
Joint Legislative Audit and Review Commission



**Evaluation of House Bill 1405:
Mandated Coverage of Intensity Modulated
Radiation Therapy (IMRT) for Specified Cancer Sites**

Briefing for the Special Advisory Commission on
Mandated Health Insurance Benefits

October 17, 2006



Background on HB 1405

- IMRT allows better targeting of cancerous tumors while sparing healthy surrounding tissue
- Several third-party payers recently limited coverage of IMRT
- Breast and lung cancers no longer covered by some insurers

In This Presentation

- Medical Efficacy and Effectiveness
- Social Impact
- Financial Impact
- Balancing the Medical, Social, and Financial Considerations



Research and Guidelines Not Definitive on IMRT for Breast and Lung

- Existing research based on *dosimetric studies*, not *clinical trials*
- Research concludes IMRT could lead to improved treatment, but further research with clinical outcomes needed
- Radiation oncology guidelines vary
 - **NCI**: acknowledges limited knowledge on effect on clinical outcomes
 - **ASTRO/ACR**: lists cancer sites where commonly used, but indicates *sites meeting criteria for medical necessity are considered appropriate*

Medical Experts Say Evidence Sufficient to Support IMRT for Breast and Lung

- Research indicates clear-cut dosimetric advantages to IMRT
- Research already exists on
 - benefits of reducing normal tissue exposure generally
 - dose volumes that can be tolerated for breast and lung
- Clinical trials have not accompanied the adoption of radiotherapy techniques in the past

IMRT Availability Has Increased But Utilization Varies

- Will likely be offered by most radiation providers soon
- Utilization varies substantially among providers
- Prostate cancer and head and neck cancer treated most frequently with IMRT, but also used for other sites including breast and lung

Insurance Covers Sites Where Used Most

- 1/3 of insurers provide coverage in proposed mandate; most provide coverage where IMRT used most frequently
- Without coverage, treatment costs (estimated \$16,500) could be significant (nearly 30% of median household income)
- Future public health issues
 - Lack of mandate risks impeding adoption of IMRT for additional cancer sites
 - Adoption of mandate risks mandating coverage for sites where definitive clinical results do not exist

No Significant Near-Term Impact on Most Providers, But Would Increase Availability

- No significant impact on treatment costs, utilization, or most providers in near term, because coverage exists for sites where IMRT used most frequently
 - May impact centers that use IMRT to frequently treat breast and lung
- Would increase availability of IMRT for patients
 - May be particularly important for patients where IMRT is best or only option
- Median monthly premium increase estimated to be approx. \$1.00 for both individual and group standard coverage

Need for and Appropriateness of Mandate Unclear

- Consistent with role of insurance, but need may be different in short term and long term
 - Short term: Does not appear needed because IMRT already covered for cancer sites where most accepted and most used
 - Long term: Absence of mandate may impede further adoption, even if future research provides definitive evidence on IMRT for breast and lung

- *Is it appropriate to mandate a treatment as specific as IMRT?*

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