

Background

- **Prior authorization**, a process requiring insurance approval before treatment is covered, is widely used in cancer treatment and can lead to negative physical, emotional, financial, and practical patient impacts.
- People with cancer face high rates of depression and anxiety, creating the potential for **dual prior authorization (dual PA)** where patients must undergo PA both for their cancer treatment and mental health treatment.
- We sought to understand how often dual PA occurs among patients receiving treatment for cancer and depression/anxiety, and whether dual PA is associated with worse outcomes vs. PA for cancer treatment alone.

Methods

- CancerCare conducted a national survey (Sept-Dec 2024) of insured adults (Employer Plan, Medicare Advantage, or Traditional Medicare) treated for cancer in the past year, recruited via survey panels.
- Respondents completed questions about cancer and mental health treatment history, prior authorization, and impacts of insurance problems.
- Of 1,201 completing the survey, 1,020 experienced PA for cancer treatment. Among these 1,020, we focused analyses on 456 who were also treated for depression or anxiety in the past year:
 - We examined how many respondents faced **dual PA** (cancer treatment PA and mental health treatment PA) vs. PA for cancer treatment alone.
 - We used latent class analysis to group respondents by insurance impacts (60% high impact, 40% low impact) & logistic regression to test if dual PA was associated with greater likelihood of high impacts.

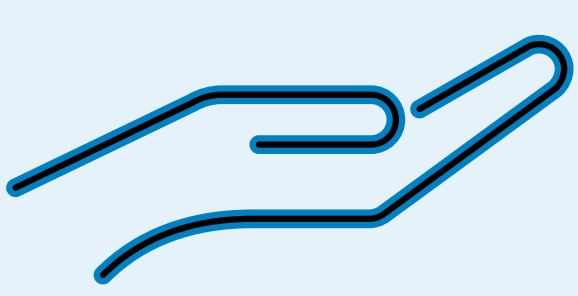
Participant Characteristics (n = 465)

Age (mean):	50 (SD = 15)
Gender:	63% Women
Race:	74% Non-Hispanic White
Insurance:	59% Employer Plan, 27% Medicare Advantage, 14% Traditional Medicare
Employment:	41% Working Full/Part-Time
Top diagnoses:	33% Breast, 11% Hematologic, 8% Gynecologic, 8% Colorectal, 7% Lung, 7% Prostate
Metastatic (current):	39%
Years since diagnosis:	40% ≤ 1 yr; 21% 2 yrs; 25% 3–5 yrs; 13% 6+ yrs
Treatment location:	37% Academic/Comprehensive; 32% Community; 23% Private
# PAs for cancer treatment in past 12 months (mean):	4 (SD = 2.8)
Cancer treatment delayed by PA:	50%

Research Funding : AstraZeneca, Bristol Myers Squibb, Exelixis, GSK, Lilly, Merck, Pfizer, Regeneron

Key Findings

Mental Health Treatment:



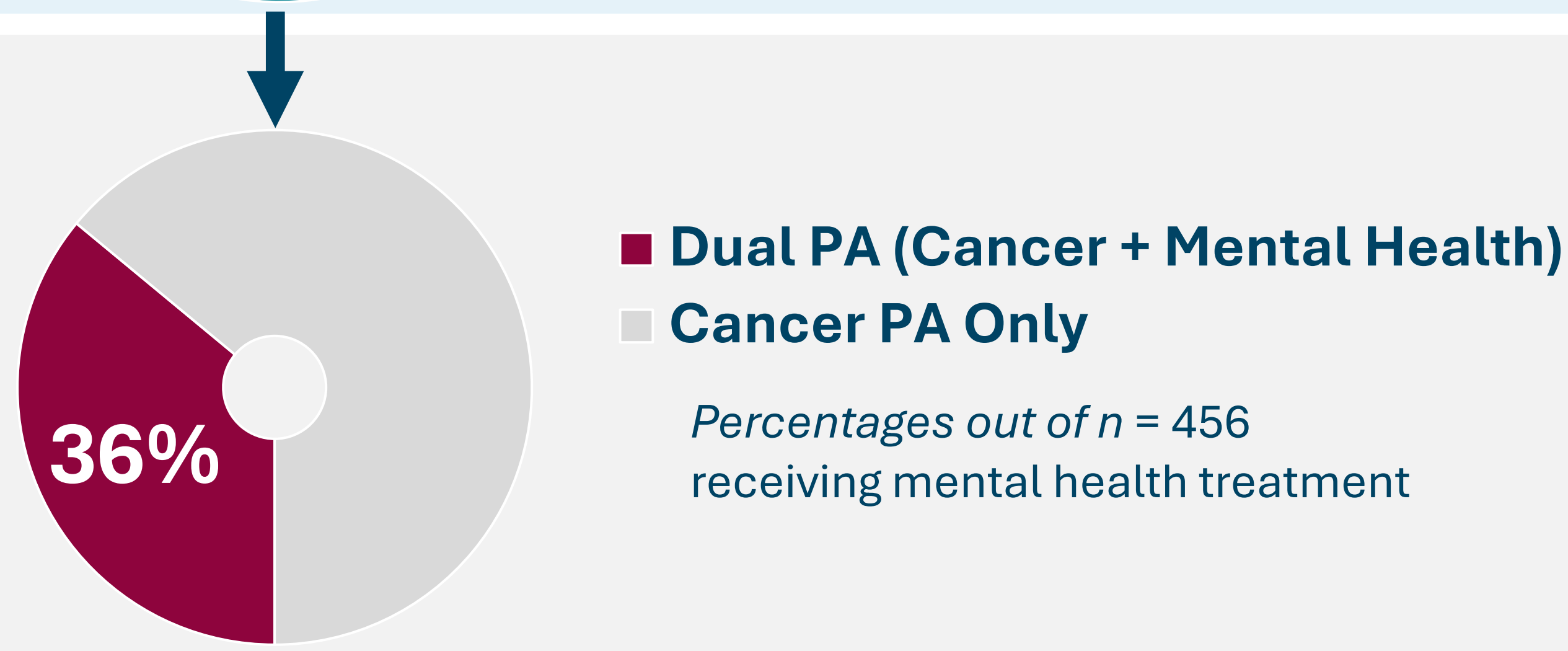
Nearly half (45%) of the 1,020 respondents who faced PA for cancer treatment also had **mental health treatment** for depression or anxiety in the past year.



Dual Prior Authorization:



Over 1 in 3 patients (36%) treated for depression and/or anxiety faced **PA for both** mental health and cancer treatments.

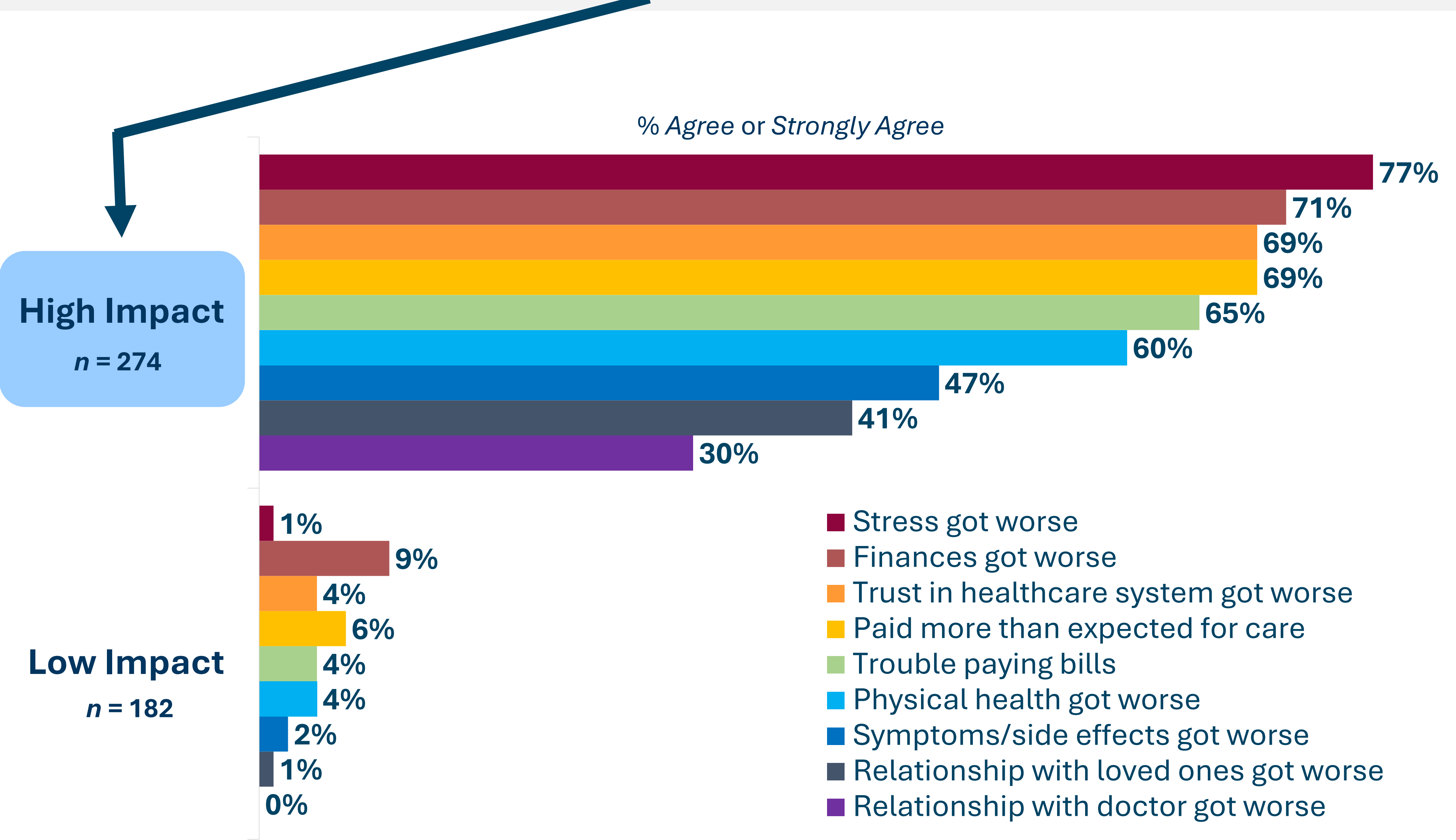


Impacts of Insurance Problems

Dual prior authorization patients were nearly **two times more likely** to be among those reporting **high-impact harms** from insurance problems [OR=1.86, CI=1.16-2.99, p=.01]

vs. those who faced PA for cancer treatment(s) only, controlling for socio-demographic and insurance factors.

Younger age [OR=0.97, CI=0.95-0.99], **metastatic disease** [OR=1.78, CI=1.10-2.87], and **cancer treatment delays due to PA** [OR=4.04, 2.30-7.11] were also associated with greater likelihood of high impacts.



Conclusions and Implications

- Dual prior authorization is common – **over 1 in 3 adults** treated for cancer and depression/anxiety faced authorizations for both.
- Dual prior authorization raises the stakes – **nearly two time more likely** to report high-impact harms like worsened stress, health, finances, and trust.
- The **administrative “double jeopardy”** of dual prior authorization underscores the urgent need to reduce access barriers and burdens.
- Patient advocacy groups are **essential partners** – leading research, advocating for reform, and providing timely support.