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OPINION

My husband's cancer didn't wait. Our insurance company did

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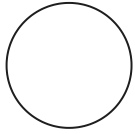
Repeated insurance denials during cancer treatment led to patient's advocate to call for reforms that put medical decisions back in the hands of doctors. Canva for NJ.com

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My husband's cancer didn't wait. Our insurance company did

About 4 Minutes

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By Amy Sutton

I have spent much of my career in fields where a diagnosis or disaster transformed a family in an instant. In those moments, people must trust professionals trained to help.

In 2024, my husband was diagnosed with a rare and aggressive cancer. Our life changed with one phone call, and what came next was overwhelming fear, worry and an uncertain future.

After several months, we connected with one of the few doctors experienced in treating this cancer, and we put our trust in him. As the treatment plan took shape, we felt some relief. But first, we needed to know whether the cancer had spread because that answer could change the treatment plan and the physician leading his care.

A prior authorization request for a scan that would provide that answer was submitted to our insurance company.

It was denied.

The doctor appealed. I called the insurer. More documentation was requested. Another denial. Another appeal. More delays.



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We were not alone. A 2023 JAMA Network Open study found that 69% of cancer patients surveyed experienced care delays because of prior authorization, and 22% did not receive the care recommended by their oncology team.

For our family, it meant that while we were trying to get through each day, we also had to fight for a procedure our doctor had determined was necessary. I could not escape the thought that the cancer would spread.

Finally, the scan was approved. It confirmed the treatment plan the doctor had recommended, but the treatment would need to be more extensive than we had hoped. We could finally move forward.

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After completing a difficult course of treatment, my husband had to manage the lingering effects while our family processed everything we had been through. 

Every subsequent doctor's visit and test brought tremendous anxiety. Less than a year later, there was another diagnosis, more treatment and another scan ordered. It was denied again and appealed. This time, the denial was not overturned, and my husband did not receive the test his oncologist ordered.

I am left wondering: Who will be responsible for that decision in the end?

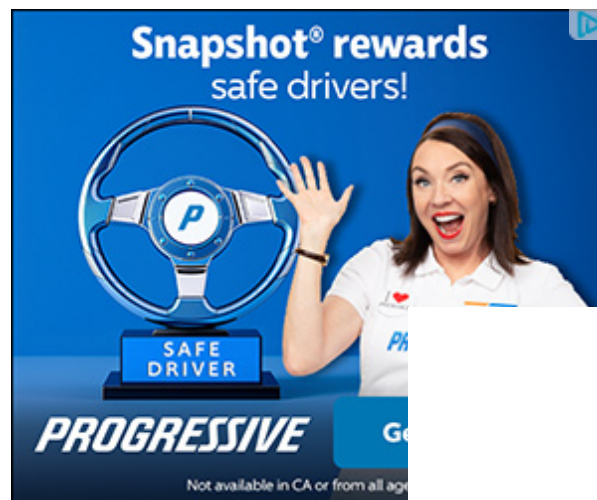
Who should make medical decisions?

Oncologists describe both excitement about innovations in cancer care and feeling overwhelmed by the pace of those advances and the growing number of patients who need care.

Precision medicine is changing what is possible, but it is also making care more complex and highly personalized. Physicians are managing more patients while keeping pace with emerging science, diagnostics and treatments, all while caring for the individuals and families in front of them.

We require doctors to complete years of education, training, credentialing and licensure. We hold them accountable for clinical decisions, risks, outcomes and liability. Yet their judgment can still be delayed or overridden by an insurance process driven by artificial intelligence and reviewers who may not have the same expertise, disease-specific knowledge, understanding of the patient or responsibility for what happens next.

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The problem with step therapy

Insurers use policies such as step therapy, often called “fail first,” which require patients to try lower-cost treatments before coverage is approved for the treatment prescribed by their physician.  Jersey.

In cancer care, there is often only a narrow window in which the right treatment has the best chance of success. Step therapy shrinks that window. This is especially dangerous in blood cancers, including chronic lymphocytic leukemia, or CLL, the most common adult leukemia. When treatment is delayed because someone must “try and fail,” the disease does not stop progressing.

For many families facing cancer, missing work means lost wages. Child care may be fragile, and transportation can be limited. Step therapy policies add complexity to situations that are already difficult to navigate. The result is missed appointments, delayed treatment, preventable emergencies and greater risk for patients whose care cannot wait.

Time for reform

A major reason these hurdles persist is that much of cancer care is influenced by insurers and pharmacy benefit managers, or PBMs, which help determine what is preferred and what requires additional approval. Recent bipartisan congressional reforms have brought greater transparency and accountability to PBMs. Yet cancer patients still face rules that override physicians and delay care.

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Lawmakers should build on those reforms by passing the Safe Step Act, which would require timely exceptions when step therapy is medically inappropriate.

Patients are speaking up. Clinicians are pushing back. Advocates, including our team at Crossroads4Hope, are amplifying the voices of families living with the burden of cancer and a broken health care system. That gives me hope that change is possible.

When you are facing a health crisis, you must trust the doctor you choose. What is the point of having a doctor if that physician's medical judgment can be overridden by an insurer? And what is the point of having health insurance if it does not provide access to the care your doctor determines you need?

Health insurance should mean more than a card in your wallet. It should mean peace of mind and timely, medically necessary care guided by the doctor who knows you, has examined you and is ultimately responsible for your treatment.

Anything less is not quality health care.

Amy Sutton is the chief executive officer of Crossroads4Hope in Bedminster.

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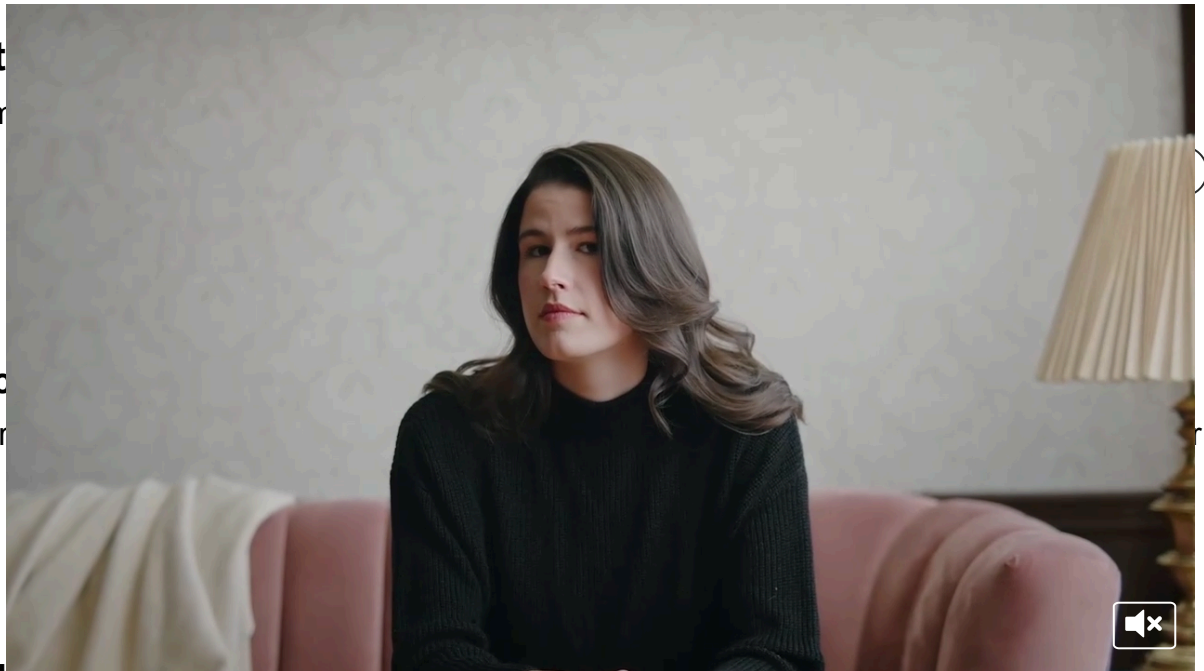
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