ILLINOIS STATE MEDICAL SOCIETY

Resolution 12.2022-30
(A-23)

Introduced by:	Divya Meher Surabhi, MPH, Kate Fahey and Cecily Negri, ISMS Members
Subject:	Advocating for All Payer Coverage of Wigs for Patients Undergoing Treatment for Cancer
Referred to:	Council on Economics

Whereas, in 2019, 1,752,735 new cancer cases were reported in the United States[1]; and

Whereas, cancer treatments may lead to alopecia[2]; and

Whereas, alopecia affects approximately 65% of patients undergoing chemotherapy, 75- 100% of patients undergoing head and neck radiation, and a variable number of patients undergoing targeted therapies, immunotherapies, stem cell transplants, and endocrine therapies[3]; and

Whereas, hair loss secondary to cancer treatment may have a variety of manifestations such as patchy hair loss in areas of high friction, diffuse hair loss on the scalp, hair loss accompanied by dermatitis and cutaneous ulceration, and scarring alopecia[2]; and

Whereas, in a cross-sectional survey of breast cancer patients, 55.3% of patients reported higher stress levels due to alopecia which resulted in decreased body image, emotional and social functioning, and depression[4]; and

Whereas, many female cancer patients associated the experience of hair loss with a loss of femininity and sense of self identity[5]; and

Whereas, for many female cancer patients, hair loss served as a visible sign of their cancer diagnosis and affected their social and personal relationships, with many women expressing concern about the impact alopecia had on their children[5]; and

Whereas, many patients report feeling poorly prepared for the psychologically distressing nature of hair loss and change of appearance[6]; and

Whereas, a prior study found that participants who were shown photos of individuals with alopecia were less comfortable with having physical contact with or hiring individuals with alopecia compared to those without hair loss[7]; and

Whereas, many patients with cancer wear wigs to cope with the psychological and societal effects of hair loss[8]; and

Whereas, wigs are either made from synthetic fiber, human hair, or a mixture of synthetic fiber and human hair; and

Whereas, the best-quality, most natural-appearing wigs are often composed of human hair and cost $800-$3000[9]; and

Whereas, payers such as Medicare do not deem wigs to be medically necessary[10]; and

Whereas, Medicare (Part A and Part B) and many private insurers do not cover the cost for wigs for patients who experience alopecia as a result of cancer treatment[11]; and

Whereas, while charities may assist with wig donations, many patients pay out of pocket for their wig; and

Whereas, wigs help alleviate the psychological effects of hair loss and improve the integration of patients into social contexts during their illness journey[12]; therefore, be it

RESOLVED, that our ISMS urge all payers to consider that wigs may have significant benefits to improve the quality of life for patients with cancer; and be it further

RESOLVED, that our ISMS work with relevant stakeholders such as the American Medical Association and the Centers for Medicare and Medicaid Service to encourage payers to cover costs associated with wigs for patients with alopecia secondary to cancer treatments; and be it further

RESOLVED, that our ISMS seek or cause to be introduced legislation to the Illinois General Assembly to require all third-party payers, including Medicaid MCOs, to reimburse wigs provided to patients with alopecia secondary to cancer treatment; and be it further

RESOLVED, that our ISMS Delegation to the AMA introduce a similar resolution to the next AMA House of Delegates directing the AMA to work with all relevant medical specialty societies, third party payers, including CMS, and other national stakeholders as deemed appropriate to require third party payers to include reimbursement for wigs for patients with alopecia secondary to cancer treatment.

Resources:

1. Cancer Data and statistics. Centers for Disease Control and Prevention. https://www.cdc.gov/cancer/dcpc/data/index.htm. Published June 6, 2022. Accessed December 15, 2022.
2. Siegel, R. L., Miller, K. D., Fuchs, H. E., & Jemal, A. (2022). Cancer statistics, 2022. *CA: a cancer journal for clinicians*, *72*(1), 7–33. https://doi.org/10.3322/caac.21708
3. Freites-Martinez, A., Shapiro, J., Goldfarb, S., Nangia, J., Jimenez, J. J., Paus, R., & Lacouture, M. E. (2019). Hair disorders in patients with cancer. *Journal of the American Academy of Dermatology*, *80*(5), 1179–1196. https://doi.org/10.1016/j.jaad.2018.03.055
4. Choi, E. K., Kim, I. R., Chang, O., Kang, D., Nam, S. J., Lee, J. E., Lee, S. K., Im, Y. H., Park, Y. H., Yang, J. H., & Cho, J. (2014). Impact of chemotherapy-induced alopecia distress on body image, psychosocial well-being, and depression in breast cancer patients. *Psycho-oncology*, *23*(10), 1103–1110. https://doi.org/10.1002/pon.3531
5. Boland, V., Brady, A. M., & Drury, A. (2020). The physical, psychological and social experiences of alopecia among women receiving chemotherapy: An integrative literature review. *European journal of oncology nursing : the official journal of European Oncology Nursing Society*, *49*, 101840. https://doi.org/10.1016/j.ejon.2020.101840
6. Jayde V, Boughton M, Blomfield P. The experience of chemotherapy-induced alopecia for Australian women with ovarian cancer. *Eur J Cancer Care (Engl)*. 2013;22(4):503- 512. doi:10.1111/ecc.12056
7. Creadore A, Manjaly P, Li SJ, et al. Evaluation of Stigma Toward Individuals With Alopecia. *JAMA Dermatol*. 2021;157(4):392-398. doi:10.1001/jamadermatol.2020.5732
8. How to choose a wig. Dana-Farber Cancer Institute. https://www.dana-farber.org/health- library/articles/how-to-choose-a-wig/. Accessed December 15, 2022.
9. Moore CS, Hutchinson M, eds. WigsCarliz Sotelo. Wigs. https://www.breastcancer.org/treatment-side-effects/hair-loss/wigs. Published August 10, 2022. Accessed December 15, 2022.
10. Centers for Medicare & Medicaid Services. https://www.medicare.gov/Pubs/pdf/11931- Cancer-Treatment-Services.pdf. Accessed December 15, 2022.

11. George C. Are wigs free for patients undergoing cancer treatment? Are Wigs Free for Patients Undergoing Cancer Treatment? https://www.goodrx.com/insurance/low-cost- free-healthcare/wigs-for-cancer-patients. Published August 12, 2021. Accessed December 15, 2022.
12. Helle Ploug Hansen Professor (2007) Hair Loss Induced by Chemotherapy: An Anthropological Study of Women, Cancer and Rehabilitation, Anthropology & Medicine, 14:1, 15-26, DOI: 10.1080/13648470601106335

Fiscal Note:

None

Existing ISMS policy related to this issue:

ISMS supports the following health care system reform principles: 1. Health care delivery and finance system reform should use the current public-private system as a basis and focus on incremental evolutionary change. 2. All patients should have access to a health benefit plan that would include catastrophic coverage as well as preventive services, appropriate screening, primary care, immunizations, and prescription drug coverage. 3. Health insurance reform is needed to allow public and private plans to develop innovative coverage plans, including the development of health savings accounts and other high deductible plans to encourage patients, physicians, and other health care providers to pursue high value care. 4. All health care expenditures should receive equal treatment for purposes of tax deduction and tax credits. 5. Professional liability reform – including caps on noneconomic damages – should continue to be pursued and defended as a way to reduce direct and indirect costs (defensive medicine) and to address the adverse effect the current medical liability system has on the physician-patient relationship and access to health care. 6. Use of information technology in health care delivery should be encouraged to improve quality and safety of care, enhance efficiency, and control costs. 7. Health care education and literacy must be an important part of any medical care financing and delivery system reform. 8. Health care reform proposals should include provisions for physicians to set and negotiate their own fees in order to adequately compensate physicians and other health care providers for the promotion of personal and public health. 9. Evidence- based protocols should support, not replace the patient-physician relationship. 10. ISMS objects to third party insurance carriers interfering with the practice of medicine and the patient- physician relationship. (HOD 2007; BOT 2015-JAN; Revised 2008; Reaffirmed 2011; Reaffirmed 2012; Reaffirmed 2015-JAN; Reaffirmed 2016; Reaffirmed 2017; Reaffirmed 2018; Reaffirmed 2019; Last BOT Review 2015)

ISMS supports legislation that amends the Illinois Insurance Code and the Health Maintenance Organization Act to provide that no group accident or health insurance policy or HMO that covers approved prescription drugs for certain types of cancer shall exclude coverage on the basis that the drug has not been approved for that specific indication by the Food and Drug Administration, and utilizes the three standard reference books or compendia and the peer-reviewed literature rather than just the FDA label in determining reimbursement. (HOD 1992; Revised 2002; Last BOT Review 2014)

Relevant Past ISMS Actions

House of Delegates adopted Resolution 59 (A-03), which directed that the ISMS submit a resolution to the AMA urging Medicare to include a section in its beneficiary manual specifically listing the services that are not covered by Medicare, including but not limited to: screening physician exams, screening blood tests including cholesterol panels, prescription medications, cosmetic procedures and services provided for the convenience of the patient or family; and that the ISMS submit a resolution to the AMA urging Medicare to list in its beneficiary manual the penalties for physicians who defraud or abuse Medicare benefits seeking to have non-covered services paid by Medicare misrepresenting services as medically necessary; and that the ISMS submit a resolution to the AMA urging Medicare to include information in its beneficiary manual explaining the limits on physician charges imposed by Medicare and the fact that supplemental insurance covers only the portion of the Medicare-approved charge not covered by Medicare. (HOD 2003)

Existing AMA policy related to this issue:

Definitions of "Cosmetic" and "Reconstructive" Surgery H-475.992
(1) Our AMA supports the following definitions of "cosmetic" and "reconstructive" surgery: Cosmetic surgery is performed to reshape normal structures of the body in order to improve the patient's appearance and self-esteem. Reconstructive surgery is performed on abnormal structures of the body, caused by congenital defects, developmental abnormalities, trauma, infection, tumors or disease. It is generally performed to improve function, but may also be done to approximate a normal appearance. (2) Our AMA encourages third party payers to use these definitions in determining services eligible for coverage under the plans they offer or administer. CMS Rep. F, A-89; Reaffirmed: Sunset Report, A-00; Reaffirmed, A-03; Reaffirmed: CMS Rep. 4, A-13

Symptomatic and Supportive Care for Patients with Cancer H-55.999
Our AMA recognizes the need to ensure the highest standards of symptomatic, rehabilitative, and supportive care for patients with both cured and advanced cancer. The Association supports clinical research in evaluation of rehabilitative and palliative care procedures for the cancer patient, this to include such areas as pain control, relief of nausea and vomiting, management of complications of surgery, radiation and chemotherapy, appropriate hemotherapy, nutritional support, emotional support, rehabilitation, and the hospice concept. Our AMA actively encourages the implementation of continuing education of the practicing American physician regarding the most effective methodology for meeting the symptomatic, rehabilitative, supportive, and other human needs of the cancer patient.
CSA Rep. H, I-78; Reaffirmed: CLRPD Rep. C, A-89; Reaffirmed: Sunset Report, A-00; Reaffirmed: Sub. Res. 514, I-00; Modified: CSAPH Rep. 1, A-10; Reaffirmed: CSAPH Rep. 01, A-20