

How Health Reform Can Help Cancer Patients and Survivors*

The Susan G. Komen for the Cure® Advocacy Alliance is calling on Congress to *consider cancer* as they debate proposals to reform the nation's health care system. As the nonpartisan voice of 2.5 million breast cancer survivors and the people that love them, our primary focus is on reforms that will directly affect cancer patients and survivors. As such, we call on Congress to increase access to affordable health insurance for all, prevent insurance companies from denying coverage due to so-called "pre-existing conditions" such as cancer, protect patients from high out-of-pocket costs, and increase access to early detection services.

- 1.5 million people in the U.S. will be diagnosed with cancer in 2009.
- More than 562,000 will die this year.
- There are more than 11 million cancer survivors in the U.S. today.
- Cancer patients and survivors have some of the most difficult experiences with the health care system.

During the August Congressional recess, we asked our network of nearly 250,000 advocates to vote on their priorities for health reform and to share their personal experiences with the health care system. Nearly 60,000 Komen advocates shared these priorities with Congress. Below is an analysis of how the current health reform bills (as of September 1, 2009) would address some of the concerns and challenges faced by cancer patients and survivors as they navigate the current health care system.

Access to Affordable Health Insurance	
Now	After Health Reform*
46 million Americans lack health insurance, and that number is climbing. Many are a pink slip or major medical diagnosis away from losing their health insurance. For example, a cancer patient in treatment who needs to reduce hours or leave a job may lose his/her insurance. Lack of adequate health insurance means lower screening rates, more advanced cancer at diagnosis and lower chances of survival. Uninsured cancer patients have lower survival rates than patients with private insurance.	Health insurance companies must offer health insurance to everyone even if they are waging an expensive battle with cancer. Insurers cannot drop coverage if someone becomes seriously ill and must renew any policy as long as the policyholder pays his or her premium in full. Individual health insurance plans will be easier to purchase and more affordable for many Americans. <u>Guaranteed access to affordable health insurance will make cancer care more accessible for all.</u>

"I am a six-year anal cancer survivor. My outstanding medical bills are well over \$100,000. I have no insurance and have applied for every program that I know of for assistance. According to every program, I do not qualify for any assistance. I can't even get disability, so I am dependant on my husband's minimal fixed income. The cancer treatment I got saved my life but left my quality of life less than tolerable. We are stuck in a hole from which there is no escape." — Marcia, Johnson City, TN
"I was diagnosed with breast cancer in September, 2008, while still covered by COBRA. ... Our coverage ended at the end of February, 2009. Because of my cancer diagnosis, I was declined for normal health

insurance, as was my husband due to diabetes. We had to get insurance through the Texas Health Risk Pool, and our premium for just the two of us is over \$1,100 per month, and that is with huge deductibles. ... I will not be able to get normal insurance for at least five years. I don't know how long we will be able to continue with insurance coverage before we go bankrupt." — Laura, Southlake, TX

Elimination of Pre-Existing Condition Exclusions	
Now	After Health Reform*
Cancer survivors face tremendous hurdles when they try to buy health insurance, because their cancer is defined by insurance companies as a "pre-existing condition." Being labeled this way makes finding affordable coverage difficult at best, even for cancer survivors who have been in remission for years and have a good long-term prognosis.	Health insurance companies must offer health insurance to everyone, and cannot charge higher premiums because of a person's pre-existing condition or current health status. <u>People who have battled cancer will no longer have to battle health insurance companies to find affordable health insurance.</u>

"My husband's job was down-sized primarily because of our high cost of medical care due to my breast cancer. The jobs of everyone who had high medical expenses were down-sized. Once the COBRA insurance expired, I was unable to get insurance due to PREVIOUS MEDICAL CONDITIONS. I was finally able to get insurance through the state insurance but [it] was extremely expensive. I had to work two jobs just to pay for the coverage--a lot of stress for someone recovering from radiation & chemo. NO ONE should have to face this!!!" — Stella, Collinsville, IL

"I am a breast cancer survivor ... twice. I have been dealing with it for three long years. We pay \$1,900 per month for insurance on a COBRA plan because no one else will take me on a policy. This is so unfair to add to what a family already deals with when dealt a cancer diagnosis! It affects every family member, emotionally, physically, and financially. The cancer patient takes on all of that burden on top of their own fears and guilt. We are fighting for our lives and need all the strength we can muster up. You lose your hair, your breasts, your eyebrows and your eyelashes. Give us some sense of hope that on top of it we are not bankrupting our families in the process." — Karen, Irvine, CA

Protection from High Out-of-Pocket Costs	
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Cancer patients <i>with</i> health insurance are not always protected from high out-of-pocket costs, requiring them to deplete their savings or incur thousands of dollars in medical debt. Cancer patients may also face annual and lifetime caps on insurance benefits — cancer treatments can be very expensive and require long-term monitoring and follow up.	Insurance companies will not be able to expose patients to exorbitant out-of-pocket costs, deductibles or co-pays. Insurance companies will be not be able to place annual or lifetime caps on how much they will cover, but there will be yearly caps on how much patients have to pay out-of-pocket. <u>These measures will help ensure that a cancer diagnosis does not lead to financial ruin.</u>

"We have insurance, however we must pay a higher premium and co-pays because our daughter was 21 and getting her masters. The year [her] brain tumor was diagnosed, we paid \$15,000 in co-pays for hospital, surgery, diagnostics, radiation and prescriptions. Now, two years later, she once again experienced surgery. I can't pay these bills. I may have to declare bankruptcy." — Jacqueline, Grand Island, NY

"I was diagnosed two years ago with breast cancer. I had a double mastectomy with reconstruction. I go to the doctor every three months for blood work. I had to cancel my last scheduled scans because the hospital was suing me for the \$3,500 I owe them!!!! What are patients supposed to do??? I can't afford all the tests I need. I also am on a drug every month that is not generic! I have paid into my insurance company for 30 years. I am a teacher and can't afford cancer!" — Karen, Omaha, NE

"I am 60 years old, retired and paying for my own insurance. I have a maximum out-of-pocket of \$14,000 per year. I chose a high deductible because I couldn't afford anything else. This year I was diagnosed with bilateral breast cancer and already owe \$18,000. It is ironic how 'maximum out-of-pocket' does not include co-pays. My treatment plan will extend into next year so I will again incur at least \$15,000. I have no prescription coverage and need to take a cancer drug for five years which cost \$400/month. That is another \$4,800 every year. This is devastating to me. I worked hard all of my life and lived a healthy and active lifestyle. Now with one diagnosis, my life is turned upside down." — Mary, Asheville NC

"Treating cancer is very expensive. I have relatively good insurance, but my out-of-pocket costs for my breast cancer treatment in 2008 were still \$10,000. I am still paying off the bills. Many other patients have it much worse, with many being denied coverage and facing loss of home and bankruptcy. Please make sure that any health care bill protects cancer patients and their families from financial hardship at a time when they are facing enough stress from a life-threatening illness and its treatment." — Louise, Bloomfield Hills, MI

"My fiancé was out of work and without insurance when he was diagnosed with throat cancer year last. By the time the CAT & PET scans, doctor's visits and aggressive chemotherapy and radiation treatments were done, our outstanding debt came to nearly \$30,000. We have yet to pay the medical bills because we are now in the process of cashing in our life insurance policies and liquidating furniture, jewelry, family heirlooms, etc. in hopes of stopping the impending foreclosure on our home. Did I mention that we also have two kids attending college this fall?" — Donna, Appling, GA

Access to Prevention, Early Detection Services	
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<p>Early detection is the key to survival. For example, when breast cancer is detected early, the 5-year relative survival rate is 98 percent. Women who are uninsured or underinsured are more likely to skip potentially life-saving cancer screenings. In fact, the National Breast and Cervical Cancer Early Detection Program, which serves uninsured and under-insured women, only has enough funding to screen one in five eligible women. For women with insurance, even a small co-payment can significantly reduce mammography rates.</p>	<p>A renewed focus on prevention and early detection will save lives. Insurers must cover services like mammography and Pap smears with little or no cost-sharing for patients. <u>Women who cannot get a mammogram today because they lack insurance or cannot afford co-pays will now be able to access one.</u></p>

*Based on the latest publicly-available versions of the "Affordable Health Choices Act" passed by the Senate HELP Committee on July 15, 2009, the Senate Finance Committee policy options papers released May 2009, and H.R. 3200 the "America's Affordable Healthy Choices Act."