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Lightening the burden of costly co-payments for cancer treatment

Helen H. Miller, LCSW

When it came to managing the expenses and financial responsibilities of health care for her and her family, Freda W., a retired nurse living in Pennsylvania, considered herself an expert. Throughout her long career, she’d become familiar with the often labyrinthian processes and policies of billing and insurance. She and her husband Ronald, also a retiree, had seen their share of doctor’s visits and hospital stays over the years but always managed to stay on top of their bills.

Ronald’s diagnosis of kidney cancer changed all that. In 1985, doctors first discovered malignant tumors in his left kidney and immediately sent Ronald into surgery. The doctors were optimistic that they had removed all of the cancer, and for the next 18 years, Ronald lived a relatively normal and healthy life without a recurrence. The couple entered their retirement years confident that the worst was far behind them.

Then, in 2003, a routine scan showed tumors in Ronald’s remaining kidney. He underwent surgery again and had a third of his kidney removed. He received chemotherapy and remained on dialysis for the next year. Ronald was responding well physically, but the mounting costs of those treatments was quickly draining the couple’s savings. Although Ronald had health insurance coverage, his monthly out-of-pocket co-pay for his chemotherapy alone totaled

\$2,400. With his other out-of-pocket costs and travel expenses to and from treatment adding another \$6,000 to the monthly budget, Freda and Ronald were faced with having no money left to live on. They started making plans to put their modest home up for sale. The emotional stress was overwhelming.

“When you’re retired,” Freda notes, “you have only so much income. On top of owing money we didn’t have to everybody and their uncle, the mental burden was just so great—it’s all you can think about. You want to throw up your hands and quit.”

But Freda persevered. While negotiating a payment plan with her husband’s oncologist’s office, she received information about financial assistance programs that were available to cancer patients. One item was a brochure about the **CancerCare Co-Payment Assistance Foundation**. Freda called the toll-free number listed on the brochure and learned that Ronald was eligible to receive grants from the Foundation of up to \$10,000 a year to help defray the costs of his co-payments. Within a few weeks of filling out the application, Freda began to receive monthly checks to cover co-payments for Ronald’s chemotherapy. The couple was even reimbursed to retroactively cover co-payments from the time Ronald first started his treatment.

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“There’s just no way we could have come up with the money otherwise,” says Freda.

Many patients may hesitate to discuss their financial situation with their primary health care team. Yet being able to afford the treatment is key to a patient’s ability to comply with that treatment. You can start the conversation by letting your patients know of existing financial assistance programs, like *CancerCare*’s co-payment foundation (www.cancercarecopay.org), that may be of help to them.

Additional funds and foundations you can direct patients to include **Patient Services Incorporated** (www.patientservicesinc.org), **Patient Access Network Foundation** (www.panfoundation.org), **The Healthwell Foundation** (www.healthwellfoundation.org), and the **Chronic Disease Fund** (www.cdfund.org). These organizations, along with others, comprise the **Cancer Financial Assistance Coalition**, or **CFAC** (www.cancerfac.org).

CFAC is a searchable database that supplies sources of financial assistance for patients who live both locally and nationally.

Organizations such as **United Way** (www.liveunited.org), **Area Agencies on Aging** (www.n4a.org), and the **American Cancer Society** (www.cancer.org) help direct patients to financial resources that may be available in their community.

Freda and Ronald’s financial situation has stabilized, but they would have surely benefited from financial assistance from the initial diagnosis.

“I wish we’d known upfront about the kinds of help that were available to us,” Freda says. “There were so many months when I’d think to myself, ‘There’s no way we’re going to make this work.’ But it’s really thanks to my husband’s nurse handing us [that brochure] that we’re able to get by today.” ■

Helen Miller is CEO of *CancerCare*.

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