

**American Cancer Society Cancer Action Network
American Lung Association
Bassett Healthcare Network
Columbia University Herbert Irving Comprehensive Cancer Center
Erie County Medical Center Corporation
Evergreen Health
GO2 For Lung Cancer
Great Lakes Integrated Network IPA
Great Lakes Medical Imaging
Kaleida Health
LUNgevity Foundation
Medical Society of the State of New York
Memorial Sloan Kettering Cancer Center
Millard Fillmore Suburban Hospital
Montefiore Einstein Comprehensive Cancer Center
Mount Sinai Tisch Cancer Center
National Association of Hispanic Nurses - New York Chapter
New York Chapter American College of Physicians Services
New York State Academy of Family Physicians
New York State Public Health Association
New York State Radiological Society
Northwell Health
NYS Cancer Detection and Education Program Advisory Council
Perlmutter Cancer Center at NYU Langone Health
Rochester Regional Health – Lipson Cancer Institute
Roswell Park Comprehensive Cancer Center
Sandra and Edward Meyer Cancer Center at Weill Cornell Medicine
Stony Brook University Cancer Center
The Mended Hearts, Inc.
University of Rochester, Wilmot Cancer Institute
University of Vermont Cancer Center**

The Honorable Kathy Hochul
Governor of New York State
NYS State Capitol Building
Albany, NY 12224

July 22, 2025

Re: Support for A1195a / S2000a eliminating patient cost sharing for lung cancer screening

Dear Governor Hochul,

On behalf of the above-listed organizations representing cancer patient advocacy organizations, cancer centers and other providers, we write to express our strong support for A1195a / S2000a which eliminates patient cost sharing for recommended lung cancer screening and follow-up scans and diagnostic tests for asymptomatic individuals by all payers in New York. We encourage you to sign the legislation into law without delay.

This bill would ensure that all state-regulated commercial insurance plans provide coverage for lung cancer screening and diagnostic testing without patient cost sharing, consistent with coverage for other cancer screenings like breast, colorectal and cervical cancers. Currently, after an individual has had a lung cancer screening CT scan that results in a suspicious finding, not all insurers are covering the needed supplemental scans or testing necessary to diagnose lung cancer without imposing patient cost sharing. This can mean the difference between a patient being able to get the needed follow up testing or not, all while there is a strong likelihood that cancer is growing in their lungs.

Early Cancer Screening & Diagnosis Saves Lives

Lung cancer kills more New Yorkers than breast, colorectal, and cervical cancers combined, yet lung cancer screening rates are far lower than the rates for other screen-able cancers. An estimated 13,900 New Yorkers are diagnosed with lung cancer each year and approximately 53% (7,400) die annually. Only 32.8% of lung cancer cases are diagnosed at an early stage statewide and among Black New Yorkers (24%) and Latino New Yorkers (27.4%) the percentage of those diagnosed early is even lower.

The State's goal must be to shift the stage of lung cancer at diagnosis to early by increasing screening rates and early detection. Importantly, lung cancer screening should not be considered a single screening test but instead a continuum of tests to reach a diagnosis. Patients with abnormal findings on screening tests typically require other evaluations to determine if a malignancy exists including supplemental CT scans and diagnostic tests.

Screening rates in New York are only at about 8.2% for those who are eligible to be screened based on USPSTF criteria. *As a result, approximately 9,700 (70%) of all lung cancers in New York are diagnosed at an advanced stage.* We must do better. When found early, there are far more options and treatments available to extend and save lives. To improve screening rates however, we must remove all barriers that exist for our residents who are eligible to be screened for lung cancer including ensuring that insurance coverage and costs are not obstacles when faced with additional procedures needed for a diagnosis. This legislation does exactly that.

Lung Cancer Screening & Early Diagnosis Saves Money

Treating cancer at a late stage is significantly more expensive than treating it at an early stage. According to the American Cancer Society, treating Stage 4 lung cancer is 254% more expensive than treating it at an early stage.

According to an analysis by Roswell Park Comprehensive Cancer Center, if we can increase screening rates to 25% and shift the stage of diagnosis from an advanced stage to a potentially curable stage of lung cancer, *New York could save \$113 million per year (\$75 million in Medicaid costs)* since more cost-effective treatments would be available with a far greater likelihood of success in extending and saving lives.

Nationally Recommended Guidelines

This legislation is in accordance with nationally recommended guidelines for lung cancer screening. Lung-RADS, developed by the American College of Radiology, is the accepted clinical guideline standards for lung cancer screening and follow-up recommendations when a suspicious nodule is identified. The United States Preventive Services Task Force specifically names Lung-RADS as the clinical guidance for suspicious nodules in the context of lung cancer screening. Additionally, it is

consistent with the standards included in Chapter 424 of 2024 which relates to coverage for screening and diagnostic images for individuals with dense breast tissue.

Affordable Care Act and Essential Health Benefits.

The Affordable Care Act (ACA) requires both private insurers and Medicare to cover the costs of what are considered “Essential Health Benefits.” This includes all cancer screening tests that are recommended by the United States Preventive Services Task Force (USPSTF). The law stipulates that there should be no out-of-pocket costs for patients, such as co-pays or deductibles, for these screening tests.

USPSTF recommends supplemental screening, imaging and diagnostic testing when an initial scan discovers an abnormal finding. For example, when a Fecal occult blood test (FOBT) or fecal immunochemical test (FIT) for colorectal cancer comes back with a positive result, USPSTF recommends a patient receive a colonoscopy.

When an initial CT scan for lung cancer shows an abnormal finding, USPSTF recommends that a patient follow the ACR Lung-RADS grading system mentioned above for determining their course of care, including potentially undergoing supplemental scans and/or diagnostic testing.

This bill is needed to ensure there is no ambiguity that supplemental scans and/or diagnostic testing in accordance with the USPSTF recommended ACR Lung-RADS grading system are covered by insurance with no patient cost sharing.

A similar action was taken in 2022 (chapter amendment in 2023), when New York enacted a similar law related to colorectal cancer screening and supplemental testing (Chapter 739 of 2022/ Chapter 78 of 2023) and New York must take a similar action related to lung cancer screening by enacting A1195a / S2000a.

It is imperative to ensure that coverage for lung cancer screening without patient cost sharing is clear so we can remove any cost barriers to increase our very low screening rates in order to address health and income disparities, improve health outcomes and extend and save lives for those diagnosed with lung cancer.

Thank you for your consideration of this information related to the critical importance of A1195a / S2000a. We strongly urge you to sign the bill into law.

For information, please contact Michael Davoli at the American Cancer Society Cancer Action Network, 518-209-0447, michael.davoli@cancer.org.

Sincerely,

- American Cancer Society Cancer Action Network
- American Lung Association
- Bassett Healthcare Network
- Columbia University Herbert Irving Comprehensive Cancer Center

- Erie County Medical Center Corporation
- Evergreen Health
- GO2 For Lung Cancer
- Great Lakes Integrated Network IPA
- Great Lakes Medical Imaging
- Kaleida Health
- LUNgevity Foundation
- Medical Society of the State of New York
- Memorial Sloan Kettering Cancer Center
- Millard Fillmore Suburban Hospital
- Montefiore Einstein Comprehensive Cancer Center
- Mount Sinai Tisch Cancer Center
- National Association of Hispanic Nurses - New York Chapter
- New York Chapter American College of Physicians Services
- New York State Academy of Family Physicians
- New York State Public Health Association
- New York State Radiological Society
- Northwell Health
- NYS Cancer Detection and Education Program Advisory Council
- Perlmutter Cancer Center at NYU Langone Health.
- Rochester Regional Health – Lipson Cancer Institute
- Roswell Park Comprehensive Cancer Center
- Sandra and Edward Meyer Cancer Center at Weill Cornell Medicine
- Stony Brook University Cancer Center
- The Mended Hearts, Inc.
- University of Rochester, Wilmot Cancer Institute
- University of Vermont Cancer Center