

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 117
(A-24)

Introduced by: Texas

Subject: Insurance Coverage for Gynecologic Oncology Care

Referred to: Reference Committee A

1 Whereas, two types of gynecologic cancers, ovarian and uterine, are the fifth- and sixth-leading
2 causes of cancer mortality, respectively, among females in the United States; and
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4 Whereas, evaluation by a gynecologic oncologist is the standard of care for patients with
5 gynecologic cancers; and
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7 Whereas, treatment by a gynecologic oncologist has been shown to increase cancer survival
8 among women with ovarian cancer; and
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10 Whereas, insurance coverage of gynecologic oncology has been associated with detection and
11 treatment at earlier cancer stages; and
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13 Whereas, a third of women with gynecologic cancer never see a gynecologic oncologist; and
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15 Whereas, up to 40% and 33% of Medicare and private insurance plans, respectively, lack an in-
16 network gynecologic oncologist; and
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18 Whereas, an estimated 50% of gynecologic oncology patients experience financial toxicity
19 during the course of their treatment; and
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21 Whereas, the Centers for Medicare & Medicaid Services specifies the number and proximity
22 requirements for medical, surgical, and radiation oncologists but does not include gynecologic
23 oncology as part of the network adequacy standards; and
24

25 Whereas, lack of coverage creates insurance-mediated disparities among women with
26 gynecologic cancer who may be socioeconomically disadvantaged at baseline and are seven
27 times more likely to report dangerous cost-coping strategies such as delaying or avoiding care,
28 which have been linked with worse five-year mortality; therefore be it
29

30 RESOLVED, that our American Medical Association support efforts to include gynecologic
31 oncologists alongside other types of oncologists in network adequacy standards and
32 requirements for public and private plans, including the Centers for Medicare & Medicaid
33 Services standards (New HOD Policy).
34

Fiscal Note: Minimal - less than \$1,000

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REFERENCES

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3. Stewart SL, Mezzo JL, Nielsen D, et al. [Potential strategies to increase gynecologic oncologist treatment for ovarian cancer](#). *J Womens Health (Larchmt)*. 2021;30(6):769-781. doi:10.1089/jwh.2021.0178.
4. Smith AJB, Fader AN. [Association of the Affordable Care Act with ovarian cancer care](#). *Obstet Gynecol*. 2020 Feb;135(2):257-265. doi:10.1097/AOG.0000000000003630.
5. Bodurtha Smith AJ, Pena D, Ko E. [Insurance-mediated disparities in gynecologic oncology care](#). *Obstet Gynecol*. 2022;139(2):305-312. doi:10.1097/AOG.0000000000004643
6. Esselen KM, Gompers A, Hacker MR, et al. [Evaluating meaningful levels of financial toxicity in gynecologic cancers](#). *Int J Gynecol Cancer*. 2021;31(6):801-806. doi:10.1136/ijgc-2021-002475.
7. Albright BB, Nitecki R, Chino F, et al. [Catastrophic health expenditures, insurance churn, and nonemployment among gynecologic cancer patients in the United States](#). *Am J Obstet Gynecol*. 2022;226(3):384.e1-384.e13. doi:10.1016/j.ajog.2021.09.034.

RELEVANT AMA POLICY

Screening and Treatment for Breast and Cervical Cancer Risk Reduction H-55.971

1. Our AMA supports programs to screen all at-risk individuals for breast and cervical cancer and that government funded programs be available for low income individuals; the development of public information and educational programs with the goal of informing all at-risk individuals about routine cancer screening in order to reduce their risk of dying from cancer; and increased funding for comprehensive programs to screen low income individuals for breast and cervical cancer and to assure access to definitive treatment.
2. Our AMA encourages state and local medical societies to monitor local public health screening programs to ensure that they are linked to treatment resources in the public or private sector.
3. Our AMA encourages the Centers for Medicare and Medicaid Services to evaluate and review their current cervical cancer screening policies to ensure coverage is consistent with current evidence-based guidelines.
4. That our AMA support further research by relevant parties of HPV self-sampling in the United States to determine whether it can decrease health care disparities in cervical cancer screening. [CCB/CLRPD Rep. 3, A-14; BOT Action Sept 2023]

Cancer and Health Care Disparities Among Minority Women D-55.997

Our American Medical Association encourages research and funding directed at addressing racial and ethnic disparities in minority women pertaining to cancer screening, diagnosis, and treatment. [Res. 509, A-08; Modified: CSAPH Rep. 01, A-18]