



## Coping with Cancer During the COVID-19 Pandemic

BY COLLEEN BECKER AND KARMEN HANSON

While COVID-19 has taken over headlines in 2020, cancer continues to affect the lives of approximately **15 million people** currently living with it. In fact, **40% of all people** will be diagnosed with cancer in their lifetime. In addition, the pandemic has drastically impacted how people living with cancer manage their condition, leading to **1 in 3 people** experiencing disruptions in treatment.

Limited access to health facilities and initial encouragement to postpone routine medical care contributed to the reduction in the number of non-emergency services. For some, this included delaying cancer screenings and treatments. Since

the start of the pandemic, these services have seen a significant reduction. For example, through the month of May, breast cancer screenings decreased by **89.2%** and **colorectal cancer screenings dropped by 84.5%**. The National Cancer Institute director estimates there will be **10,000 more deaths** attributed to breast and colorectal cancer alone over the next 10 years due to the pandemic.

Issues related to the continuum of cancer care that were prevalent before the pandemic became more apparent afterward. Some concerns intensified by the health crisis include access, affordability and equity.

### Did You Know?

- In the month of May alone, breast cancer screenings decreased by 89.2%.
- Delaying cancer treatment by a month raises the risk of dying by 6% to 13% and more with longer delays.
- Since March, 36 states, the District of Columbia and Puerto Rico have enacted more than **80 bills** changing telehealth policies during the pandemic.

■ **Access.** Timely, medically appropriate screenings and therapies are a necessary part of every cancer patient's treatment plan and [delays can adversely affect](#) a patient's responsiveness and chances of survival. Before the pandemic, [telehealth was emerging as a solution](#) to providing people access to care. Telehealth increases access in rural and underserved communities and can help facilitate patients receiving second opinions, including from out-of-state providers.

■ **Affordability.** States have implemented a variety of [policy options](#) that directly impact patients' out-of-pocket costs. Limits on cost-sharing, such as copayments, and prohibiting the use of copay accumulator programs—where a manufacturer coupon for a medicine is not applied to the person's annual deductible—are areas of reform that have received [bipartisan attention](#). State Medicaid programs may employ utilization management tools such as [prior authorizations and step therapy protocols](#) to save money, but they can be administratively burdensome and come at the cost of patient outcomes. Generally, these tools require a provider to gain approval from a health plan for a particular medication before they will be covered.

■ **Health equity.** As a result of disparities in health outcomes for certain populations, more attention is being given to equitable access to cancer detection and treatment. One way this has broadly been achieved is through Medicaid, by reducing barriers to care and increasing access to screening and treatment programs in underserved communities with limited resources.

Additional programs like the Centers for Disease Control and Prevention's [National Breast and Cervical Cancer Early Detection Program](#) provide low-income, uninsured and underserved women access to timely breast and cervical cancer screening and diagnostic services.

## State Action

In addition to COVID-19-related legislative priorities, some lawmakers pursued activities that also addressed cancer issues in 2020.

■ **Access.** People with cancer [may use telehealth services](#) to keep up with check-in or second opinion appointments, receive remote screenings of vital signs, monitor problems and learn a new skill from their caregiver. Since March, 36 states, the District of Columbia and Puerto Rico have enacted more than [80 bills](#) changing telehealth policies,

either permanently or temporarily, during the pandemic.

■ **Affordability.** Like many other state programs, Medicaid is an area where directors across the nation are making tough choices. While some states have rolled back certain services, [15 state Medicaid](#) programs currently cover patient costs associated with participating in clinical trials. Illinois recently enacted [SB 1864](#), which allows Medicaid to pay clinical trial participation costs.

■ **Health equity.** While Hawaii's location may seem to limit residents' access to cancer care options and clinical trials, [HB 2725](#) will fund the design, construction and equipment for an early phase clinical trials facility at the University of Hawaii. This new facility will increase access to approved clinical trials for not only [Hawaii's growing population of seniors but also people from diverse backgrounds](#).

## Federal Action

While the Affordable Care Act requires private insurers to cover routine patient costs associated with clinical trial participation, current federal law does not require Medicaid to cover the costs. The [Clinical Treatment Act](#) (H.R. 913 or S. 4742) has been introduced and would require state Medicaid programs to cover routine clinical trial care costs for enrollees with life-threatening conditions.

According to the [Association for Clinical Oncology](#), if passed, more people from underrepresented ethnic and minority groups might participate in clinical trials, which would not only improve diversity in clinical trials but also increase access to cutting-edge treatments. Routine costs tend to be minimal because trial sponsors provide the treatment or product being tested for free and typically offer the participant a stipend for their time and transportation expenses.

The [21st Century Cures Act](#) may also benefit people with cancer with one main part of the law working to speed up medical innovations and new products, clinical trials, and other therapy and treatment advancements.

As the status of the pandemic changes, federal and state policymakers may consider making permanent the temporary changes to telehealth and various licensing rules that not only address COVID-19, but assist people with access to cancer screening, treatment and recovery services.

## Additional Resources

- [NCSL's Cancer in the 21st Century webpage](#)
- [NCSL's Health Disparities Overview](#)
- ["States Turn to Telehealth During the Pandemic," NCSL LegisBrief](#)
- [NCSL's Prescription Drug Database](#)
- [NCSL's Medicaid and CHIP Overview](#)

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