Gaps in Coverage Are Detrimental to Cancer Patients & Survivors



Current federal law has several provisions that help prevent individuals and families from experiencing gaps in their health insurance coverage. Coverage gaps can delay necessary care, which is particularly detrimental to cancer patients and survivors. Preventing gaps in coverage is a crucial patient protection that must be maintained in our health care and insurance system.

Why Do People Experience Gaps in Coverage?

Individuals experience gaps in health insurance coverage that range anywhere from a few months to years of being uninsured. These gaps happen for a variety of reasons: job transitions and gaps in employment; self-employment; employment in temporary, seasonal or other jobs that do not provide health insurance; permanent or temporary moves; divorce; death of spouse; graduation from college; etc. Some plans that do not have to follow normal health insurance rules, like short-term limited duration plans, leave enrollees with the potential for gaps in coverage when the short-term plan ends, or if the plan caps or rescinds coverage based on a patient's diagnosis or insurance claims.¹

Cancer patients and survivors experience coverage gaps for several reasons, including: they become unable to work or must reduce hours because of their treatment and/or side effects; they must move to be near their treatment facility or near a crucial caregiver; they must retire because of their illness, do not have retiree health care and are not yet eligible for Medicare; or costs have left them unable to afford health insurance premiums.

Why is it Important to Prevent Gaps in Coverage?

At every education level, individuals with health insurance are more likely than those without it to have access to critical early detection cancer procedures.² Uninsured Americans are less likely to get screened for cancer, more likely to be diagnosed with cancer at an advanced stage, and less likely to survive that diagnosis than those with insurance. Having health insurance coverage makes an individual more likely to survive cancer, and the effects of insurance coverage on cancer survival are even more pronounced in disadvantaged communities.³ Gaps in insurance coverage have been shown to cause delays or inability to obtain prescription drugs⁴ – which are an important part of most cancer treatment plans. Evidence-based protocols for chemotherapy and other cancer treatments often require treatment delivery on a proscribed timeline. Interruptions to this timeline because of coverage gaps can be detrimental. A gap in coverage can also cause a fatal delay in initiation of a treatment protocol. For example, research shows that delays in the initiation of chemotherapy for breast cancer patients result in adverse health outcomes.⁵

When individuals with cancer lose coverage even for a small amount of time, it can make it difficult or impossible to continue treatment. For cancer patients who are mid-treatment, a loss of health care coverage could seriously jeopardize their chance of survival, and be devastating to cancer patients and their families. Most recently, the link between disruptions in Medicaid coverage and worsened health outcomes was established among Medicaid-insured children and adolescents with blood cancers: lack of continuous Medicaid coverage was associated with advanced-stage diagnosis of lymphoma, and poorer survival.

What Provisions in Current Law Prevent Gaps in Coverage?

There are several provisions in current law that are crucial to preventing coverage gaps for cancer patients, survivors, and those in need of preventive services:

- Private insurance plans are prohibited from ending someone's insurance coverage if that person becomes sick—a practice known as rescission.
- Private insurance plans are required to cover dependent children up to age 26.
- State-based and federally-facilitated marketplaces provide health insurance options for everyone, regardless of employment or other factors – and lower income individuals and families are able to use subsidies to better afford premiums.
- Special enrollment periods (SEPs) are offered in marketplaces for individuals who have qualifying life changes like a loss of employer-sponsored coverage, a permanent move, a death in the family, or a birth. SEPs allow individuals to enroll in a marketplace plan outside of the open enrollment window.

Research shows that coverage gaps have gotten shorter since these protections were implemented through the Affordable Care Act(ACA). According to the Commonwealth Fund, "in 2018, 61 percent of people who reported a coverage gap said it has lasted for six months or less, compared to 31 percent who said they had been uninsured for a year or longer. This is nearly a reverse of what it was like in 2012, two years before the ACA's major coverage expansions. In that year, 57 percent of adults with a coverage gap reported it was for a year or longer, while one-third said it was a shorter gap." ⁸

8. Collins, S. R, Bhupal, H. K, Doty, M. M. Health Insurance Coverage Eight Years After the ACA. February 7, 2019. https://www.commonwealthfund.org/publications/issue-briefs/2019/feb/health-insurance-coverage-eight-years-after-aca

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^{1.} See ACS CAN report Inadequate Coverage: An ACS CAN Examination of Short-Term Health Plans. May 2019. https://www.fightcancer.org/policy-resources/inadequate-coverage-acs-can-examination-short-term-health-plans

^{2.} Zhao, J., Han, X., Nogueira, L., Fedewa, S.A., Jemal, A., Halpern, M.T. and Yabroff, K.R. (2022), Health insurance status and cancer stage at diagnosis and survival in the United States. CA A Cancer J Clin, 72: 542-560. Ward E, Halpern M, Schrag N, Cokkinides V, et al. Association of Insurance with Cancer Care Utilization and Outcomes. CA: A Cancer Journal for Clinicians, 2008;58: 9–31. doi:10.3322/CA.2007.0011

^{3.} Abdelsattar ZM, Hendren S, Wong SL. The impact of health insurance on cancer care in disadvantaged communities. Cancer. November 14, 2016. https://onlinelibrary.wiley.com/doi/full/10.1002/cncr.30431

^{4.} Yabroff KR, Kirby J, Zodet M. Association of Insurance Gains and Losses With Access to Prescription Drugs. JAMA Intern Med. 2017 Oct 1;177(10):1531-1532. doi: 10.1001/jamainternmed.2017.4011. PubMed PMID: 28892527; PubMed Central PMCID: PMC5820691.

^{5.} Chavez-MacGregor M, Clarke CA, Lichtensztajn DY, Giordano SH. Delayed Initiation of Adjuvant Chemotherapy Among Patients With Breast Cancer. JAMA Oncol. 2016;2(3):322-329. doi:10.1001/jamaoncol.2015.3856.

^{6.} Xinyue Zhang, Sharon M. Castellino, K. Robin Yabroff, Wendy Stock, Shasha Bai, Ann C. Mertens, Joseph Lipscomb, Xu Ji, Health Insurance Continuity Is Associated with Stage at Diagnosis Among Children, Adolescents, and Young Adults Newly Diagnosed with Lymphoma, Blood, Volume 142, Supplement 1, 2023, Page 2390, ISSN 0006-4971, https://doi.org/10.1182/blood-2023-179559.

^{7.} Ji X, et al. Lacking Health Insurance Continuity Is Associated with Worse Survival Among Children, Adolescents, and Young Adults Newly Diagnosed with Blood Cancer. Abstract presented at AcademyHealth Annual Research Meeting, June 25, 2023. https://academyhealth.confex.com/academyhealth/2023arm/meetingapp.cgi/Paper/58242