



GAO Surveys Insurers and Breast Cancer Treatments

Jamie Young

To cite this article: Jamie Young (1995) GAO Surveys Insurers and Breast Cancer Treatments, *Oncology Issues*, 10:6, 10-10, DOI: [10.1080/10463356.1995.11904571](https://doi.org/10.1080/10463356.1995.11904571)

To link to this article: <https://doi.org/10.1080/10463356.1995.11904571>



Published online: 28 Sep 2017.



Submit your article to this journal [↗](#)



Article views: 1



View related articles [↗](#)

GAO Surveys Insurers and Breast Cancer Treatments

by Jamie Young

Recently the U.S. General Accounting Office (GAO) contacted ACCC for assistance with a research project that will study the issues surrounding insurance coverage of high-dose chemotherapy with autologous bone marrow transplant (ABMT) for breast cancer. The Association agreed to provide names of some of our members who might be willing to take part in this study.

The GAO's objective is to provide Congress with information on 1) the current status of research on this treatment and the current consensus about its effectiveness, 2) the various factors that have influenced insurance coverage of the procedure, and 3) the implications of widespread insurance coverage of ABMT for breast cancer. This concerted effort to examine in depth a fairly controversial issue comes at a time when several states have taken the bull by the horns. They have adopted legislation either mandating the coverage of such treatments or requiring insurers to make such coverage available as an option to their subscribers, possibly as a rider to an existing policy, for an additional amount.

In 1991 the GAO, one of the more widely respected agencies of the federal government, produced the landmark report, "Off-Label Drugs: Reimbursement Policies Constrain Physicians in Their Choice of Cancer Therapies." This document underscored the need for a consistent policy for Medicare reimbursement for off-label drug use. In addition, it provided additional ammunition that our Association used, and continues to use, to advocate passage of

Jamie Young is ACCC director for state societies and government relations.

state laws on this critical issue.

The questions raised by the ABMT for breast cancer study generally fall under three general categories: treatment availability, effectiveness, and insurance coverage. Among the questions are:

- How has the availability of the treatment outside of the research setting impacted your trial?
- Have insurer restrictions (ABMT payment only for patients participating in a certain type of trial or at a certain location) impacted your trial?
- How have state mandates or the Office of Personnel Management mandate for federal health plans impacted accrual to your trial?
- Do you believe that ABMT for breast cancer should be considered standard treatment at this point, and if so, on what grounds?
- What should define when a therapy becomes standard treatment?

An even more important question for our members concerns whether increased insurance coverage has raised any quality of care issues. ACCC is also attempting to address this and other general issues in a recent survey of its own.

Finally, the GAO is asking for information describing the experience of physicians with insurers denying coverage to patients who want to join a trial. Should the government play a role in determining what is "standard" as opposed to experimental therapy? Should insurers pay for experimental treatments?

Several states have taken their own look at legislation, and some, such as New Hampshire, Massachusetts, Virginia, and Minnesota, have taken the plunge. Minnesota is the most recent state to enact a law addressing the coverage of ABMT for breast cancer, probably the most broadly written of any of the existing laws because it does not, like

New Hampshire, require clinical trials participation as a prerequisite for patient coverage. The Minnesota law requires insurers to pay for the procedure. (Insurers are required by Virginia law to offer the procedure.)

The Minnesota legislation was introduced just days prior to the committee deadline for passage of bills but proceeded to fly through the legislative process. The law requires all health plans and insurance companies to provide coverage to enrollees for the treatment of breast cancer by high-dose chemotherapy with autologous bone marrow transplantation and for expenses arising from the treatment.

The debate over the bill was emotionally charged and received intense media coverage. Despite opposition from the insurance industry and certain members of the medical research community, the bill was passed overwhelmingly in the Senate by a 54-11 vote and in the House by a margin of 120-8. It took effect immediately upon signature by the governor. As written, the bill does not include Medicaid, MinnesotaCare, or Medicare patients. It also does not apply to those companies that are self-insured and exempt from state mandates under the 1974 Federal ERISA law.

Consensus does not appear to exist at this time on the effectiveness of this procedure without additional clinical trials. Still, various states, courts, insurers, oncologists, and cancer survivors around the country continue to make these coverage decisions day in and day out with varying degrees of consistency. Thus, it will be interesting to see the results of this GAO survey. If the GAO's final report has the same impact as its earlier off-label report, the input of our members may have a far-reaching effect on how Congress and the states approach this prickly issue. ■