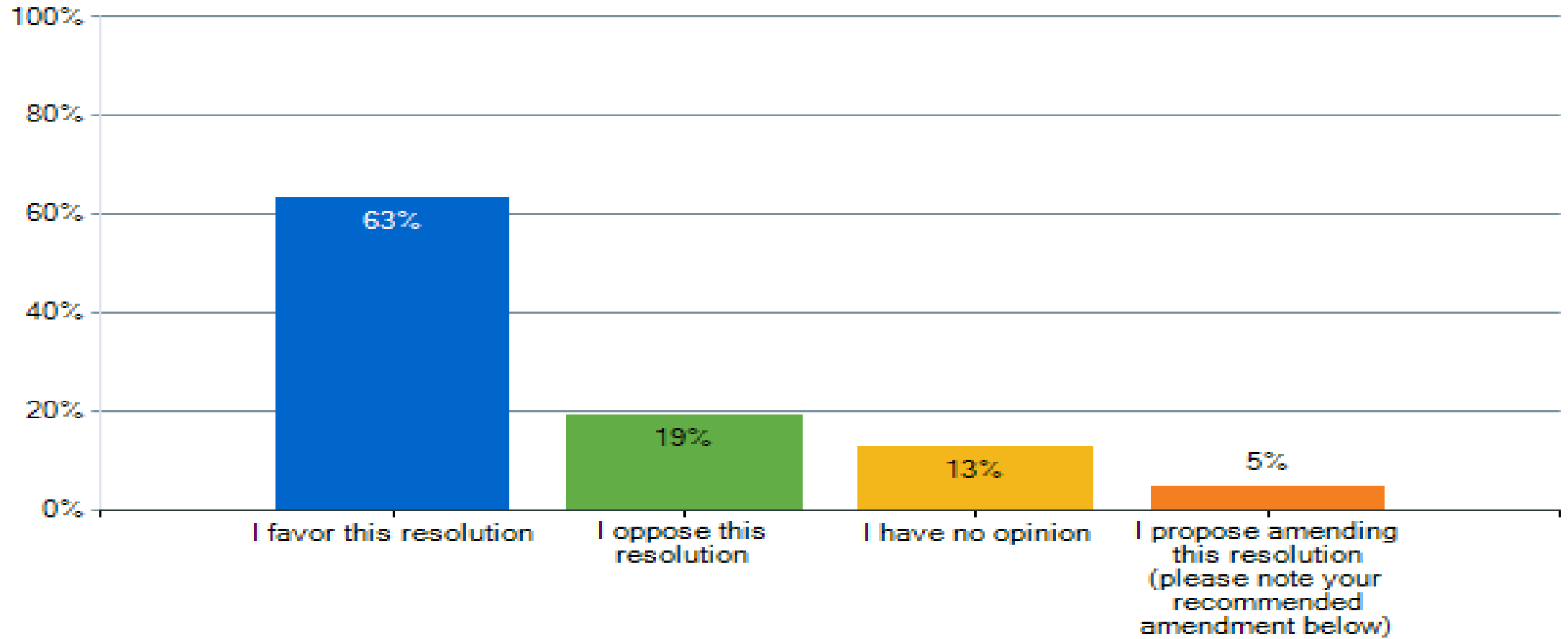
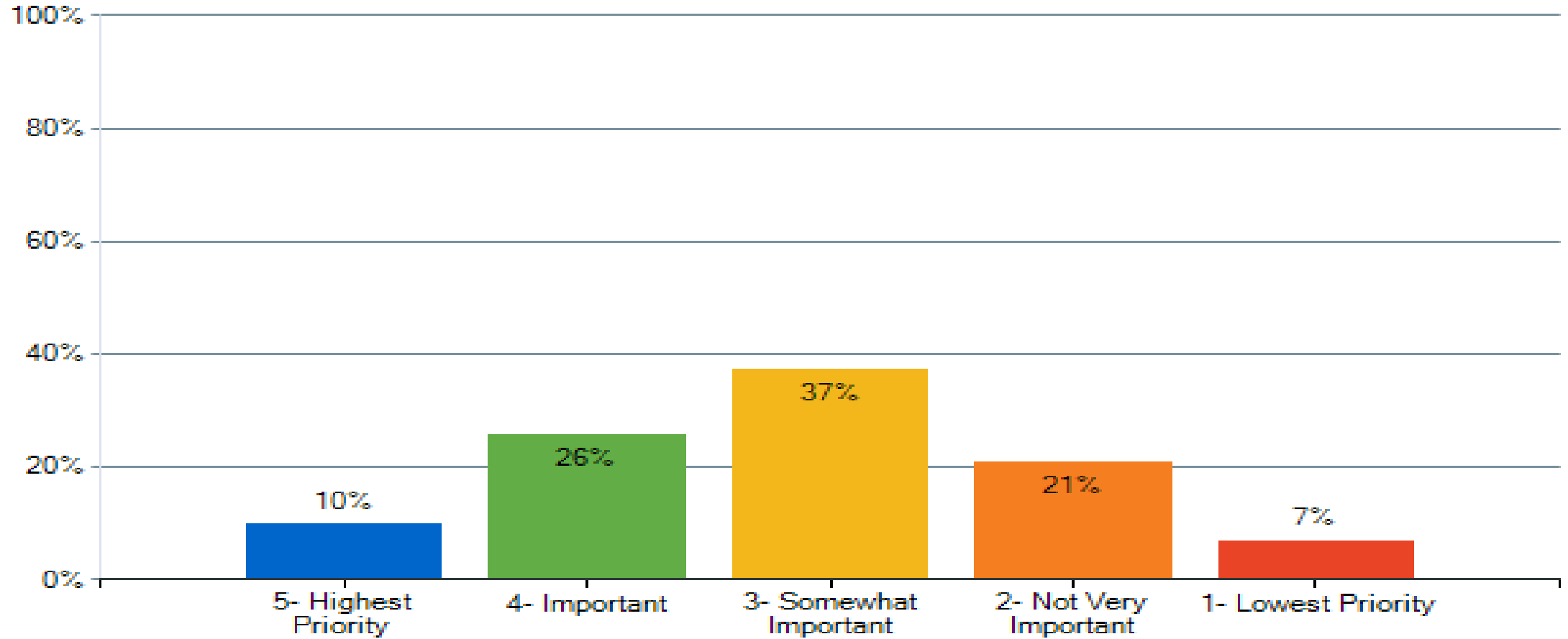


Advocating for All Payer Coverage of Wigs for Patients Undergoing Treatment for Cancer



166 responses

Please indicate your view of this resolution as an ISMS priority.



164 responses

Comments

Response Text

The free market should control coverage, not legislation. Insurance premiums continue to skyrocket. Mandating more universal coverage just makes ISMS appear out of touch with economic realities.

Medical insurance has enough burdens without taking on wig purchases. This is ridiculous. And we all pay for such.

Anyone who has survived cancer will tell you that any bit of personal dignity is critical in survivorship. This should be a no brainer.

What about wigs for alopecia for a non cancer related diagnosis?

This should be funded by other sources.

So the same insurance companies that will not pay for hearing aids and eyeglasses for elderly are going to buy wigs for people on chemotherapy ?

Loss of hair is a minor temporary inconvenience associated with chemotherapy which has many serious side effects. Let's not waste time and resources on this.

I oppose this regulation. While the dignity of our patients is critically important, in an environment of every increasing pharmaceutical cost, I don't know if this would be the most important thing to address at this time.

One has to be careful of adding more and more mandates to insurance coverage. specially if it's not a clear-cut medical necessity. It will only add up cost to the medical system by involving third parties.

I agree that wig plays an important role in maintaining self image and ego in difficult times but is it a medical necessity or a cosmetic intervention though important . Let us have a debate.

Depression and mental health are conditions that can affect healing from injury and disease. Limiting the psychological effects of cancer related treatment effects should be covered by third party payers. It is not an aesthetic issue, it is a mental health issue that potentially has a tremendous affect on the patient.

I think should consider expanding to include other types of alopecia such as chronic scarring alopecias

I want to meet the need. Much can also be done via fundraising, charities, and volunteers. I know a colleague physician who grew his own hair long to be cut off for patients' wigs. I think he stopped when he got sick. I don't want a mandate like this to take away other people's opportunity to be human, meet a need, give a gift, brighten both their life and the lives of those who they touch.

I think this is a very important thing to recognize. There has been an urge recently to consider not just the quantity of life we are helping patients gain, but also the quality of that time, and this resolution addresses that concern that far too many people experience.

Payers need to pay for better access to life-saving drugs as opposed to wigs.

Let's advocate for them to pay doctors first. We have to deal with Medicaid payers who don't pay us enough to break even. Do Not advocate for this.

Tho, I like the idea- from experience wigs vary in price from synthetic to real hair- I would want to see some reimbursement cap on this needed benefit.

And if patients have to wear a cast insurance should pay for bigger dresses or pants. Or if a cosmetic procedure is done, insurance should pay for cosmetics. Nope, I do not agree.

We should not take the lead on this issue, but should support work by oncology and cancer societies on this topic. I would support an amended resolution that encouraged

that and did not ask for ISMS or the AMA to take the lead on this advocacy unless those other organization signed off on it. It should also be noted that under the current budget balancing required by congress, including wigs would likely decrease reimbursement for other care or to physicians. Not saying we shouldn't support it, but this should be kept in mind.

The intent of the resolution is supportable. The third resolve, urging the Illinois General Assembly to mandate what should be included in medical plans and Medicaid is not. There is a finite amount of money voted into Medicaid. That money paid for wigs will be deducted from that paid to physicians, which is little enough now. Such Mandating of certain items by legislation is prone to pick up added items which are produced by enterprises in a legislator's home district and lobbied into the bill. By supporting one item (wigs) we prevent ISMS from lobbying successfully against any other items.

Typical case of individual responsibility versus benefit manager responsibility. As we increase insurer mandates we may get no insurance at all. Priorities? ISMS would be better served coordinate some volunteer charity assistance whether there are mandates for insurers or not. Considering the cheap hairpiece I just purchased, confused about the ISMS role here.

There are resources that already exist and chemo is only one cause of alopecia.

While supportive of the concept, one must consider that mandating insurance coverage has the possible unintended consequences of increasing the cost of healthcare and healthcare insurance, which may put coverage out of reach for some, and that the resources spent to cover this might come at the expense of coverage for a different, possibly more worthy service. Remember that someone is ultimately paying for this, either the taxpayer or the insured.

Hard to disagree