

# MANDATING HEALTH INSURANCE BENEFITS FOR CANCER

Mandated health insurance benefits and treatments have varied since the 1960s, when emphasis was on the level of care and benefits under a given policy. Now the focus is on improved testing and treatment for particular diseases.

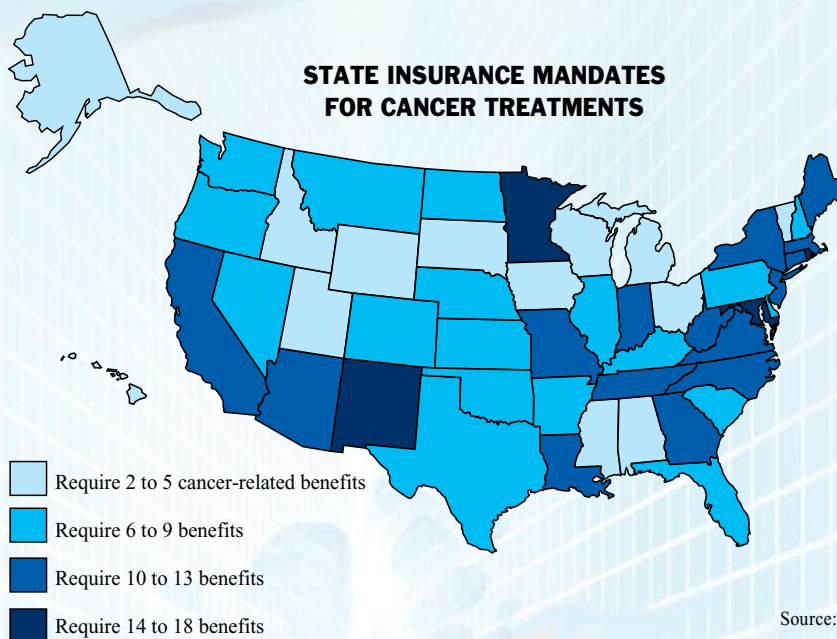
Organizations such as the American Cancer Society have promoted screening based on research and evidence that early detection, treatment and follow-up reduces the chance that cancer will spread, making it generally easier—and less costly—to treat.

A wide variation exists in the number of cancer-related mandates in a given state, from 18 in Rhode Island to two in Idaho and Utah.

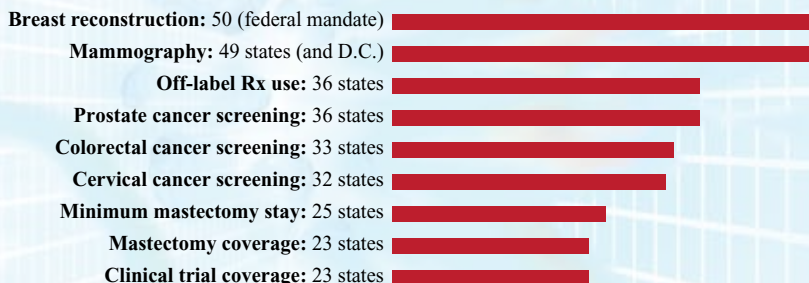
Federal law requires insurance coverage for breast reconstruction after a mastectomy in all states. Mammography is the second most common mandate, found in all states except Utah.

Only Rhode Island and Virginia require a minimum stay after a hysterectomy, and only Maryland requires a minimum stay after a testicular cancer procedure.

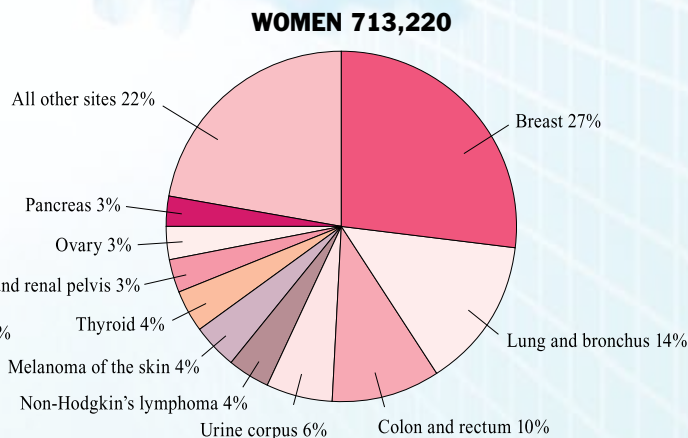
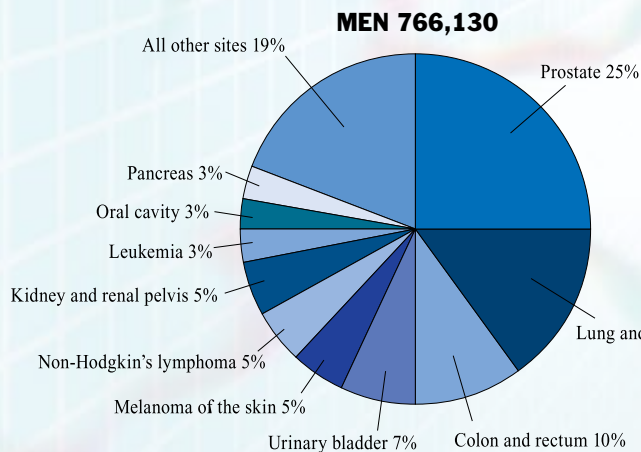
Some mandates—such as hospice care, long-term care, second opinions and infertility treatment—apply to broader segments of the population and are not considered cancer-specific costs or benefits.



## MOST COMMON STATE MANDATES



## 2009 ESTIMATED U.S. CANCER CASES



Excludes basal and squamous cell skin cancers and in situ carcinomas except urinary bladder.

Source: American Cancer Society, 2009.