



# Eliminating Financial Barriers to Lung Cancer Screening—When Free Is Not Really Free

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## ACA Section 2713: Selected Preventive Services Must Be Provided without Cost-Sharing

- Receiving an A or B rating from the United States Preventive Services Taskforce (USPSTF)
  - Lung Cancer Screening: B Rating in 2021
- Immunizations recommended by the Advisory Committee on Immunization Practices (ACIP)
- Preventive care and screenings supported by the Health Resources and Services Administration (HRSA)





Despite the removal of financial barriers for initial lung cancer screening test, the uptake remains low







Original Investigation | Oncology

#### Receipt of Recommended Follow-up Care After a Positive Lung Cancer Screening Examination

- Overall adherence to recommended follow-up care was low for adults with a positive lung cancer screening examination
- Adherence to recommended follow-up care was statistically significantly lower in Black individuals, male individuals, and individuals currently smoking.

### ELSEVIER

#### Journal of the American College of Radiology

Volume 19, Issue 1, Part A, January 2022, Pages 35-46



Financial barriers exist for follow-up care for adults with a positive lung cancer screening examination

Health Services Research and Policy

Original Article

Total and Out-of-Pocket Costs of Procedures After Lung Cancer Screening in a National Commercially Insured Population: Estimating an Episode of Care

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- In lung cancer screening episodes necessitating downstream procedures, the range of out-of-pocket costs incurred were wide, with patient costs ranging from \$0 to \$7,500 with an average perepisode cost of \$424.
- Removal of financial barriers for essential follow-up tests will increase their use, prevent the further exacerbation of existing health care inequities and allow patients to reap the benefits of lung cancer prevention.

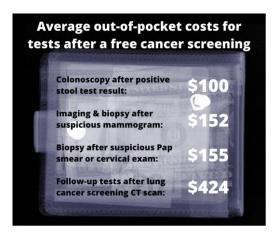
#### Screening for lung cancer: 2023 guideline update from the American Cancer Society





- The failure to follow-up a positive screening test in a manner that is concordant with Lung-RADS guidance undermines the screening process, can delay diagnosis, or can result in unnecessary imaging examinations and radiation exposure.
- In addition, if a positive screening test is not followed according to recommendations, the screening process is incomplete.
- It is the position of the ACS that follow-up tests are integral
  to the screening process, and patients should not face cost
  sharing for any follow-up procedure associated with a
  positive LCS test.

American Cancer Society
Position Statement on the
Elimination of Patient CostSharing Associated with Cancer
Screening and Follow-up
Testing







- It is the position of the ACS that cancer screening should be understood as a continuum of testing rather than a single screening test
- 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.
- These tests should be covered without any patient cost-sharing consistent with the 2022 FAQ specifying no patient cost-sharing for follow-up colonoscopy after a positive non-colonoscopy colorectal cancer screening examination.
- Insurers must cover and should not impose cost-sharing for these recommended examinations, regardless of the patient's designated risk.





# Thank You