

Employment and Health Insurance Concerns

A history of cancer can have a significant impact on employment opportunities and may also affect the ability to obtain and retain health and life insurance. The economic burden of cancer can be compounded by high out-of-pocket expenses for prescription drugs, medical devices and supplies, and expenses related to co-insurance and copayments. These employment, insurance, and economic issues are not necessarily limited to the cancer survivor—they may extend to family members, limiting access to insurance and posing a financial burden.

Employment

Many cancer patients continue to work while they are receiving treatment, and the vast majority who worked prior to their diagnosis, return to work after treatment has concluded. Recent evidence suggests that as many as 20 percent of survivors face work limitations 2 to 3 years after their diagnosis. However, all cancer survivors are at risk of experiencing subtle employment discrimination. Federal laws enacted in the 1990s do offer some protections such as being fired or denied benefits because of cancer, the most noteworthy of which is the Americans with Disabilities Act. Yet the laws are not a panacea against discrimination and therefore:

- Employers should implement programs, like employee assistance programs, to assist cancer survivors both throughout and after treatment.
- Public and private sponsors should support employer and public education about the continuing productivity of most cancer survivors and finance programs offering education, counseling and vocational support for survivors who want to work.

Health Insurance

Cancer care is very costly and represents one of the three most expensive conditions in the United States. Fortunately, the majority of cancer survivors are protected from some elements of insurance discrimination and financial burden because they have Medicare coverage by virtue of being aged 65 and older (61 percent of cancer survivors are aged 65 and older). Nevertheless, 11 percent of adult cancer survivors under the age 65 are uninsured and, for these individuals, the costs of cancer care can be financially devastating. The financial problems posed by cancer loom larger, because even those with health insurance can have trouble paying for prescription drugs and other types of care.

Medicaid, the leading public health insurance program, is not available to millions of uninsured poor Americans. Individuals who are uninsured, without access to group coverage, and not eligible for public programs may try to purchase private health insurance on an individual basis, but for those with a history of cancer, such coverage may be unavailable, very costly, or restrictive. To ensure all cancer survivors receive the follow-up care they need:

- Federal and state policy makers should act to ensure that all cancer survivors have access to adequate and affordable health insurance.
- Policy makers should examine a variety of options which are more inclusive, from providing federal support to improve state high-risk pools, to expanding current federal programs to include premium subsidies.
- All health insurance in the United States, including Medicare, Medicaid and private insurance should cover effective cancer survivorship care.
- Insurers and payors of health care must recognize survivorship care as an essential part of cancer care and design benefits, payment policies, and reimbursement mechanisms to facilitate coverage.
- Coverage standards should include the development of a cancer survivorship plan.