

AMERICAN MEDICAL ASSOCIATION WOMEN PHYSICIANS SECTION

Resolution: (Assigned by HOD)
(A-25)

Introduced by: Rhea Nichani, Kaitlyn Hanson, Fiona Griffin, Mitchell Hanson

Subject: Cancer Survivorship Program Coverage

Referred to: Reference Committee (Assigned by HOD)

1 Whereas, per the National Cancer Institute and American Cancer Society, an individual is
2 considered a cancer survivor from the time of diagnosis through life regardless of their stage of
3 treatment or remission status^{1,14}; and

5 Whereas, cancer survivors have the ethical right to continued follow-up with basic standards of
6 care that address their specific needs¹⁰; and

8 Whereas, cancer survivors are at an elevated risk for both recurrence of their previous cancer
9 as well as development of new primary cancers¹²; and

11 Whereas, cancer survivors experience a combination of physical and psychosocial symptoms,
12 related to their cancer survivorship status that necessitate specialized care⁵; and

14 Whereas, survivorship care is a complex, multidisciplinary process requiring coordination
15 among multiple providers¹³; and

17 Whereas, per the National Cancer Institute, the status of current survivorship care is suboptimal,
18 leaving survivors with persistent symptoms and unmet needs while perpetuating healthcare
19 disparities¹⁴; and

21 Whereas, among surveys and interviews conducted by the American Society of Clinical
22 Oncology Cancer Survivorship Committee concerning insurance coverage, more than half of
23 respondents reported denials for symptom management and supportive care services, with
24 fertility services, indicated dental services, and mental health services being denied “always” or
25 “most of the time” in 23.1%, 22.5%, and 12.8% of cases, respectively⁴; and

27 Whereas, facilities reported coverage denials for numerous survivorship related screenings and
28 treatments for breast cancer survivors (63.46%), for Hodgkin lymphoma survivors (49.04%), and
29 for maintenance therapies (41.74%)⁴; and

31 Whereas, recent studies suggest that established breast cancer survivorship care interventions
32 that improve patient-provider communication are especially promising⁶; and

34 Whereas, care of the gynecologic cancer survivor extends beyond cancer treatment to
35 encompass multisystem health; management of fertility, contraception, and vasomotor
36 symptoms; and genetic counseling⁸; and

38 Whereas, as of 2022, over 50% of cancer survivors between 18-65 years old experience
39 financial hardship, have higher annual out-of-pocket medical expenses (more than double than

40 those without cancer), and over 50% carry some medical debt from cancer related treatment²;
41 and

42 Whereas, reductions in disparities after implementation of the Affordable Care Act were present,
43 in terms of sociodemographic factors in noninsurance and care unaffordability among cancer
44 survivors under age 65 with largest decreases in women, those with low or medium income,
45 multiple comorbid conditions, the unemployed, and those residing in Medicaid expansion states,
46 disparities still remain in coverage, including the uptick of 82,750 uninsured survivors in 2017 in
47 mainly non-expansion states^{9,11}; and

48 Whereas, cancer survivors were more likely than those without cancer history to report delays in
49 care, forgone medical care, and experience inability to afford medications and medical care¹⁵;
50 and

51 Whereas, cancer survivorship care standards recommend that health systems serve survivors
52 by providing resources related to financial hardship and insurance coverage as well as cancer
53 treatment sequelae¹³; and

54 Whereas, although, 74% of identified NIH grants are focused on cancer survivors from
55 underrepresented populations, there is a clear lack of grants focused on cancer survivors from
56 Pacific Islander populations as well as sexual and gender minorities¹³; and

57 Whereas, there are currently no established billing codes categorized specifically for
58 survivorship care³; and

59 Whereas, the Comprehensive Cancer Survivorship Act, introduced in 2023, would establish
60 programs and requirements to support services for cancer survivors, including Medicare
61 coverage for cancer care planning and coordination services, employment assistance, and
62 Medicaid and CHIP coverage of fertility services⁷; therefore be it

63 RESOLVED, that our American Medical Association recognizes cancer survivorship as a critical
64 component of comprehensive cancer care and supports insurance coverage for prevention and
65 early detection of new primary cancers and recurrences, as well as for supportive care services
66 aimed at managing the long-term consequences and sequelae of cancer and its treatment.

67 RESOLVED, that our AMA advocates for work with key stakeholders to achieve adequate
68 coverage for cancer survivorship care; and be it

70 Fiscal Note: Moderate

72 Received: XX/XX/2025

74 REFERENCES

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RELEVANT AMA POLICY

Survivorship Care Plans H-55.969

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]