

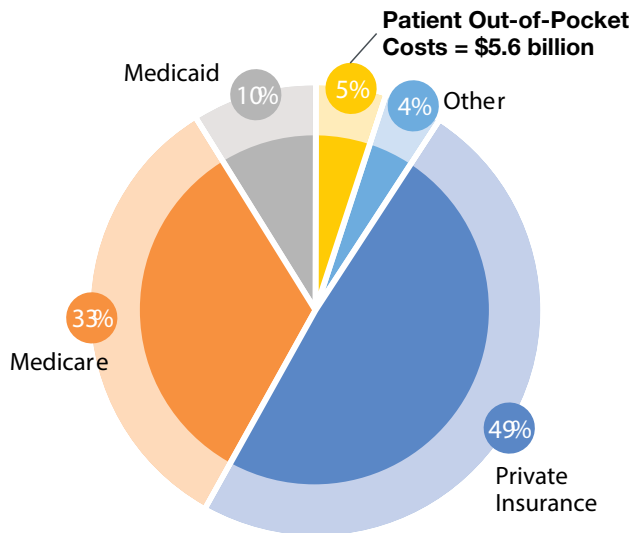
Cost of Cancer

According to the October 2020 report *The Costs of Cancer*, published by the Cancer Action Network and the American Cancer Society, cancer patients in the United State spent \$5.6 billion in out-of-pocket costs for cancer treatment in 2018. Furthermore, cancer cost the country \$183 billion in direct cancer-related health care spending in 2015. This is projected to increase to \$246 billion by 2030. The report also outlines how cancer-caused financial hardship falls hardest on people of color, those who have lower incomes, and/or have lower education levels and younger patients.⁹

The term financial distress or toxicity has been used to convey the ruinous effect of costs associated with cancer screening and treatment. The inability to get paid time off for procedures can be a barrier to screening as well as the cost of the tests themselves for the uninsured, underinsured, or undocumented persons.

These financial burdens fall most heavily on the low-income, historically marginalized, and/or underserved in our communities. Policy, systems, and environmental change approaches hold promise for addressing these barriers through advocacy and education of policy makers.

Everyone Pays the Costs of Cancer Treatment



Source: Data retrieved from the Agency for Healthcare Research and Quality. Medical Expenditure Panel Survey, 2018. <https://meps.ahrq.gov/mepsweb/>

*See reference for category definitions.³ Percentages in chart have been rounded.

First Person Point of View

“For those without insurance and those with poor insurance coverage, [there is a need for] assurance that they can still get good care.”

—Survey response from participant from southwestern Connecticut at Oct. 2019 Pink Tea Cancer Survivor Event

STRATEGIES

The National Cancer Institute (NCI) provides the following suggestions as ways to reduce financial toxicity:

- Patients can meet with a financial navigator for education about health insurance plans and cost-saving methods for treatments
- Hospitals can post their prices so that healthcare professionals and patients know the costs when making decisions about which tests and treatments to use
- Systems can introduce value-based pricing so that patients can choose higher-value treatments with lower out-of-pocket costs
- Organizations and individuals can work to reform health insurance, advocating for policies to improve coverage and reduce gaps¹⁰

First Person Point of View

“ LGBTQ+ individuals, and especially transgender individuals, are routinely uninsured and underinsured. They are less likely to be connected to primary care providers who provide competent, respectful, and holistic care. Connecticut should consider giving funds to local health centers that are already focused on LGBTQ+ care, as they are the most likely to be able to engage the LGBTQ+ population in their health efforts. There are several local nonprofit LGBTQ+ health centers that should be considered partners in cancer prevention efforts led by the State. ”

–June 2020 needs assessment survey respondent

