Biden Cracks Down on ‘Junk’ Health Insurance Policies

The Biden administration recently proposed restricting short-term private health insurance plans, derisively known as Junk Health insurance. Unlike the regular health insurance policies that must provide comprehensive coverage, junk plans can exclude pre-existing conditions, limit the number of medical visits, and deny much of the coverage that is required through the Affordable Care Act. In other words, they are only inexpensive if you don’t get sick, and while people with chronic diseases try to avoid them, these policies can be disastrous for people who unexpectedly develop cancer or other serious diseases. They were intended to be short-term (3-6 months) for emergency coverage, but the Trump Administration allowed them to last for 3 years instead. Dr. Zuckerman explained to a reporter that “These plans do not provide the 10 essential health benefits required by the ACA…People claim they want to have a choice, but what we have observed is that due to misleading marketing, many customers do not fully understand what they are purchasing.”

U.S. Mammogram Update Sparks Concern

The U.S. Preventive Services Task Force (USPSTF) is a government funded group of experts that makes screening recommendations. It is finalizing its recommendations to drop the age for women to start routine mammograms from 50 to 40 years old, but to keep them scheduled every other year instead of annually. We told USPSTF that dropping the age to 40 does not take into consideration data showing that mammograms are often inaccurate for young women, and that Black women are the only racial group likely to benefit from starting mammograms at age 40. We told Medscape Today that the USPSTF recommendation of age 40 should apply only to higher-than-average risk women, including Black women. Read the full story here.

We're Speaking Out For You

Our Public Comment on HHS Draft Framework to support and accelerate smoking cessation

The Department of Health and Human Services
(HHS) released a draft framework to support smoking cessation efforts, to better determine what works and for whom. In response to their request for Public Comments, we recommended improvements, such as evaluating how age, race, and other demographic differences affect the safety and effectiveness of different smoking cessation strategies. Fewer smokers means fewer people will develop lung cancer, breast cancer, and several other types of cancer. Read our comment here.

Our Comments to FDA about decentralized clinical trials for medical products

Most clinical trials are conducted at major medical centers. Decentralized trials are intended to make participation in clinical trials easier for patients in underserved or rural communities, by recruiting patients to participate online or through local doctors. In response to the FDA’s request for Public Comments, we pointed out that online participation in clinical trials would not necessarily benefit low income and rural communities because they may have limited access to the best digital technology. If patients in clinical trials are more representative of the country, doctors will have better insight into how new drugs benefit or harm people from all walks of life. Read our comment here.

Should Medicare pay for new medical devices that are not proven to work?

Dr. Zuckerman spoke at a meeting of the Center for Medicare & Medicaid Services (CMS) supporting the goals of their new pilot program to improve communication between Medicare and companies making devices that the FDA designates as “Breakthrough.” Breakthrough devices are considered innovative but do not have to be proven to work. She pointed out that CMS and FDA have different standards for coverage and should follow them. She urged Medicare to require companies to provide evidence that the devices will benefit Medicare patients -- to “hold firm to its standard for coverage based on scientific evidence that all medical products are proven to be reasonable and necessary for Medicare patients.” That is necessary for Medicare to be available and affordable for years to come, while also ensuring Medicare patients are receiving treatments that are safe and effective for them. Read her testimony here.

Our Comments on whether “Generally Accepted Scientific Knowledge” is good enough for FDA approval

As a way to make it easier for companies to get their new products approved, FDA proposed that “Generally Accepted Scientific Knowledge” (GASK) could replace research evidence for the safety and efficacy of a new drug. In our response to the request for Public Comments, we urged that GASK should not be the sole source of evidence and that research is needed to supplement GASK. If
FDA allows GASK to be the primary form of evidence, drug companies could get their products approved without sufficient evidence. This is especially relevant for cancer medications which can have very toxic side effects that are extremely harmful and sometimes fatal. It is important that these medications be thoroughly tested before being sold to patients, to make sure they are effective and not toxic. You can read our comment [here](#).

### Our Comments on the FDA Risk Evaluation and Mitigation Strategies (REMS) impact on patient safety

REMS are designed to mitigate the known risks of medications, but they are often voluntary and ineffective. Since many cancer patients develop anemia, a good example is the REMS for cancer patients’ anemia treatments that some oncologists say is ineffective and reduces the quality of care in patients. FDA’s proposed changes involve Third Party vendors that are paid to implement and evaluate REMS programs. **We pointed out that changes to REMS can cause significant disruptions, reducing their already limited safeguards if these changes are not properly tested.** We also advocated for increased transparency to make evaluations of REMS programs publicly available, so all of us will know if these efforts to reduce risks are achieving that goal. Read our comment [here](#).

---

### News You Can Use

#### Weight loss drugs - important new information

Since maintaining a healthy weight can reduce the chances of developing some types of cancer or having cancer come back after treatment, can weight loss drugs help prevent cancer? With all the hype about new weight loss drugs, it’s difficult to know what is fact and what is fiction. For example, a study found that Wegovy can reduce the risk of heart attack, stroke, or heart-related death by up to 20%, but that statistic can be misleading because it is a relative risk. **Since the risk of heart attack, stroke or death was about 8% for those not taking Wegovy, a 20% reduction reduces that to 6.4% -- so it is really a reduction of only 1.6%.** In addition, these results have only included patients who did not have diabetes but did have a previous history of heart disease. Since they work by keeping the stomach full, they can cause dangerous problems with anesthesia during surgery. We’ll keep you posted as more information becomes available.

---

### Info You Can Use

#### Weight and cancer - what you need to know

For at least 2 decades, research has shown a link between obesity and increased cancer risk. According to the CDC, more than 684,000 obesity-related cancers occur *per year* in the
United States. In our updated article, we have described how obesity affects different types of cancers and provided tips to help lower your risk. We know it can be difficult to sort through all the news stories and advice about how to prevent cancer, but our article provides information based on credible research [here](#).

What increases your risk of prostate cancer?

Prostate cancer is common and the second leading cause of cancer-related death in men. Research has shown there are certain things that can increase your risk of developing the disease. We now know that obesity increases your risk of getting deadlier, more aggressive forms of prostate cancer, and that people with Metabolic Syndrome, a group of conditions that raise your risk of heart disease, may also be more likely to develop prostate cancer. For information on how to stay healthy and lower your risk, read our article [here](#).

Follow Our Instagrams!

Did you know that artificial turf and rubber playground surfaces contain carcinogens? Are your children or grandchildren getting exposed when they play? Follow us [@safe.to.play](#)

Connect With Us!

Cancer Prevention and Treatment Fund
Facebook: [@CancerPreventionAndTreatmentFund](#)

Donate

Your Contribution Can Make a Difference

We do not accept any funding from drug companies, device companies, chemical companies, or other sources that could influence our work and compromise our integrity. That's why so many people turn to us when they need help. Donations of any size are greatly appreciated (and tax deductible.)

Please consider giving to the [Cancer Prevention and](#)
To sign up for these monthly updates, click here.