

# Improvements in Medicare Still Needed

The Medicare program is vitally important to ensuring that older Americans and those with certain disabilities have access to medically necessary health care services like cancer care. In fact, prior to the enactment of the Medicare program, only about half of Americans ages 65 and older had some type of coverage for hospital care, which didn't necessarily cover surgical procedures.<sup>105</sup> Since the program was enacted in 1965, it has undergone a number of major improvements, including adding the availability of coverage through Medicare Advantage plans (Part C) and coverage of outpatient prescription drugs (Part D). Unfortunately, despite these improvements, Medicare beneficiaries continue to experience barriers to accessing medically necessary care, particularly when diagnosed with cancer.

## Transportation barriers and rural cancer disparities

Access to transportation can be challenging for beneficiaries. Roughly 9% of Medicare beneficiaries ages 65-74 report having trouble getting places, while 23% of beneficiaries over the age of 85 report problems.<sup>106</sup> Beneficiaries with lower incomes are more likely to report having trouble getting places.<sup>107</sup> According to a 2022 ACS CAN Survivor Views survey of people with cancer and survivors who have Medicare, 31% reported the distance to care and services in their area presented an access barrier.<sup>108</sup>

Approximately 20% of Medicare beneficiaries reside in rural areas, which can create challenges to accessing care.<sup>109</sup> Individuals living in rural areas have high rates of cancer-related mortality<sup>110</sup> and are more likely to be diagnosed with cancer at later stages.<sup>111</sup> Cancer disparities in rural areas are particularly visible for cancers that can be identified through screening and early detection: lung, cervical, colorectal and prostate.<sup>112</sup> Rural residents also have lower rates of cancer screenings, including for services such as lung cancer screenings for which specialized equipment is needed.<sup>113</sup>

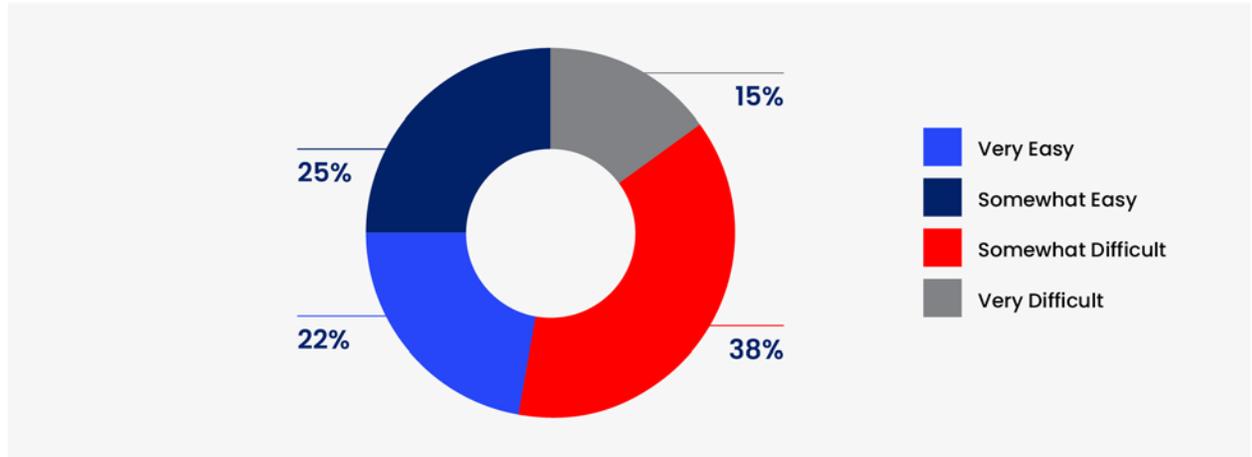
While transportation issues and rural disparities may be endemic, there are policy solutions that can be employed to reduce these burdens on Medicare beneficiaries. One way would be to leverage innovative technologies that are designed to increase access to care, particularly in rural areas. For example, multi-cancer early detection tests are innovative new screening modalities designed to detect many different types of cancer from a blood sample. Once approved by the Food and Drug Administration and when clinical benefit is shown, these technologies will help reduce transportation barriers because beneficiaries will be able to access these tests from a local provider without having to travel long distances to a specialized facility. Accessing these tests from a local provider will also reduce transportation barriers because beneficiaries will be able to utilize these tests in conjunction with other health care services, thus obviating the need for an additional appointment thus obviating the need for an additional appointment in what would be the first step in a cancer screening process. Having access to MCED tests — in addition to currently approved screening modalities -- will help improve cancer screening rates

## Medicare Beneficiary Out-Of-Pocket Costs

While the Medicare program provides vital coverage of health care services, beneficiaries (particularly those who are enrolled in Parts A and B without supplemental coverage) can face significant out-of-pocket costs. This can be particularly challenging because as individuals enter retirement age their income generally decreases.<sup>114</sup>

In a 2021 ACS CAN Survivor Views survey of people with cancer and survivors who had Medicare, a majority (53%) reported a degree of difficulty in affording their cancer care:

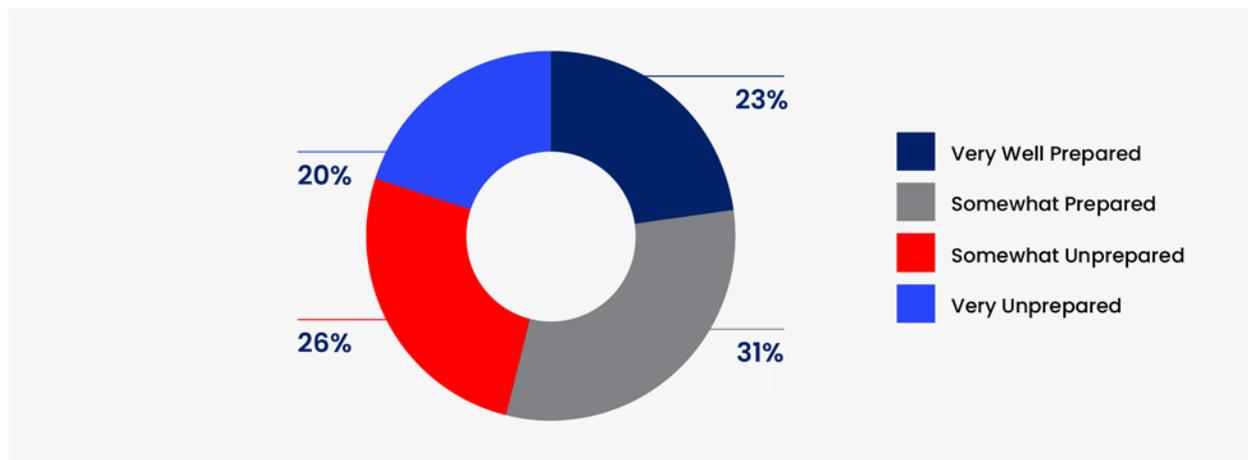
**Figure 55: Survivor Views Respondents Who Have Medicare Reporting Difficulty Paying for Care, 2021**



**Source:** American Cancer Society Cancer Action Network. Survivor Views: Affordability, Prescription Drugs, and Pain. Fielded October 22-November 19, 2021.

The cost of cancer care can also be unexpected for people with cancer on Medicare, with slightly less than half (46%) of Survivor Views respondents indicating they were either somewhat or very unprepared for the costs they incurred related to their cancer treatments.

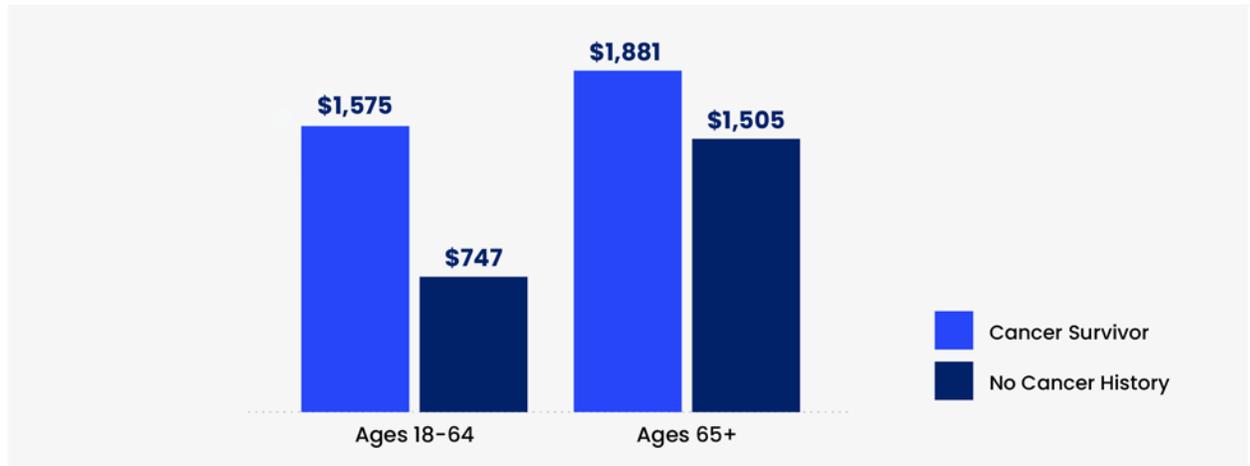
**Figure 56: Survivor Views Respondents Who Have Medicare Reporting Financial Preparedness for Coss of Care, 2021**



**Source:** American Cancer Society Cancer Action Network. Survivor Views: Affordability, Prescription Drugs, and Pain. Fielded October 22-November 19, 2021.

In general, cancer survivors have higher out-of-pocket costs for their health care expenses compared to those without a cancer history.

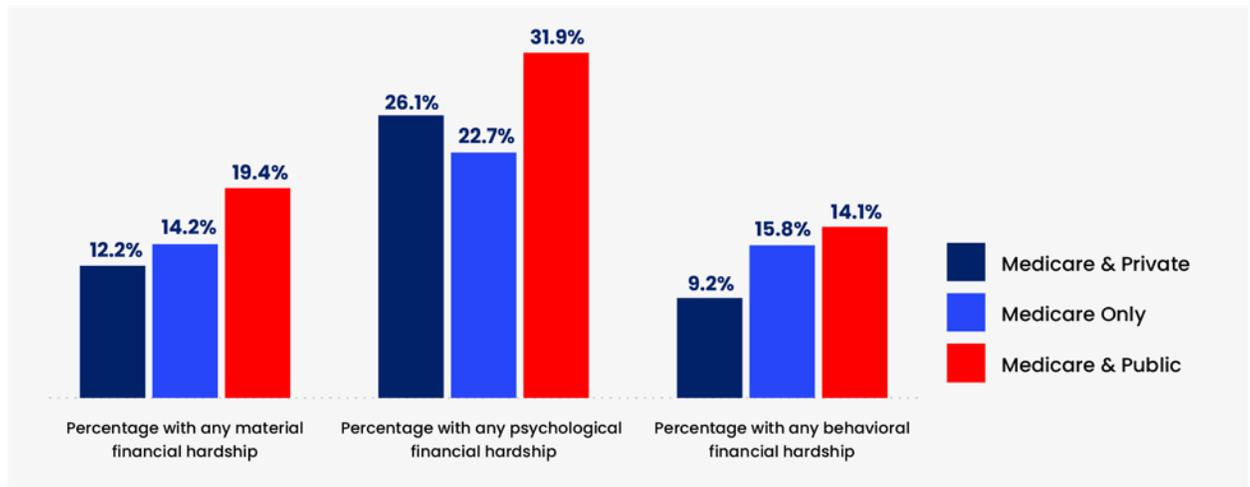
**Figure 57: Average Annual Health Care Out-of-pocket Expenditures, 2018–2019**



**Source:** Agency for Healthcare Research and Quality: Medical Expenditure Panel Survey, 2018-2019. Public-use data file and documentation. Retrieved from: [https://meps.ahrq.gov/data\\_stats/download\\_data\\_files\\_detail.jsp?choPufNumber=HC-216](https://meps.ahrq.gov/data_stats/download_data_files_detail.jsp?choPufNumber=HC-216). July 2022.

High out-of-pocket costs can lead to medical financial hardship, which can negatively impact an individual. Medicare beneficiaries without any supplemental Medicare coverage were more likely to report medical financial hardship – financial (19.4%), psychological (41.9) and behavioral (15.8%) – compared to those with some form of supplemental coverage. An additional benefit of screening is that out-of-pocket costs are lower when cancer is detected at an earlier stage.

**Figure 58: Any Reported Medical Financial Hardship in Ages 65+ by Insurance Type, 2015–2017**



**Note:** Data are for the general population and are not limited to individuals with a history of cancer. Data were stratified into three domains: (1) material conditions that arise from higher out-of-pocket expenses and lower income (e.g., medical debt); (2) psychological responses; and (3) coping behaviors (e.g., delaying or foregoing care because of cost).

**Source:** Yabroff KR, Zhao J, Han X, Zheng Z. Prevalence and Correlates of Medical Financial Hardship in the USA. J Gen Intern Med. 2019 Aug;34(8):1494-1502.

As new technologies become available to treat cancer and prolong cancer survivorship, these innovative treatments must be made affordable for beneficiaries. As noted above, many beneficiaries currently struggle with high out-of-pocket costs (particularly those who lack supplemental coverage). The Medicare program must ensure that access to new and innovative technologies are available to all beneficiaries – not just those who have the financial means to access them.

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- 6 Throughout this report, we assume individuals ages 65 and older qualify for Medicare coverage. Thus, the terms Medicare beneficiary, Medicare enrollee and individuals 65+ are used interchangeably unless otherwise noted.
- 7 The Board of Trustees, Federal Hospital Insurance and Federal Supplementary Medical Insurance Trust Funds. 2023 Medicare Trustees Report. 2023. Available from: <https://www.cms.gov/oact/tr/2023> (hereinafter 2023 Medicare Trustees Report).
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- 11 More information is discussed in the Medicare Supplemental Coverage section below.
- 12 While Medicare Part B covers home health care, Medicare Part A covers and pays for home health care for beneficiaries in certain circumstances after a hospital or skilled nursing facility stay.
- 13 2023 Medicare Trustees Report. This figure includes enrollment in Original Medicare only. Enrollment information in the Medicare Advantage program is contained in the Medicare Part C section below.
- 14 Individuals who paid less than 30 quarters in Medicare taxes will pay a Part A premium of \$504 a month in 2024. Individuals who paid between 30-39 quarters of Medicare taxes will pay a monthly premium of \$278 in 2024. Centers for Medicare & Medicaid Services. Fact Sheet. 2024 Medicare Parts A & B premiums and Deductibles. Oct. 12, 2023. Available from: <https://www.cms.gov/newsroom/fact-sheets/2024-medicare-parts-b-premiums-and-deductibles> [hereinafter 2024 Medicare Parts A and B fact sheet].
- 15 Most beneficiaries do not pay a premium for Part A and therefore are not assessed a late enrollment penalty if they fail to enroll in Part A when first eligible. However, beneficiaries who are assessed a Part A premium and who fail to sign up for Part A coverage when they are first eligible to do so, may incur a 10 percent penalty on their monthly premium. This penalty is temporary and is assessed for twice the number of years the beneficiary failed to enroll. Most beneficiaries who work beyond the age of 65 and who receive health insurance coverage from an employer who covers more than 20 full-time employees will not be assessed a late enrollment penalty.
- 16 In fact, the Centers for Medicare & Medicaid Services (CMS) advises most individuals to enroll in Part A when they turn 65, even if they have health insurance from an employer. See CMS Fact Sheet: Deciding Whether to Enroll in Medicare Part A and Part B When You Turn 65. CMS Prod. No. 11962. Available from <https://www.cms.gov/Outreach-and-Education/Find-Your-Provider-Type/Employers-and-Unions/FS3-Enroll-in-Part-A-and-B.pdf>.
- 17 Medicare has different cost obligations for mental health inpatient stays. For more information, see <https://www.medicare.gov/your-medicare-costs/costs-at-a-glance/costs-at-a-glance.html#collapse-4808>.
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- 21 2024 Medicare Parts A and B factsheet.
- 22 Because of the lack of a cap in out-of-pocket costs, many beneficiaries opt to purchase supplemental coverage to help cover their cost sharing. Supplemental or Medigap coverage charges an additional monthly premium. For more information, see the Medicare Supplemental Coverage section of this report.
- 23 2023 Medicare Trustees Report.
- 24 Centers for Medicare & Medicaid Services. Internet-Only Manual, Pub 100-02, Chapter 15, 50.4.5 Off Label Use of Anti-Cancer Drugs and Biologicals.
- 25 2023 Medicare Trustees Report. This figure includes enrollment in Original Medicare only. Enrollment information in the Medicare Advantage program is contained in the Medicare Part C section below.
- 26 Medicare uses the beneficiary’s reported income to the Internal Revenue Service (IRS) on their tax return from two years prior for purposes of determining a beneficiary’s income.
- 27 Beginning in 2023, Medicare beneficiaries who were 36 months post-kidney transplant (and thus no longer eligible for Medicare) can choose to pay a monthly premium to continue Part B coverage of immunosuppressive drugs. More information on premium amounts for immunosuppressive coverage only can be found at <https://www.cms.gov/newsroom/fact-sheets/2024-medicare-parts-b-premiums-and-deductibles>.
- 28 Specific information regarding income related premiums for Part B is available at <https://www.cms.gov/newsroom/fact-sheets/2024-medicare-parts-b-premiums-and-deductibles>.
- 29 Most beneficiaries who work beyond the age of 65 and who receive health insurance coverage from an employer will not be assessed a late enrollment penalty. 42 C.F.R. § 407.20(c).
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- 42 For 2024, the threshold amount for a specialty tier drug is \$950 for a 30-day supply. Centers for Medicare & Medicaid Services. Final Contract Year (CY) 2024 Bidding Instructions. Apr. 4, 2023. Available at <https://www.cms.gov/files/document/final-cy-2024-part-d-bidding-instructions.pdf>.
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