

ACS CAN SUPPORTS

Supports S8553-B: Eliminating Cost Sharing for Lung Cancer Screening and Follow-up Tests

Despite the effectiveness of lung cancer screening, uptake has been low, with only about 6.5% of the 8.5 million eligible individuals nationwide getting screened.¹ Research shows that required cost sharing – including co-pays, co-insurance, and deductibles – can be a significant barrier for individuals who need preventive services.^{2 3} This can be especially true among people with limited incomes for whom these payments can represent a significant percentage of their income.

Out-of-pocket costs for individuals lead to delayed or missed lung cancer screenings. Delayed or missed screenings can lead to delays in follow-up testing and treatment, which ultimately impacts a person's survival. The ability to detect lung cancer early can have a dramatic effect on survival. For non-small cell lung cancer, the most common lung cancer, the 5-year survival rate is 65% when found at a localized stage but only 9% when found at a distant stage.⁴

The Importance of Screening

In the U.S., lung cancer is the most common cause of cancer death and the second most common cancer diagnosed. More than 238,000 people will be diagnosed and 127,070 will die from lung cancer in 2023.⁹ Clinical trials on the effectiveness of lung cancer screening resulted in a significant reduction in lung cancer mortality.¹⁰

The five-year lung cancer survival rate in New York is only **32.1%** and only **31.0%** of cases are caught at an early stage in New York. While New York continues to make progress on the rates of 5-year survival and early diagnosis rates, significant disparities exist between different racial and ethnic groups.⁵

- The five-year survival rate among Black individuals in New York is 26.7%, significantly lower than the rate of 32.1% among white individuals in New York.⁶
- 24.5% of lung cancer cases are diagnosed at an early stage among Black individuals in New York and 27.4% of lung cancer cases are diagnosed at an early stage among Latino individuals in New York— both significantly lower than the rate of 32.2% among white individuals in New York.⁷

Removing cost sharing for preventive services has proven to increase the use of these lifesaving services. For example, research shows that the Affordable Care Act provisions that remove cost sharing for preventive services increased utilization of these services.⁸

Federal law requires all Affordable Care Act compliant private insurance plans to cover recommended lung cancer screening services for high-risk individuals without cost sharing, removing a key barrier to these services – especially for individuals with limited incomes. This provision of the federal law has increased access and utilization of these life-saving services.⁹

While the law is clear that cost sharing should not apply to preventive services, without federal or state laws defining what constitutes screening, payers are determining what is or is not a no-cost preventive service. As a result, individuals are being charged when additional screening tests are recommended, such as after an abnormal screening or if supplemental screening is recommended for people who are above average risk.

For a person being screened for lung cancer, this can include a charge for testing after an initial abnormal scan, such as needle biopsy, cytology, or bronchoscopy. One study found that the out-of-pocket costs for follow-up screening tests among individuals whose insurance covered lung cancer screening averaged \$424.05 per individual with a range of \$0 to \$7,498.74.¹⁰ The costs associated with follow-up testing as part of screening undermine the benefit of screening in reducing death from lung cancer, leaving people unscreened for cancer, having the potential to delay a diagnosis of cancer.

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ACS CAN believes that cancer screening is a continuum of testing rather than a single recommended screening test, and that irrespective of individual risk, screening is a process **that includes a recommended screening test and all follow-up tests** described as diagnostic and judged to be integral and necessary to resolve the question of whether an adult undergoing screening has cancer.

ACS CAN supports S8553-B which ensures comprehensive insurance coverage and the elimination of cost sharing for recommended lung cancer screening and follow-up testing for asymptomatic individuals by all payers in New York, including Medicaid.

¹ American Cancer Society. Cancer Facts & Figures 2023. Atlanta: American Cancer Society; 2023

² The Clinical Practice Guideline Treating Tobacco Use and Dependence 2008 Update Panel, Liaisons, and Staff. (2008). A Clinical Practice Guideline for Treating Tobacco Use and Dependence: 2008 Update: A U.S. Public Health Service Report. American Journal of Preventive Medicine, 35(2), 158–176. <http://doi.org/10.1016/j.amepre.2008.04.009>

³ Han X, Robin Yabroff K, Guy GP, Zheng Z, Jemal A. Has recommended preventive service use increased after elimination of cost-sharing as part of the Affordable Care Act in the United States? Prev Med. 2015 Sep;78:85-91. doi: 10.1016/j.ypmed.2015.07.012.

⁴ The American Cancer Society. Lung Cancer Survival Rates. Accessed October 13, 2023. <https://www.cancer.org/cancer/types/lung-cancer/detection-diagnosis-staging/survival-rates.html>

⁵ American Lung Association. (n.d.). State of lung Cancer | New York. Accessed April 9, 2024. <https://www.lung.org/research/state-of-lung-cancer/states/new-york>

⁶ IBID

⁷ IBID

⁸ Skopec, L. Banthin, J. Free Preventive Services Improve Access to Care, July 2022. Accessed October 20, 2023. <https://www.urban.org/sites/default/files/2022-07/Free%20Preventive%20Services%20Improve%20Access%20to%20Care.pdf>

⁹ Office of Health Policy: Assistant Secretary for Planning and Evaluation, Access to Preventive Services without Cost-Sharing: Evidence from the Affordable Care Act, U.S. Dep't of Health and Hum. Serv., at 8 (Jan. 11, 2022), <https://aspe.hhs.gov/sites/default/files/documents/786fa55a84e7e3833961933124d70dd2/preventive-services-ib-2022.pdf>

¹⁰ American Cancer Society. Position Statement on the Elimination of Patient Cost-Sharing Associated with Cancer Screening and Follow-up Tests. 2023. Accessed October 20, 2023. <https://www.cancer.org/health-care-professionals/american-cancer-society-prevention-early-detection-guidelines/overview/acs-position-on-cost-sharing-for-screening-and-follow-up.html>

⁹ American Cancer Society. Cancer Facts & Figures 2023. Atlanta: American Cancer Society; 2023.

¹⁰ National Lung Screening Trial Research T, Aberle DR, Adams AM, et al. Reduced lung-cancer mortality with low-dose computed tomographic screening. N Engl J Med. Aug 4 2011;365(5):395-409. doi:10.1056/NEJMoa1102873. de Koning HJ, van der Aalst CM, de Jong PA, et al. Reduced Lung-Cancer Mortality with Volume CT Screening in a Randomized Trial. N Engl J Med. Feb 6 2020;382(6):503-513. doi:10.1056/NEJMoa1911793.