

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: (Assigned by HOD)
(A-26)

Introduced by: Women Physicians Section

Subject: Insurance Coverage for Scalp Cooling (Cold Capping) Therapy

Referred to: Reference Committee (Assigned by HOD)

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- 1 Whereas, chemotherapy-induced alopecia is one of the most distressing side effects of cancer
2 treatment, contributing to depression, anxiety, altered body image, diminished sense of
3 sexuality, social isolation, and reduced self-esteem, all of which significantly impair patient
4 quality of life; and
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6 Whereas, chemotherapy-induced alopecia can also compromise patient privacy by making a
7 cancer diagnosis visibly apparent; and
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9 Whereas, scalp cooling (“cold capping”) is an FDA-approved therapy that significantly reduces
10 the risk of chemotherapy-induced alopecia without compromising oncologic outcomes;
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12 Whereas, a meta-analysis of 501 patients demonstrated a 43% reduction in the risk of
13 chemotherapy-induced alopecia after the use of scalp cooling; and
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15 Whereas, a systematic review and meta-analysis of 1,959 patients receiving scalp cooling
16 compared with 1,238 patients not receiving scalp cooling found no increase in the incidence of
17 scalp metastases; and
18
19 Whereas, the robust body of evidence has led the National Comprehensive Cancer Network®
20 (NCCN) to designate scalp cooling as a Category 2A recommendation, reflecting broad
21 consensus for its use as an evidence-based intervention; and
22
23 Whereas, reimbursement for scalp cooling is inconsistent across insurance plans and
24 geographic regions, resulting in many patients being forced to pay thousands of dollars out-of-
25 pocket for this therapy; and
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27 Whereas, these financial barriers affect all patients but disproportionately burden women, who
28 are more likely to undergo chemotherapy for breast cancer and who experience greater
29 psychosocial impact from visible hair loss due to societal expectations; and
30
31 Whereas, in 2024, New York passed Senate Bill S2063A to require private insurance
32 companies to cover scalp cooling for chemotherapy patients; and
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34 Whereas, in 2025, Louisiana enacted House Bill HB35 requiring coverage of integrative cancer
35 treatments, including acupuncture, cryotherapy, and scalp cooling systems when recommended
36 by nationally recognized cancer treatment guidelines; and
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38 Whereas, these state-level actions demonstrate growing legislative recognition of scalp cooling
39 as an essential component of comprehensive cancer care and establish scalable policy models

1 for improving equitable access to evidence-based supportive oncology interventions nationwide;
2 and
3

4 Whereas, equitable access to supportive cancer care interventions, including scalp cooling, is
5 integral to comprehensive cancer treatment and survivorship care; therefore be it
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7 RESOLVED, that our American Medical Association supports insurance coverage for scalp
8 cooling (“cold capping”) for patients undergoing chemotherapy in order to minimize cost-sharing
9 and ensure equitable access to this evidence-based intervention.
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Fiscal Note: (Assigned by HOD)

Received: XX/XX/XX

REFERENCES

1. Kocan S, Aktug C, Gursoy A. "Who am I?" A qualitative meta-synthesis of Chemotherapy-induced alopecia and body image perception in breast cancer patients. *Support Care Cancer*. 2023;31(4):237. Published 2023 Mar 28. doi:10.1007/s00520-023-07704-8
2. Boland V, Brady AM, Drury A. The physical, psychological and social experiences of alopecia among women receiving chemotherapy: An integrative literature review. *Eur J Oncol Nurs*. 2020;49:101840. doi:10.1016/j.ejon.2020.101840
3. Contreras Molina M, Álvarez Bueno C, Cavero Redondo I, Lucerón Lucas-Torres MI, Jiménez López E, García Maestro A. Effectiveness of Scalp Cooling to Prevent Chemotherapy-Induced Alopecia in Patients Undergoing Breast Cancer Treatment: A Systematic Review and Meta-analysis. *Cancer Nurs*. 2024;47(4):319-326. doi:10.1097/NCC.0000000000001234
4. Rugo HS, Melin SA, Voigt J. Scalp cooling with adjuvant/neoadjuvant chemotherapy for breast cancer and the risk of scalp metastases: systematic review and meta-analysis. *Breast Cancer Res Treat*. 2017;163(2):199-205. doi:10.1007/s10549-017-4185-9
5. National Comprehensive Cancer Network. NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®): Breast Cancer. Version 5.2025. Published September 2025. Accessed September 19, 2025. https://www.nccn.org/professionals/physician_gls/pdf/breast.pdf
6. National Comprehensive Cancer Network. NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®): Ovarian Cancer/Fallopian Tube Cancer/Primary Peritoneal Cancer. Version 5.2025. Published September 2025. Accessed September 19, 2025. https://www.nccn.org/professionals/physician_gls/pdf/ovarian.pdf

RELEVANT AMA POLICY

H-55.966 Cancer Survivorship Program Coverage

Our AMA recognizes cancer survivorship and cancer rehabilitation as a critical component of comprehensive cancer care and supports insurance coverage for prevention and early detection of new primary cancers and recurrences, as well as for medical care services and supportive care services, including, but not limited to, genetic screening and testing, counseling for those with known pathogenic variants (mutations) as well as discussion of fertility options before and after cancer treatment, aimed at managing the long-term consequences and sequelae of cancer and its treatment.

1. Our AMA advocates for work with key stakeholders to achieve adequate coverage for cancer survivorship and cancer rehabilitation care.

[Res 119, A-25]

H-55.969 Survivorship Care Plans

1. Our American Medical Association supports the voluntary use of survivorship care plans for cancer survivors when deemed appropriate by a patient's treating physician and supports reimbursement for physician preparation of survivorship care plans for patients.

[Res 108, A-15; Reaffirmation: A-18]