



SCHOOL OF PUBLIC HEALTH

CENTER FOR VALUE-BASED INSURANCE DESIGN

UNIVERSITY OF MICHIGAN

Opportunities for Health Insurance to Enhance Access and Affordability to Cancer Prevention, Screening, Diagnosis and Treatment

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Value-Based Insurance Design

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A New World of Lung Cancer Therapy Awaits Pope Leo

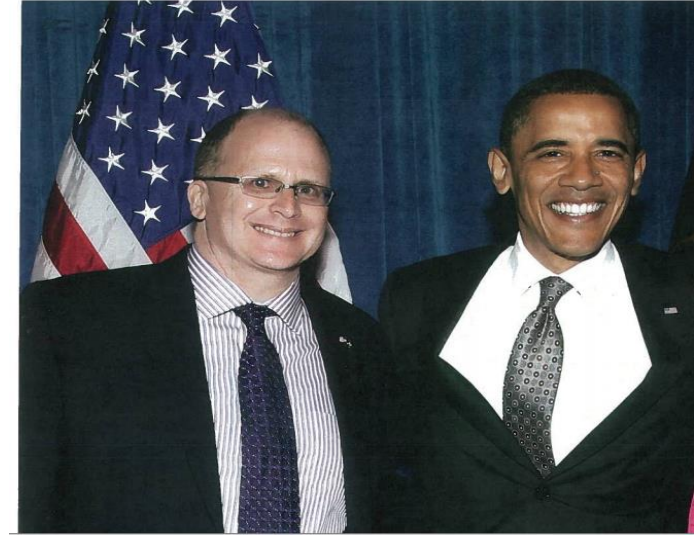
Our goal should be that every person in the United States has access to - and can easily afford - the screening, diagnostic testing and treatments similar those received by Pope Leo.

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ACA Sec 2713: Selected Preventive Services be Provided without Cost-Sharing

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



When Free is not really Free

While the preventive services provision of the Affordable Care Act (ACA) eliminated patient cost sharing for *initial* cancer screening for *average risk* insured individuals, patients commonly incurred substantial out-of-pocket costs for follow-up services necessary to attain diagnostic resolution.

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**

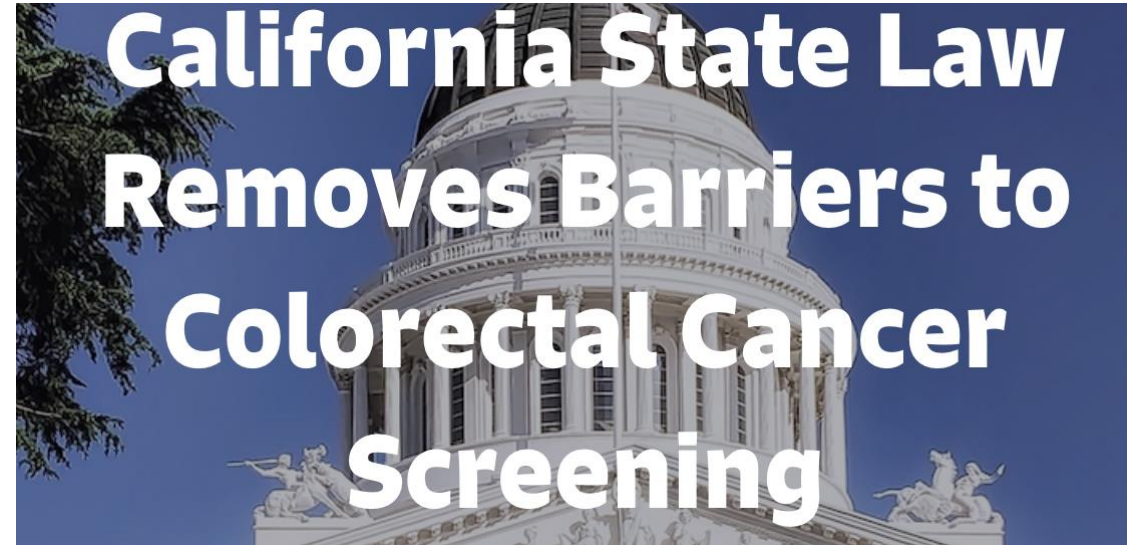
Follow-up tests after lung cancer screening CT scan: **\$424**

- [JAMA Network Open. 2021;4\(8\):e2121347](#)
- [Obstetrics & Gynecology. 2022;139\(1\): doi:10.1097/AOG.0000000000004582](#)
- [JAMA Network Open. 2021;4\(12\): doi:10.1001/jamanetworkopen.2021.36798](#)
- [JACR E-pub ahead of print. 2021.DOI:https://doi.org/10.1016/j.jacr.2021.09.015](#)

One of Many Examples of States Leading the Way to Implement Regulations to Eliminate Cost-Sharing for follow-up Colonoscopy

States passed legislation removing cost-sharing:

- Kentucky
- Oregon
- California



Californians Will Now Have Coverage For The Full Spectrum Of Colorectal Cancer Screening, Including The Necessary Colonoscopy Following A Positive Non-Invasive Screening Test.

The American Cancer Society and other patient advocacy groups supported policies to cover follow-up diagnostic testing without patient cost-sharing

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

Position Statement

It is the position of the American Cancer Society (ACS) that cancer screening should be understood as a continuum of testing rather than a single recommended screening test, and that irrespective of individual risk, 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.

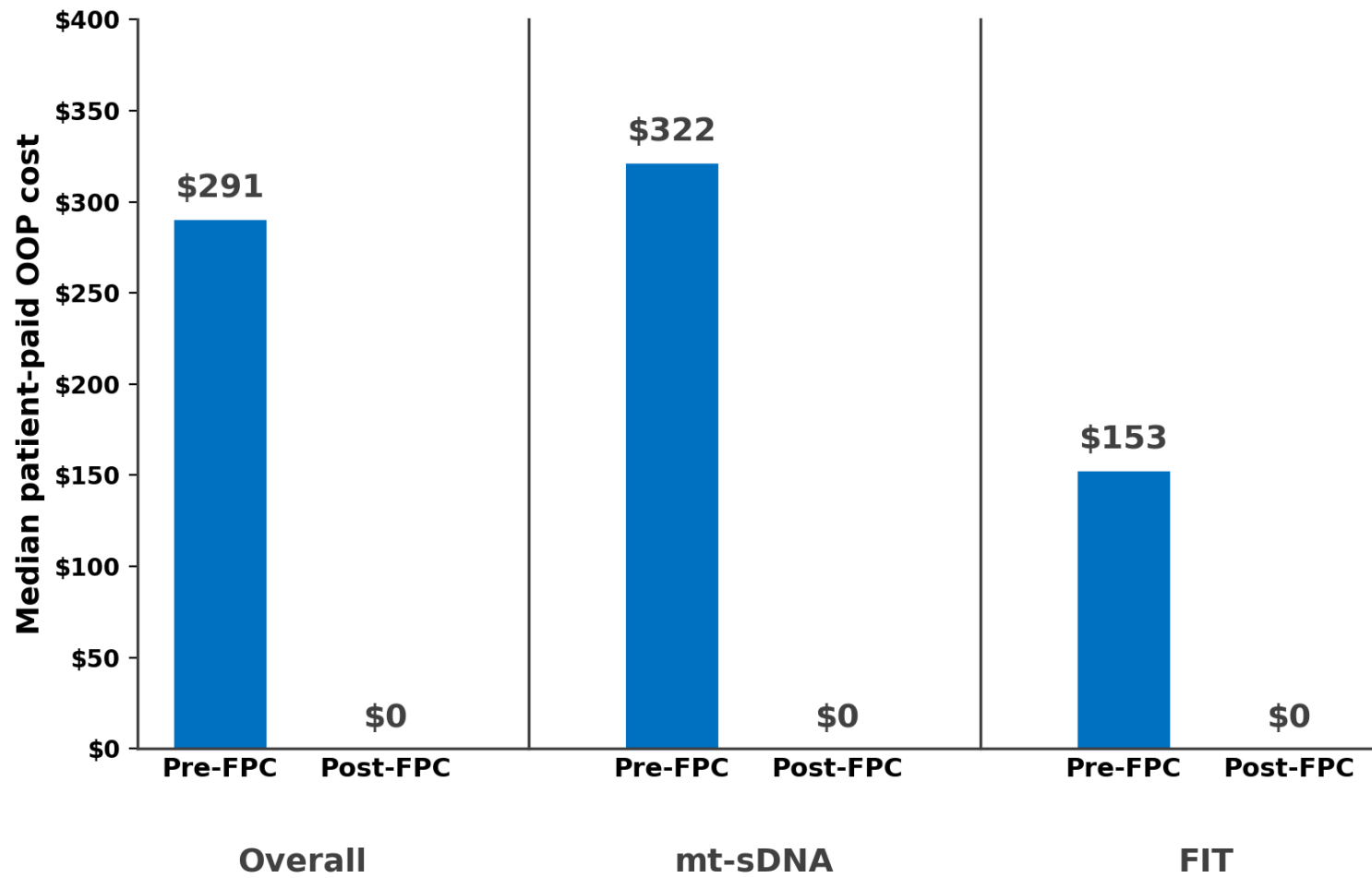
FAQS ABOUT AFFORDABLE CARE ACT IMPLEMENTATION PART 51, FAMILIES FIRST CORONAVIRUS RESPONSE ACT AND CORONAVIRUS AID, RELIEF, AND ECONOMIC SECURITY ACT IMPLEMENTATION

January 10, 2022

Q7: Are plans and issuers required to cover, without the imposition of any cost sharing, a follow-up colonoscopy conducted after a positive non-invasive stool-based screening test or direct visualization test (e.g., sigmoidoscopy, CT colonography)?

Yes. A plan or issuer must cover and may not impose cost sharing with respect to a colonoscopy conducted after a positive non-invasive stool-based screening test or direct visualization screening test for colorectal cancer for individuals described in the USPSTF recommendation. As stated in the May 18, 2021 USPSTF recommendation, the follow-up colonoscopy is an integral part of the preventive screening without which the screening would not be complete.³¹ The follow-up colonoscopy after a positive non-invasive stool-based screening test or direct visualization screening test is therefore required to be covered without cost sharing in accordance with the requirements of PHS Act section 2713 and its implementing regulations.

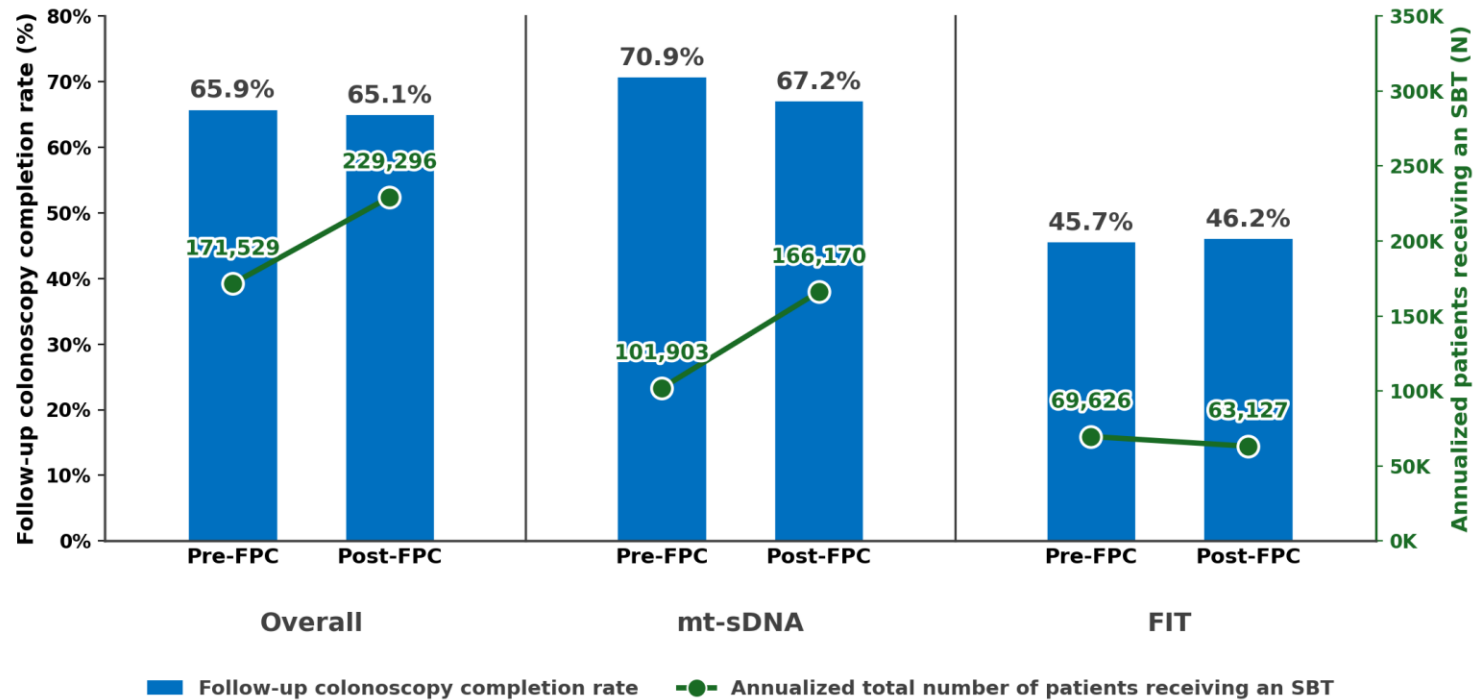
Median patient out-of-pocket costs decreased to \$0 for follow-up colonoscopy after federal policy change



FPC: federal policy change. Pre-FPC period: November 2020 – January 2023; Post-FPC period: February 2023 – October 2024

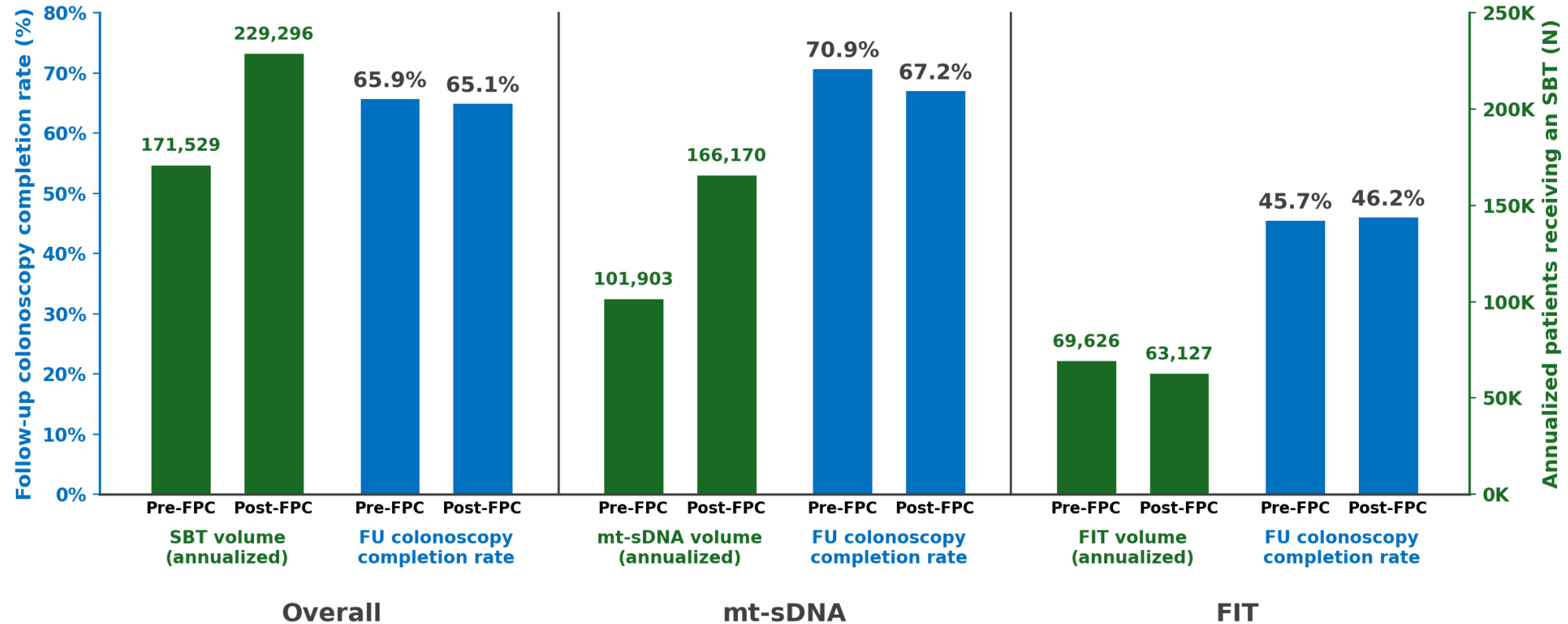


Impact of Federal Policy on CRC screening and follow-up colonoscopy completion rate within 180 days after a positive SBT



- Total number of patients receiving an SBT test increased by 34% pre and post Federal Policy
- Follow up colonoscopy rate remained consistent pre and post Federal Policy

Impact of Federal Policy on CRC screening uptake and follow-up colonoscopy completion rate within 180 days after a positive SBT



- Total number of patients receiving an SBT test increased by 34% pre and post FPC
- Follow up colonoscopy rate did not change following the implementation of the FPC

Additional patient-facing barriers beyond cost-sharing need to be addressed to optimize diagnostic resolution

Patient Level Barriers

- Literacy
- Competing health issues
- Access to clinicians
- Lack of transportation

PCP Level Barriers

- Lack of communication of need for follow up if initial test is positive
- Failure to alert patients of abnormal results
- Completion of referral for/scheduling

System Level Barriers

- Fragmented referral processes
- Limited specialist capacity

From Breast Cancer Screening to Diagnosis

New Recommendations for Expanded Coverage and Patient Navigation

Table. Recommendations for Breast Cancer Screening and Patient Navigation for Breast and Cervical Cancer Screening^a

Recommendation	Eligibility	Prevention services included
Breast cancer screening	Women at average risk of breast cancer who are 40 years and older ^b	Annual or biennial mammography screening beginning no earlier than age 40 years and no later than age 50 years, and continuing through at least age 74 years; age alone should not be the basis for discontinuing screening Additional imaging (eg, magnetic resonance imaging, ultrasonography, mammography) and pathology evaluation when needed to complete the screening process or address findings on the initial screening mammography
Patient navigation services for breast and cervical cancer screening and follow-up	Patients eligible for breast or cervical cancer screening and needing assistance accessing screening and follow-up services	Individualized navigation services based on assessment of the patient's needs and involving person-to-person contact with the patient can include person-centered assessment and planning, health care access and health system navigation, referrals to appropriate support services (eg, language translation, transportation, social services), and patient education

Now approved by the Health Resources & Services Administration, these services will be covered without co-pay or deductible charges for most women under the prevention services no-cost coverage requirements of the Patient Protection and Affordable Care Act beginning in 2026.

Cancer screening services:

What's covered at no cost to the patient?

Screening covered for eligible individuals	Follow-up diagnostic services	Screening navigation services
Colorectal cancer (e.g. stool test or colonoscopy) 	Colonoscopy after non-invasive test (as of 2023)	Not included in no-cost coverage
Breast cancer (Screening mammography) 	Mammography, MRI, ultrasound, or biopsy (as of 2026)	Personal assessment, education, referrals to services (as of 2026)
Cervical cancer (Pap test +/- HPV test, or self-collected HPV test) 	Additional testing needed to complete screening (as of 2027)	Personal assessment, education, referrals to services (as of 2026)
Lung cancer (Low-dose CT) 	Not included in no-cost coverage	Not included in no-cost coverage

As of Winter 2026 - Michigan Medicine/University of Michigan VBID Center

When Free is not really Free

Coverage for clinically-indicated for screening and diagnostic services for individuals at increased risk for cancer – both patients with a cancer diagnosis and family members - remains suboptimal.

Align Incentives for Providers and Payers: NCQA implementing new cancer screening quality measure that includes follow-up after abnormal initial tests

Aligning the Stars: Quality Metrics Must Evolve From Screening Rates to Diagnostic Resolution

Diana S. M. Buist, PhD, MPH; Robert A. Smith, PhD; and A. Mark Fendrick, MD

Proposed New Measure for HEDIS^{®1} MY 2027: **Follow-Up After Positive Colorectal Cancer Non-Invasive Screening Test (COF-E)**

Assesses the percentage of persons 45-85 years of age who received a colonoscopy for a positive colorectal cancer non-invasive screening test within 180 days of a positive stool-based test

<https://doi.org/10.37765/ajmc.2026.89931>

<https://wpcdn.ncqa.org/www-prod/wp-content/uploads/02.-COF-E.pdf>



Meeting the Challenge...



- Implement more policies that eliminate patient cost-sharing across the entire diagnostic process
- Extend policies that eliminate cost sharing for screening and follow-up care to individuals at higher-than-average cancer risk
- Advocate for policies that address non-financial barriers such as patient literacy and care navigation
- Align incentives for clinicians and payers around completion of the cancer screening process



Closing Thought: What keeps me up at night

Be careful what you wish for

- In the unlikely scenario where all eligible individuals undergo screening, received the necessary follow-up tests and achieved diagnostic resolution, would evidence-based cancer treatments be accessible and affordable?

Thank you

Questions?

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