

## Bill Summary

SB 1309 would require state-regulated health plans and policies to provide coverage without cost sharing for follow-up screenings and diagnostic services for lung cancer, as recommended after an abnormal or indeterminate test result.

## Medical Effectiveness

**Strong evidence** that delays in diagnosis and treatment are correlated with **worse clinical stage** during the diagnostic work up and **increased recurrence**.

**Some evidence** that treatment delays for lung cancer **negatively impact mortality**.

**Some evidence** from other cancer research that cost affects **utilization of health services and health outcomes**

## Insurance Subject to the Mandate


All 22.8M enrollees in state-regulated health insurance in California have insurance subject to SB 1309.


- CDI and DMHC-Regulated** (Commercial and CalPERS)
- Medi-Cal** (DMHC Regulated)

California Health Benefits Review Program (**CHBRP**), California Department of Insurance (**CDI**), Computed Tomography (**CT**), California Department of Managed Health Care (**DMHC**), Out-of-pocket (**OOP**), Positron Emission Tomography (**PET**), Senate Bill (**SB**)

## Context

Lung cancer is the leading cause of cancer-related death in California, accounting for **~10,500 deaths** annually.

Early detection is  challenging because early-stage disease is often **asymptomatic**





Screening rates are relatively low in California (**16.8%** among eligible population) 

State and federal law require coverage of lung cancer screening without cost sharing for eligible populations, however:

- Enrollees may face cost sharing for follow-up services after abnormal or indeterminate result

## Benefit Coverage and Expenditures

SB 1309 would prohibit cost sharing for follow-up screening and diagnostic services, including:

 Diagnostic CT Scan	 PET/CT scans	 Tissue sampling	 Bronchoscopies, pathologies, and surgical consultation
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**Post mandate: +1,000 patients** access follow-up services for lung cancer (imaging, biopsies, surgical or other specialist consults) and **51,000 Californians** utilize follow-up services without cost sharing

 <b>\$27,641,000</b> increase in annual premiums paid by employers and enrollees	 <b>\$90</b> (CalPERS) to <b>\$840</b> (individually purchased insurance) average annual decrease in OOP expenses
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## Public Health Impacts

**Modest public health impact at the population level**, with potential for reduced upstaging and reduced recurrence rates of lung cancer



**\$149,304** per case average cost savings for small but unknown number of enrollees receiving an earlier stage diagnosis than they would at baseline