



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

A. Mark Fendrick, MD

Center for Value-Based Insurance Design

University of Michigan

[www.vbidcenter.org](http://www.vbidcenter.org)

## 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



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**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.

# 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

Tina D. Taylor MD<sup>a</sup> , , Sarah Bell MS, MPH<sup>b</sup>, A. Mark Fendrick MD<sup>c</sup>, Ruth C. Carlos MD, MS<sup>d</sup>

- 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 per-episode 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 Cost- Sharing Associated with Cancer Screening and Follow-up Testing

Average out-of-pocket costs for tests after a free cancer screening

Colonoscopy after positive stool test result:	\$100
Imaging & biopsy after suspicious mammogram:	\$152
Biopsy after suspicious Pap smear or cervical exam:	\$155
Follow-up tests after lung cancer screening CT scan:	\$424



- 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**