UCLA CENTER FOR HEALTH POLICY RESEARCH

Health Policy Fact Sheet

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Insurance Requirements Create Barriers to Timely Care

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SUMMARY

- Getting approvals, or prior authorizations, for treatment from insurance companies was cited as a significant stressor both by patients with metastatic breast cancer (MBC) and by the health care providers who treat them.
- Both patients and providers expressed frustration over the time and energy needed to arrange for necessary prior authorizations and advocate for coverage.
- Specifically, advocates for patients with MBC feel prior authorization and step therapy processes should be improved.

In 2019, 30,650 individuals were diagnosed with breast cancer in California, and 4,620 died from the disease.[1] Metastatic breast cancer, also called stage 4 or advanced breast cancer, was the cause of nearly all of these deaths. An estimated 30% of women diagnosed with early-stage breast cancer will go on to develop MBC. The five-year survival rate for MBC is only 27%, compared to 91% for breast cancer that has spread to lymph nodes and 99% for cancer that is confined to the breast.[1]

In this fact sheet, we present findings from interviews, discussions, and studies (see boxed section) on insurance-related barriers, and we recommend policy solutions that could improve access to care for patients with MBC.

The literature review suggested that MBC patients experience many insurance-related barriers. Views expressed during interviews echoed the findings from our literature review, suggesting that MBC patients often struggle with insurance-related frustrations. Numerous respondents referenced the following:

Time and effort needed to secure coverage for prescribed treatment. Patients overwhelmingly expressed frustration with the insurance system, particularly the need for pre-authorizations and the time to appeal some decisions. One patient said:

> *It makes it very difficult to fight for your life and be well. I trust that if a drug has been approved for Stage 4 cancer and an oncologist wants to use it on me, we should just get it, but that's not how our world works.*

Prior authorizations emerged as a major barrier in timely access to treatment in the literature, as well as in responses from our

Twitter chat and interviews.[2-4] Not only do prior authorizations and subsequent appeals cause delays, but the process is both time-consuming and anxiety inducing. Patients recommend to others that they take a strong self-advocacy position and stay on top of providers to move schedules along, and that they be prepared to fight with insurance companies over authorizations and payments. Patient respondents noted that the time and energy required to dispute insurance companies' authorization decisions would be better spent focusing on their fight against the disease.

Too many "steps" to follow. Patients are frustrated when they are subjected to step therapy, which requires treatment A to fail before treatment B can be pursued, even if the physician believes strongly that treatment B is preferable.

Fear that changing plans will reduce coverage. Several patients and providers specifically mentioned the importance of having insurance plans continue to cover pre-existing conditions. Without this assurance of coverage regardless of pre-existing conditions, as mandated by the Affordable Care Act, many other barriers are exacerbated, especially cost-related barriers. This fear is particularly strong among women who may need to leave their jobs during the course of treatment, potentially experiencing a change in insurance coverage.

Recommendations

Our legislative scan documented areas where California has made progress and identified areas of need based on our study findings. Recent legislative efforts to improve treatment choices for patients, such as SB 1452 (proposed in 2020 but not passed), have involved easing or removing prior authorizations or step therapy review for medications. Policymakers could consider:

- Improving prior authorization and step therapy processes for quicker turnaround time.
- Eliminating prior authorization requirements and step therapy for metastatic cancers, given the special need for timely treatment.

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Endnotes

1 American Cancer Society. 2020. *Cancer Facts & Figures 2020*. Atlanta, Ga.: American Cancer Society.

2 Agarwal A, Freedman RA, Goicuria F, et al. 2017. Prior Authorization for Medications in a Breast Oncology Practice: Navigation of a Complex Process. *Journal of Oncology Practice* 13(4): e273-e282.

3 Lin NU, Bichkoff H, Hassett MJ. 2018. Increasing Burden of Prior Authorizations in the Delivery of Oncology Care in the United States. *Journal of Oncology Practice* 14(9): 525-528.

4 Wallace ZS, Harkness T, Fu X, Stone JH, Choi HK, Walensky RP. Treatment Delays Associated With Prior Authorization for Infusible Medications: A Cohort Study. *Arthritis Care & Research* (Hoboken). September 10, 2019.

Addressing Barriers to Metastatic Breast Cancer Care in California: Levers for Policy Change

Metastatic breast cancer occurs all across the United States, but differences in health care systems, health insurance products, and population characteristics create state-level differences in the experiences of patients. While there are national standards and laws governing different aspects of care for MBC patients, state-level policies still have significant impact.

The findings contained in this fact sheet are drawn from a study by the UCLA Center for Health Policy Research and the UCLA Center for Cancer Prevention and Control Research on the barriers to metastatic breast cancer care in California. The study report synthesized information collected by listening to patients and to both clinical and non-clinical caregivers, as well as by accessing published research, the grey literature, and Twitter chat.

Read the full report: *https://healthpolicy.ucla.edu/publications/search/pages/detail.aspx?PubID=2101*

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