Reducing the Burden of Cancer Among Women

BY KATE BRADFORD

Cancer is the second leading cause of death among women in the United States and one of the costliest chronic disease expenditures. All women have some risk of developing cancer, but several factors including a person’s family history, lifestyle and environment can increase their risk. Social and economic disparities may also create or exacerbate risk factors and place a disproportionate cancer incidence and mortality on underserved or minority groups. Black Americans, for instance, have the highest death rate and shortest survival of any racial and ethnic group for most types of cancer.

Women experience unique health challenges and are more likely to be affected by certain types of cancer. Besides skin cancer—by far the most common type of cancer for all Americans—breast cancer is the most common cancer diagnosed in women. The leading cause of cancer death among women is lung cancer, which kills more women each year than breast and uterine cancers combined.

Women who have had cancer may be at risk of developing specific health complications from treatment such as fertility issues or bone deterioration, and may experience certain disproportionate effects. For example, although fewer women smoke than men, women share a much larger burden of smoking-related disease and death, including oral and esophageal cancers and coronary heart disease. In addition, a greater percentage of women who develop lung cancer have never smoked. Rates of lung cancer have decreased in the United States, although they have declined more slowly among women. Cancer deaths in general have declined more among men in the past few decades compared to women.

Healthy choices, including avoiding tobacco, protecting skin, limiting alcohol consumption and maintaining a healthy weight can lower cancer
risk, but some risk factors are out of one’s control. A range of policies can help detect and manage cancer among women, offering opportunities to improve lifelong health and reduce individual and societal costs. The COVID-19 pandemic further highlights the importance of prevention and regular screening practices, as delays in care may make it more costly and difficult to treat cancer at advanced stages compared to earlier stages. From increasing access to care to raising awareness, states have enacted various laws aiming to improve cancer outcomes for women.

**State Action**

Efforts to improve early detection and reduce the burden of cancer among women may include enhancing access to screening and treatment options, raising awareness and addressing health disparities.

Screening tests find cancer in people before they may experience symptoms and provide opportunities to fight cancer before it spreads, when it is easier to treat. Federal law requires health plans to cover certain preventive services at no cost to patients, including colonoscopies, Pap tests and mammograms. However, patients may have to pay out of pocket for follow-up appointments.

Over the past few years, several states have focused on ensuring preventive service coverage for all women and for follow-up exams. For example, Tennessee enacted legislation to require prisons to offer female inmates mammograms and physician consultations. Nevada requires providers to screen women with personal or family histories of cancer for certain gene mutations and to provide referrals for genetic counseling and testing at no cost. Since 2019, Arkansas, Colorado, Illinois, Louisiana and Texas enacted legislation requiring health insurers to cover diagnostic breast imaging, including follow-up testing after abnormal findings.

A more complex type of laboratory testing known as biomarker testing detects genes, proteins and other specific information about a person’s cancer to identify targeted treatments. Medicaid covers some biomarker tests for people with advanced cancer and many, although not all, commercial insurers cover the cost if the test is required to guide treatment decisions. Louisiana and Illinois lawmakers passed bills in 2021 requiring health plans to cover this type of testing panel.

In addition to preventive services, federal law also requires private insurers to cover routine costs associated with patient participation in approved clinical trials, such as office visits, lab tests and supportive care drugs not otherwise covered by the clinical trial. Medicaid programs in at least 16 states and the District of Columbia cover these costs for beneficiaries. Beginning in 2022, state Medicaid programs will be required to cover these routine costs under the Consolidated Appropriations Act of 2021. Some states require sponsors of cancer clinical trials to ensure travel, lodging and other ancillary costs will not interfere with a person’s choice to participate in a trial. For instance, Illinois, Massachusetts, Pennsylvania and Wisconsin require information to be available to patients regarding reimbursement entities or programs that cover such expenses.

Many states have also adopted resolutions designating certain days or months for cancer awareness, including Georgia’s Human Papillomavirus Cancer Awareness Day, New Jersey’s Metastatic Breast Cancer Day and Virginia’s Ovarian Cancer Awareness Month. Other states require education to be provided about common early symptoms of cancer, such as Maine, or include funding for cancer research and programs serving low-income women, such as Iowa.

While action tailored directly to cancer services can improve survivorship for women, reducing health disparities may also improve overall health outcomes given the disproportionate burden on women and other underserved groups. Policymakers may consider a variety of strategies, such as increasing health care workforce diversity and cultural competence, supporting task forces or research focused on health disparities and addressing social determinants of health. In addition, ensuring the inclusion of women and groups reflecting diverse ages, races and ethnic backgrounds in clinical trials can further help bridge gaps in cancer research and treatment options.

**Federal Action**

The Patient Protection and Affordable Care Act includes several protections for cancer patients, including access to free preventive screenings and clinical trials, and ensuring coverage for those with preexisting conditions. Congress enacted the Clinical Treatment Act in the Consolidated Appropriations Act of 2021, which includes funding for cancer research and promotes access to life-saving therapies for Medicaid enrollees by ensuring coverage of routine patient costs associated with participation in qualifying clinical trials. Other federal initiatives, including the Centers for Disease Control and Prevention’s National Breast and Cervical Cancer Early Detection Program, aim to improve access to cancer screenings for women. The program funds grantees across all 50 states, the District of Columbia, the six territories and several American Indian and Alaska Native tribes, helping low-income, uninsured and underinsured women receive timely access to breast and cervical cancer services.