



SB 2073 Do Not Pass Testimony

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Chairman Lefor, Vice-Chair Keiser and members of the Committee:

The American Cancer Society Action Network (ACS CAN) and The Leukemia & Lymphoma Society (LLS) appreciate the opportunity to comment on Senate Bill 2073. Our organizations support maintaining and expanding access to high-quality, comprehensive health care coverage for North Dakotans living with cancer. Access to quality health coverage directly affects people's ability to prevent, detect, and survive cancer. **The sad reality is that too much cancer death and suffering is attributable to gaps in coverage.** Unfortunately, the impact of this bill would be to increase plans that offer limited coverage and benefits, and that are not required to have the same consumer protections as comprehensive plans.

We oppose creating or expanding access to individual or association short-term, limited-duration plans (STLDPs). These non-comprehensive health plans carry significant risks for cancer patients, survivors and those who may be diagnosed with a serious illness while enrolled in these plans and can disrupt the stability of state insurance marketplaces.

Although SB 2073 would require association STLDPs issued under this regulation to cover most essential health benefits (EHBs), it sets no minimum standard for what constitutes "coverage" under these plans. Allowing caps on EHBs such as prescription drugs or hospital services would leave a newly diagnosed cancer patient on the hook for thousands of dollars in uncovered expenses. That's a terrible time for a patient to discover their plan does not cover the services they need.

Last year ACS CAN prepared in-depth reports on the potential harm associated with STLDPs and related products. ACS CAN's ***The Costs of Cancer: 2020 Edition***¹ report details the devastatingly high costs a patient with cancer would face if he were enrolled in an STLDP. The paper depicts the out-of-pocket costs a young patient diagnosed with Non-Hodgkin's Lymphoma would face with different types of insurance coverage. The patient would be responsible for paying the largest share of (51 percent) the costs of his cancer treatment out-of-pocket

¹ ACS CAN. The Costs of Cancer: 2020 Edition. October 2020. www.fightcancer.org/costsofcancer

with coverage under a STLDP. In fact, in this scenario the patient would be responsible for paying \$51,660 of the \$97,849 total annual cost of treatment.

LLS' February 2020 **Cost of Cancer Care** study on the shortcomings of STLDPs found similar results. A patient newly diagnosed with lymphoma while covered by an STLDP could pay \$23,100 to \$45,800 in out-of-pocket expenses (including premiums and cost sharing for medical expenses) during the six months following diagnosis. In contrast, a patient who is newly diagnosed with lymphoma while enrolled in an ACA-compliant plan could pay \$6,300, on average, in out-of-pocket expenses over the same time period.²

Providing North Dakotans access to affordable, comprehensive health care coverage is critical in the fight against cancer. If coverage is only affordable when it's not needed, then it's not coverage.

We urge policymakers to stop the proliferation of non-comprehensive health insurance plans by prohibiting their sale – or at least limiting their availability – and ask for a Do Not Pass recommendation to come out of this committee.

Thank you for your time and consideration.

Sincerely,

American Cancer Society Cancer Action Network
The Leukemia & Lymphoma Society

² The Leukemia & Lymphoma Society. Short-Term Health Plans Leave Patients Vulnerable to Major Medical Bills, According to New Research. February 2020. <https://www.lls.org/lls-us-hq/news/short-term-health-plans-leave-patients-vulnerable-to-major-medical-bills-according-to-new-research>