

Pink ribbons highlight US health care problems

The month of October is celebrated both in Australia and the US as Breast Cancer Awareness Month. Here in Washington DC there is a huge pink ribbon, the international symbol of breast cancer awareness, up on the White House, and Michelle Obama has been speaking out to highlight how health care reform will benefit women with breast cancer.

Last Friday the Department of Health and Human Services (DHHS) released a report (<http://www.healthreform.gov/reports/breastcancer/index.html>) that looks specifically at the uncertainty and costs breast cancer patients currently face in the health care system. These are problems that one in eight American women will face during their lifetime. And this isn't just a woman's problem – 1% of all breast cancer cases are men.

Today in the US a diagnosis of breast cancer can easily result in financial ruin. In 2007, breast cancer patients with employer-based insurance had total out-of-pocket costs averaging US\$6,250, with some patients paying as much as \$20,000 and five percent of patients with insurance paid more than \$30,000 a year for their treatment.

In addition to rising deductibles, copayments, and coinsurance, health insurance plans often contain annual and lifetime benefit caps. Because breast cancer treatment is costly and long-term, patients are more likely to reach these benefit caps, leaving them essentially uninsured.

In most US states' insurance companies can retroactively cancel the entire policy if any condition was missed – even if the medical condition is unrelated, or if the person was not aware of the condition at the time. This practice is called rescission, and is often used to limit insurance payouts for expensive illnesses such as breast cancer.

In 45 states, when a person with a breast cancer tries to buy health insurance through the individual insurance market, insurance companies can charge higher premiums, exclude coverage for any recurrence of breast cancer or even deny coverage altogether. Because of this, breast cancer patients, even when in remission, are unlikely to find meaningful insurance coverage in the individual insurance market. A full 11% of individuals with cancer say they cannot obtain health insurance because of their illness.

The consequence of all this is that cancer patients stress about their disease and they stress about their bills. And there is growing evidence that stress is a key indicator as to whether cancer patients do well.

Many minority and low-income women are disproportionately affected by breast cancer, in large part because they are less likely to have adequate health insurance. While African American women have a lower risk of developing breast cancer than White women, once they develop the disease, they have a higher rate of dying from it. African American women experience five-year survival rates of 78% compared to 90% for White women.

Disparities also exist in treatment. Studies have demonstrated that African American and Hispanic women with early-stage breast cancer who undergo surgical treatment are less likely than White women to consult oncologists and receive recommended follow-up radiation and/or chemotherapies.

Health care reform offers real hope for women with breast cancer, their daughters and grand-daughters. Health care reforms will provide universal insurance cover, ban recission, treatment caps and discrimination on the basis of pre-existing conditions, make preventive health care such as mammograms free, limit out-of-pocket costs in any year, and tackle quality and inequalities.

Hopefully it will help save some of the 40,170 women (and men) who will die of breast cancer this year from an early, untimely, and sometimes preventable, death.