The Critical Role of Preventive Services without Cost Sharing for Cancer Prevention and Survivorship

Preventive Services Save Lives from Cancer

Access to preventive services saves lives. Over the past four decades, **cancer prevention and screening services alone have averted approximately 4.75 million deaths** from breast, cervical, colorectal, lung and prostate cancers.[i]

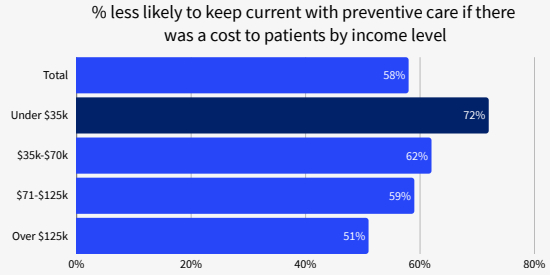
From colonoscopies that detect polyps before they turn cancerous, to helping adults (including pregnant women) to successfully quit smoking, to low-dose CT scans that catch lung cancer in its earliest stages, **coverage for preventive services enables access to less invasive, more effective and lower-cost treatments** — while significantly improving patient outcomes.

Cost is a significant factor in individuals' decision to access preventive services

For many people, even the potential cost of preventive care can stand in the way of accessing these lifesaving preventive services. Research finds that any **out-of-pocket costs can be a deterrent to accessing critical prevention and early detection** and ultimately put lives at risk. After the removal of patient cost sharing for the United States Preventive Services Task Force (USPSTF) recommended services, research showed an increase in use of these services.

For too many people, adding costs to routine preventive services creates a barrier to care. People with limited budgets may have to choose between paying for food and housing, choosing to treat current conditions or trying to prevent new ones.

A significant number of cancer survivors report that they would struggle to afford out-of-pocket costs for preventive services. An ACS CAN survey of more than 1,300 cancer patients and survivors found that 58% indicate they would be less likely to keep up with their cancer screenings if there was a cost; that number rose to 72% for people making less than $35,000 a year.[vi]



$1 - $5 increase

in out-of-pocket costs can **reduce** the number of **people accessing preventive services.**[iii]

Eliminating cost sharing

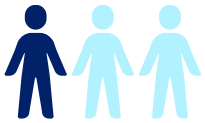
for **colorectal cancer screening** led to an increase in screening **by 5.9% and 7.2%** in eligible U.S. adults with lower income and lower education, respectively.[iv]

Federal law requires most private insurers to cover preventive services recommended by USPSTF with an "A" or "B" rating.* These services must be provided at no cost to the patient, meaning no copayments, coinsurance, or deductible, when delivered by an in-network provider.

Millions of people risk losing access to preventive services if cost sharing is required

Thanks to current protections in law, a vast majority of Americans have access to preventive services without cost sharing. **More than 150 million privately insured individuals (including 37 million children) and approximately 20 million adult Medicaid expansion enrollees benefit from USPSTF-recommended preventive services without cost sharing.**[v] Re-introducing out-of-pocket costs for preventive services would negatively impact access to cancer prevention and screening, especially for the millions of people with limited incomes, for whom these payments can represent a significant percentage of their income.

Nearly 1 in 3



People with employer sponsored health insurance **received no-cost preventive services** (2018-2022).[vii]

*An "A" rating means the USPSTF recommends the service and there is a high certainty that the net benefit is substantial. A "B" rating means the USPSTF recommends the service and there is a high certainty that the net benefits is moderate or there is moderate certainty that the net benefit is moderate to substantial. Full Grade definitions can be found here.

The USPSTF recommends over 80 proven effective preventive services, including at least 16 preventive services related to cancer prevention and early detection. The USPSTF routinely updates existing recommendations and develops new ones by systematically reviewing the evidence.[viii] Primary care clinicians rely on the USPSTF to advise their patients on the preventive services that are most important to reduce their risk of disease and preventable death, including cancer.

USPSTF Select Preventive Services for Adults Covered without Cost Sharing

(Non-Grandfathered Private Plans)

Preventive Service	Who is Covered?	Final Recommendation
Alcohol use (unhealthy)	Adults 18 or older, pregnant women	November 31, 2018 Update in Progress. Public Comments are open until 9/2/2025.
Breast cancer screening and mammography	Women 40 to 74, every 1-2 years	April 30, 2024
Breast cancer: medications for risk reduction	Women at increased risk, 35 or older	September 3, 2019 Update in Progress. Comment period is closed.
BRCA-Related Cancer: Risk Assessment, Genetic Counseling and Testing	Women with personal or family history or ancestry with BRCA1/2 gene mutation	August 20, 2019 Update in Progress. Comment period is closed.
Cervical Cancer Screening: Pap testing	Women 21+ with a cervix	August 21, 2018 Update in Progress. Comment period is closed.
Colorectal Cancer Screening	Adults 45 to 75	May 18, 2021
Healthy Weight and Weight Gain in Pregnancy: Behavioral Counseling Interventions	Pregnant persons	May 25, 2021
Hepatitis B Screening	Adolescents and adults at increased risk for infection	December 15, 2020
Hepatitis B Screening	Pregnant women	July 23, 2019
Hepatitis C Screening	Adults 18 to 79	March 2, 2020
Lung Cancer Screening	Adults 50 to 80 with history of smoking	March 9, 2021
Obesity Screening and Counseling	Children and adolescents 6 years or older	June 18, 2024
Skin Cancer Prevention: Behavioral Counseling	Young adults, adolescents, children, and parents of young children	March 20, 2018
Tobacco Use: Primary Care Interventions	School-aged children and adolescents who have not started to use tobacco	April 28, 2020 Update in Progress. Comment period is closed.
Tobacco Smoking Cessation: Interventions	Adults including pregnant women	January 19, 2021 Update in Progress. Comment period is closed.
Weight Loss to Prevent Obesity Related Morbidity and Mortality in Adults: Behavioral Interventions	Adults with body mass index (BMI) of ≥30	September 18, 2018 Update in Progress. Comment period is closed.

Since 2009, the U.S. Preventive Services Task Force has posted draft Recommendation Statements online for public comments for a set period of time. More information on how to comment can be found here.

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viii. United States Preventive Services Task Force. Grade Definitions: https://www.uspreventiveservicestaskforce.org/uspstf/about-uspstf/methods-and-processes/grade-definitions