



MEDIA PACKET

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85% of Cancer Patients Face Unnecessary Insurance “Red Tape” Due to Prior Authorization, Says New CancerCare Report

National survey of 1,201 adults with cancer shows administrative barriers that delay diagnosis and treatment, calling for urgent policy reforms.

NEW YORK, NY — June 10, 2025 CancerCare today released *The Health Insurance Maze: How Cancer Patients Get Lost in the Red Tape of Utilization Management*, a first-of-its-kind national survey that exposes how prior authorization requirements and coverage stoppages create serious barriers to life-saving cancer care.

Of the 1,201 people with cancer surveyed, 85% had their insurance companies require prior authorization before receiving a doctor-prescribed treatment, 76% in the last year alone. This introduced significant time burdens, stress, and delays at a time when people were dealing with serious illness. 29% of all respondents experienced diagnostic delays due to their most recent authorization, and 40% had treatment delayed because of this red tape, despite 95% of authorization requests eventually being approved, highlighting the inefficient use of utilization management in cancer.

“For people with cancer, delays and denials caused by utilization management can mean the difference between life and death,” said Christine Verini, CEO of CancerCare. “Our research exposes how these practices impact patients, because behind every policy is a person fighting for their life. The results in this report shed light on the true costs of utilization management—and are critical to challenging systems that stand in the way of timely, lifesaving care.”

Other key findings include:

- Red tape differed across insurance types: 87% of those surveyed with employer-sponsored plans faced prior authorization in the last year, compared to 72% with Medicare Advantage and 57% with Traditional Medicare.
- When patients or families got directly involved in authorizations, they lost significant time: 51% lost up to a full business day, 27% lost up to 2-3 business days, and 12% lost a full business week or more to dealing with a single authorization request.
- Coverage stoppages affected 18% of patients ever and 14% within the past year; appeals reversed 72% of stoppages, but 20% of those with stoppages were told they had to use alternate therapies.
- Problems with insurance led to negative impacts on people with cancer: 36% of respondents reported worsened stress, 34% worsened finances, and 29% worsened trust in the healthcare system



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Utilization management tools like prior authorization are intended to verify medical necessity, yet in cancer care, they frequently delay diagnosis and treatment, introducing “time toxicity” that drains patients, caregivers, and even employers of precious hours. Although 95% of approvals occur eventually, the process siphons off days that patients could be spending on healing, and it amplifies financial and emotional burdens.

"Our findings make clear that utilization management policies—while intended to manage costs—often create dangerous delays and stress for people fighting cancer. And in most cases, people who get insurance from their employer faced the greatest barriers," said Dr. Alexandra Zaleta, lead author and Vice President of Research and Insights at CancerCare. "Policymakers and insurers must streamline these processes so patients can focus on treatment, not red tape."

Download the full report at <https://www.cancercare.org/redtape> to learn more about the insurance challenges facing people with cancer and to join our call for reforms to protect patients from unnecessary administrative hurdles.

Report Background

Between September and December 2024, CancerCare’s online survey screened 47,225 U.S. adults to identify 1,201 individuals who had received cancer treatment in the prior year and met other eligibility including insurance. Participants represented employer-sponsored plans (n=569), Medicare Advantage (n=408), and Traditional Medicare (n=224).

About CancerCare®

For over 80 years, CancerCare has empowered millions of people affected by cancer through free counseling, resource navigation, support groups, educational resources, advocacy, and direct financial assistance. Our oncology social workers improve the lives of people diagnosed with cancer, caregivers, survivors, and the bereaved, by addressing their emotional, practical, and financial challenges. To learn more, visit www.cancercare.org.



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REPORT FACTS & FAQs

Topline

- **National Scope & Rigor:** Survey of 1,201 patients drawn from 47,225 screened U.S. adults—among the largest of its kind for cancer-related UM practices.
- **High Prevalence:** 76% needed prior authorization in the past year; 14% had coverage stopped in the past year.
- **Employer Plans Hit Hardest:** 87% (Employer) vs. 72% (Medicare Advantage) vs. 57% (Traditional Medicare) for any prior authorization; 43% faced 5+ prior authorization types.
- **Critical Delays:** 29% diagnosis delays; 40% treatment delays—even though 95% of prior authorizations approved eventually.
- **Time Toxicity:** Patients who fought red tape lost days managing authorizations—51% up to 1 day; 27% up to 2-3 business days; 12% lost a full week. How much of that time was misdirected away from care, treatment, recovery, family, or work?
- **Human Impact:** Insurance problems exacerbate stress (36%), financial hardship (34%), and erode trust in healthcare systems (29%).
- **Actionable Reforms:** Streamline prior authorizations, ban mid-treatment coverage changes, boost navigation support, and enhance insurance literacy.

FAQs

Q1: What is utilization management (UM)?

A1: UM refers to insurer practices—such as prior authorization (PA), step therapy, and formulary exclusions—designed to control costs and ensure appropriate care. In cancer treatment, these add layers of red tape to get approval for tests, drugs, and procedures.

Q2: How was the CARE survey conducted?

A2: Between September and December 2024, an online panel of 47,225 U.S. adults was screened to identify 1,201 cancer patients treated in the prior 12 months who met other eligibility including insurance and completed the survey. Analyses included descriptive statistics and chi-squared tests for subgroup comparisons.

Q3: Which insurance plans were included?

A3: Three groups: Employer-sponsored private plans (n=569), Medicare Advantage (n=408), and Traditional Medicare (n=224).

Q4: Why do prior authorizations matter for cancer care?

A4: PAs can delay critical diagnostic tests and treatment initiation. Our data show 29% of patients faced diagnosis delays, and 40% faced treatment delays even though 95% of PAs were ultimately approved.



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Q5: What are the report's top recommendations?

A5: Streamline PA reviews, stabilize coverage mid-treatment, expand patient navigation services, and improve insurance literacy materials.

Q6: What does the report reveal about approval rates and system inefficiencies?

A6: While 95% of prior authorization requests were ultimately approved, the process still caused significant delays and time lost for patients, highlighting that UM practices often add wasted time and inefficiency.

Q7: How is “time toxicity” defined and quantified?

A7: “Time toxicity” describes the administrative time patients spend managing authorizations. Among respondents handling PAs themselves, 51% lost up to 1 business day, 27% lost 2–3 days, and 12% lost a full business week on a single authorization incident – and many respondents faced multiple PAs.

Q8: How do coverage stoppages interrupt cancer treatment?

A8: 18% of respondents experienced abrupt coverage stoppages at any point in their care, and 14% in the past year. Of those, 64% reported that the stoppage delayed or interrupted their treatment, often for 3 weeks to over a month.

Q9: What disparities exist between Employer Plans and Medicare enrollees?

A9: Employer Plan enrollees bore the heaviest UM burdens: 87% faced prior authorization (vs. 72% Medicare Advantage, 57% Traditional), and 43% had approvals for 5+ treatment types (vs. 23% MA, 15% Traditional). They also reported more frequent delays in diagnosis and treatment.

Q10: In what ways do UM practices affect patients' emotional and financial well-being?

A10: About one in three respondents said insurance problems worsened their stress (36%), trust in the healthcare system (29%), and finances (34%). Employer Plan patients reported these impacts more often (40–49%) than Medicare enrollees.

Q11: How can policymakers and insurers reduce administrative burdens?

A11: The report recommends time-bound PA review periods, automatic approvals for standard cancer treatments, prohibiting mid-treatment coverage changes without notice, funding patient navigators, and requiring transparent plan summaries for patients.





SPOKESHEET / MEDIA CONTACTS

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SUBJECT-MATTER EXPERTS:

- 1) **Christine Verini, RPh, Chief Executive Officer, CancerCare**
 - a) Bio: Ms. Verini is the Chief Executive Officer of CancerCare, bringing over two decades of oncology expertise and a strategic vision for the organization.
 - i) Previously, she served as Vice President of Corporate Communications and Advocacy at Eisai, where she led media relations and advocacy initiatives.
 - ii) A registered pharmacist, Ms. Verini has served on various boards and task forces, including CancerCare New Jersey and the Metastatic Breast Cancer Alliance.
 - iii) Her leadership and advocacy have earned her numerous honors, including recognition by *PharmaVOICE*, *Cancer Health Magazine*, and the Woman in Industry Award, reflecting her commitment to supporting the cancer community and advancing women in leadership.
 - b) Available for business audience and CEO-to-CEO discussions.
- 2) **Alexandra Zaleta, PhD, Lead Author; Vice President of Research and Insights, CancerCare**
 - a) Bio: Dr. Zaleta is an accomplished strategic leader and scientist with extensive experience driving patient-centered research and advocacy.
 - i) Building on her experiences growing up as a rare disease caregiver, Dr. Zaleta has dedicated her career to improving care and support for people with life-limiting illnesses and their loved ones.
 - ii) She is a nationally recognized leader in patient and caregiver experience research, patient and caregiver registry development, patient-reported outcomes (PROs) development and validation, distress screening and navigation, and cancer survivorship.
 - iii) Dr. Zaleta is a clinical psychologist and psychosocial researcher by training. Her prior research has been highlighted at major conferences, including APOS and NCCN.
 - b) Available for research and results discussions, in-depth analysis, and cancer/oncology discussions.
- 3) **Kim Czubaruk, JD, Vice President of Policy, CancerCare**
 - a) Bio: Kim Czubaruk leads CancerCare's advocacy efforts by driving strategic initiatives, building alliances within the oncology community, and advancing national policy to ensure equitable access to quality cancer care.
 - i) She brings extensive experience from longstanding work in cancer advocacy, along with a legal background in civil litigation and disability law.



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- ii) Kim has also held positions at Cancer Support Community's Cancer Policy Institute, the American Academy of Nursing, and the Food Allergy and Anaphylaxis Network.
 - b) Available for policy discussions and the implications of research findings for advocacy, in-depth analysis, and cancer/oncology discussions.
- 4) **Individuals living with cancer from the CancerCare network**
 - a) K — Metastatic Breast Cancer; has been fighting insurance denials; is a patient advocate
 - i) Red tape experience: Employer-provided insurance would not cover scans to detect if cancer spread – said not medically necessary. Employer paid for scans, which detected new spread.
 - ii) Available for human-interest interviews. Has strong media experience.
 - b) J — Mantle Cell Lymphoma;
 - i) Red tape experience: Has faced utilization management and financial burden; having to deplete retirement savings due to costs related to problems with insurance covering care.
 - ii) Available for human-interest interviews.

