



CEDA Raises Concerns With Recent U.S District Court Case on Health Plan Coverage of Preventative Services

The Cancer Early Detection Alliance (CEDA) is alarmed by the recent ruling by the U.S. District Court in the Northern District of Texas that jeopardizes health insurance coverage of early cancer detection screenings. The ruling in *Braidwood Management v Becerra* struck down a provision of the Affordable Care Act (ACA) that requires most private health plans to cover a range of preventive services, including certain cancer screening, without any cost-sharing for enrollees.

CEDA is a unique collaboration of patient, provider, and industry advocates committed to using its collective voice to identify and advance policies that remove barriers to cancer screening, eliminate racial and ethnic disparities in cancer screening, and improve access to innovations in early cancer detection to save lives.

CEDA is concerned that the ruling, and subsequent potential actions by employer-sponsored health plans, could have significant, negative, and long-term consequences for many Americans at risk of developing cancer, including missed early detection screenings, fewer cancer diagnoses, and increases in cancer-related deaths. If employer-sponsored health plans, as the decision holds, are no longer required to pay for beneficiaries to access many preventative services, individuals could lose cost-free access to critical cancer screening services, such as screening for breast cancer, colorectal cancer, lung cancer, and cervical cancer.

High out-of-pocket costs are a serious barrier to individuals accessing preventative services. Data has shown that cost is a significant barrier to individuals accessing cancer screening.¹ It is well established that cost-sharing requirements increase racial and ethnic disparities in cancer screening which is especially concerning to CEDA as cancer screening rates are already significantly lower among Black, Hispanic, Asian, and American Indian and Alaskan Natives as compared to White individuals.²³ It is likely that racial and ethnic disparities in cancer screening rates will worsen, leading to worse health outcomes, as out-of-pocket costs increase.

CEDA believes that evidence-based, public-informed, and equity-focused early cancer screening should be available at no cost to every individual in the United States. We encourage the Administration and Congress to take steps necessary to ensure that such services remain available to individuals regardless of race, ethnicity, gender, sexual orientation, or socio-economic status.

¹ https://journals.lww.com/ajg/Fulltext/2021/10001/S261_Elucidating_the_Barriers_to_Cancer_Screening.261.aspx

² <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8285085/>

³ <https://www.kff.org/racial-equity-and-health-policy/issue-brief/racial-disparities-in-cancer-outcomes-screening-and-treatment/>