

ACS CAN Supports the “Increasing Access to Lung Cancer Screening Act” (H.R. 4286)

Background

Lung cancer is the leading cause of cancer death for both men and women with 127,070 deaths expected in the U.S. in 2023. An estimated 238,340 new cases of lung cancer will be diagnosed in 2023. Trends in both new cases and deaths have been decreasing for men and women following historical patterns of smoking since 1965. The release of the 1964 Surgeon General’s Report on the health hazards of cigarette smoking and tobacco control efforts have led to dramatic declines in cigarette consumption and consequently, lung cancer incidence and mortality.

If lung cancer is found at an earlier stage, when the cancer is small and has not spread, it is more likely to be treated successfully. Research has shown that access to yearly low-dose CT (LDCT) scans to screen people at higher risk of lung cancer can save lives. Yet despite recommendations for lung cancer screening since 2013 from both the American Cancer Society and the U.S. Preventive Services Task Force (USPSTF), uptake among eligible individuals is extremely low. Barriers to lung cancer screening include lack of insurance coverage, out of pocket costs, and provider and public awareness of the availability and benefit of screening. In 2020, there were approximately 8.5 million adults eligible for lung cancer screening and approximately 552,500 or 6.5% were screened for lung cancer that year. Critical steps are needed to increase lung cancer screening rates across the country and also increasing to access comprehensive cessation benefits, especially among individuals with limited incomes that are disproportionately burdened by lung cancer.

H.R. 4286 Bill Summary

Introduced by Representative Brian Higgins (D-NY-26) and Representative Kathy Castor (D-FL-14) the “Increasing Access to Lung Cancer Screening Act:”

- Provides coverage without cost-sharing for lung cancer screening as recommended by USPSTF to the traditional Medicaid population.
- Provides coverage for tobacco cessation as recommended by the USPSTF to the traditional Medicaid population.
- Eliminates prior authorization requirements for lung cancer screening for Medicare and private insurers.
- Establishes a \$10 million lung cancer screening education and outreach campaign at the Department of Health and Human Services.
- Requires a GAO report on the population diagnosed with lung cancer but not recommended for screening.

ACS CAN’s Position

ACS CAN supports H.R. 4286 to eliminate barriers and increase access to lung cancer screening and expand coverage for tobacco cessation.

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