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Quick News & Links:

- [May 19th is Hepatitis Testing Day! Learn more at the CDC Viral Hepatitis website.](#)
- [The MCC Webinar on Electronic Cigarette, Vaping, and Associate Lung Injury \(EVALI\) is now available online.](#)
- [The June MCC Board Meeting will be a virtual meeting. Check the MCC Website for updates.](#)
- [Having an event? Send us the details to post on the MCC Calendar of Events page!](#)
- [MCC Calendar of Events](#)

COVID-19 Pandemic Impact on Cancer Patients and Survivors: Survey Findings Summary Released

American Cancer Society, April 2020

Cancer patients and those who’ve recently completed treatment are finding it challenging to get necessary health care in the midst of the COVID-19 pandemic and many are experiencing financial stress trying to afford care in an increasingly difficult economic environment. According to the latest survey from *Survivor Views*, a national cohort of cancer patients and survivors who complete surveys on a range of public policy issues important to the cancer community, half (51%) of all those surveyed reported some impact on their care due to the virus. Of those who’ve experienced an effect, nearly 1 in 4 report a delay in care or treatment. Among those 1 in 4, the most common delays were for in-person provider appointments (50%); delayed access to imaging services to determine if a patient’s cancer had grown or returned (20%); access to supportive services, including physical therapy or mental health care (20%); and access to surgical procedures (8%).

“The health effects of this pandemic stretch well beyond those diagnosed and suffering from COVID-19 and are having an acute and adverse impact on cancer patients, many of whom can’t afford treatment delays,” said Lisa Lacasse, president of the American Cancer Society Cancer Action Network. “Cancer patients are dealing with understandable, but in many cases, unsustainable delays in their care. This data shows the need for quick action in bolstering our health care system so we can both care for those diagnosed with the virus and for those facing a cancer diagnosis.”

Like many across the country, cancer patients are also feeling economic stress in the wake of the pandemic. Nearly 4 in 10 (38%) respondents say COVID-19 is having a notable effect on their ability to afford their care, due mostly to reduced work hours (14%).

Read more about the [Impact of Covid-19 on Cancer Patients and Survivors](#).



How Health Costs Might Change with COVID-19

Peterson Center on Healthcare and KFF (Kaiser Family Foundation), Health System Tracker, April 2020

Private health insurers and government health programs likely will face higher health care costs due to coronavirus testing and treatment, though other related factors could offset some increased spending. A new analysis takes a deep dive into the forces likely to push overall health spending up or down for private insurers, Medicare and Medicaid.

While the number and severity of COVID-19 cases remains unknown, the analysis highlights that private insurers pay as much as \$20,000 for patients hospitalized for pneumonia treatment and more than \$80,000 for patients who require a ventilator during their stay – levels of care analogous to what COVID-19 patients might require. Hospitalization costs for Medicare and Medicaid patients would be lower on average for each admission, as those programs typically pay lower rates than private insurance. While the cost of coronavirus testing is relatively low, spending could increase significantly across programs if testing is implemented on a large scale across the nation. These costs would be paid by private insurers and public programs, which are required by new legislation to cover the tests without charging cost-sharing to patients.

At the same time, the coronavirus pandemic and the social-distancing measures in place across the country are leading to people and providers forgoing or delaying other care, unless it is urgent. The analysis estimates that under normal circumstances 37% of private insurance spending on hospital admissions stems from non-emergency surgical procedures. To the extent people forgo rather than delay such care, the reduced spending could offset some of the additional costs of treating people with COVID-19 for private insurers and government programs.

The uncertainty poses challenges for commercial insurers, who must file 2021 rate information with state regulators in the coming months. The uncertainty around COVID-19's net impact on next year's costs could lead insurers to overprice their plans, particularly in the Affordable Care Act marketplaces, where most customers receive tax credits that shield them from the higher premiums.

Medicare's spending could also rise as older adults are at higher risk for COVID-19 hospitalizations, ICU admissions and death. Medicare will incur new costs for coronavirus testing, and to pay providers for telemedicine. In addition, new legislation requires Medicare to increase payments to hospitals for each COVID-19 admission. These new costs will be offset to some degree by fewer non-urgent hospitalizations, procedures and office visits. An increase in total Medicare spending could mean higher premiums and cost sharing for beneficiaries in the future.

State Medicaid programs likely will experience increased costs not only from the treatment of COVID-19, but also due to increased enrollment as millions are expected to lose their job-based coverage. Some of the cost-cutting mechanisms employed under past recessions may not be an option in the midst of the coronavirus pandemic.

Read more at [Health System Tracker](#).



Geographic Distribution of Select Hereditary Cancers and Genetic Services

Harmful mutations in the BRCA1 and BRCA2 genes, substantially increase the risk of developing hereditary breast and ovarian cancers (HBOC) over the course of a lifetime. Additionally, a BRCA1 or BRCA2 mutation, the most common causes of HBOC, increases the risk for pancreatic and prostate cancers. Variations in MLH1, MSH2, MSH6, PMS2 or EPCAM genes increase the risk of developing Lynch syndrome (LS). LS is an inherited disorder that increases the risk for colorectal, endometrial, and ovarian cancers.

Genetic counseling with a board certified and/or eligible genetics provider, followed by genetic testing as appropriate, are the recommended first steps for anyone with personal history or strong family history of these cancers. Early identification of HBOC or LS can help reduce the impact of cancer and save lives of family members who may also be at risk. It is important to analyze the geographic distribution of cancers that may be associated with HBOC or LS and genetic counseling. Identifying areas that are high in need for genetic counseling but are low in genetic counseling usage helps drive decisions for program planning.

For more information read the full [Geographic Distribution of Select Hereditary Cancers and Genetic Services brief online](#).

2020 MCC Meetings

2020 Board Meetings:
Wednesday, June 24 – [Virtual Meeting](#) – [RSVP here!](#)
Wednesday, September 23

2020 Annual Meeting:
Thursday, October 29

Health Equity Corner

Health Equity Matters Newsletter Spring 2020

The Centers for Disease Control and Prevention’s (CDC) [Office of Minority Health](#) releases a quarterly e-newsletter in which it shares news, perspectives and progress in the science and practice of health equity. It is intended to promote awareness of minority health and health equity work at CDC and in the broader public health community, support the achievement of our goal to eliminate health disparities, improve women’s health, support diversity and inclusion in the public health workforce, and foster ongoing communication and collaboration with our partners and the public.

This [Spring 2020 issue of Health Equity Matters](#) provides information and links to important resources on COVID-19, and shares recent data and other initiatives related to physical activity, maternal health, diabetes, and Alzheimer’s Disease.