solution: Preventive care for better health.

Health insurance reform will invest in a prevention and public health fund and ensure that all Americans have access to free preventive care, like mammograms, through their health plans. In doing so, health insurance reform will create a system that prevents illness and disease instead of just treating it when it's too late.

Health Insurance Reform Solution: Promote high quality care.

Health insurance reform legislation will establish medically driven priorities and standards on quality, require quality reporting by hospitals, and provide incentive payments for high quality performance. As a result, people with breast cancer will have better information to support their health care choices.

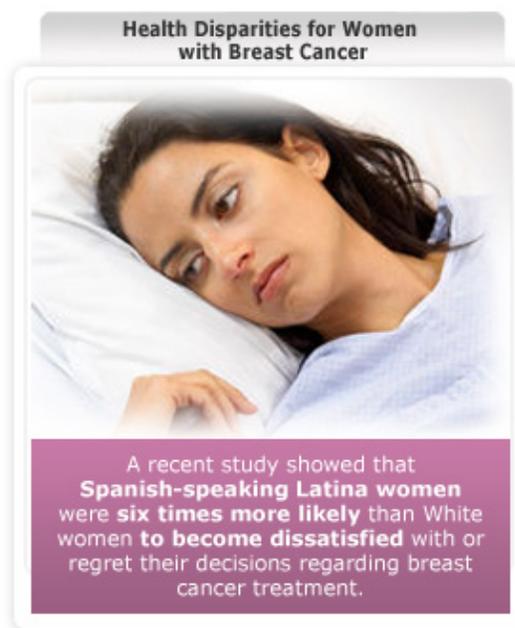
Health Disparities For Women With Breast Cancer

Problem: Low-income and minority communities are hit particularly hard by breast cancer.

Treating illnesses is a costly and stressful ordeal, and many minority and low-income women are disproportionately affected by breast cancer. African American women have a lower risk of developing breast cancer than White women, but once they develop the disease, they have a higher rate of dying from it. African American women experience five-year survival rates of 78 percent compared to 90 percent for White women.²⁷

This is due in part to disparities in prevention. Women with less than a high school education, who are racial or ethnic minorities, who are low-income, and who are recent immigrants are all less likely to have had a recent mammogram. Low-income women have had greater declines in mammography usage in recent years compared with higher-income women.^{28, 29}

Disparities also exist in treatment. Studies have demonstrated that Black and Hispanic women with early-stage breast cancer who undergo surgical treatment are less likely than White women to consult oncologists and receive recommended follow-up radiation and/or chemotherapies.³⁰ A recent study showed that Spanish-speaking Latina women were six times more likely than White women to become dissatisfied with or regret their decisions regarding breast cancer treatment. African American women were twice as likely to have regrets about their treatment as Whites.³¹



Source ³¹

Health Insurance Reform Solution: Expand Quality, Affordable Coverage Options

Part of the gap in health care for certain communities is a lack of affordable, accessible health care coverage. Health insurance reform will make affordable coverage options available to all Americans, by creating a health insurance exchange and providing premium tax credits to make those options affordable. Reform will also eliminate discrimination in the health insurance market that is based on medical history, including genetic discrimination. Together, these proposals will expand coverage options for minority and low-income populations, enabling them to access high quality care.

Health Insurance Reform Solution: Address Health Disparities

Health insurance reform will take steps toward eliminating disparities that minorities currently face both in their health and in their health care by investing in data and research into health disparities, focusing on cultural competency training for health care providers, and providing scholarships and grants to increase diversity in the health care workforce.

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