

Cancer Survivor Numbers Continue To Rise

The number of cancer survivors in the U.S. has risen and is likely to continue to rise, according to a report from researchers at the National Cancer Institute in Rockville, Md., published July 13 in the Journal of the National Cancer Institute.

Researchers analyzed data from the Surveillance, Epidemiology, and End Results Program, the National Center for Health Statistics and the Census Bureau for the report. They used a Prevalence Incidence Approach Model to calculate the prevalence of cancer survival, incidence and all-cause mortality data.

According to the report, there were 18.1 million cancer survivors in the country as of Jan. 1, 2022. Based on researchers' calculations, in 2030 and 2040 the number of survivors will grow to 21.6 million and 26 million, respectively. That marks a potential 43.6% increase in the number of cancer survivors from 2022 to 2040. [Read More Here...](#)

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PBMs Battle Bipartisan Scrutiny As Lawmakers Eye Reforms

The CEOs and presidents of CVS Caremark, Optum Rx and Express Scripts were questioned Tuesday by members of Congress about pharmacy benefit managers' role in rising drug costs.

In a Congressional hearing Tuesday, lawmakers from both parties pressed executives from the largest pharmacy benefit managers in the nation — CVS Caremark, UnitedHealth Group's Optum Rx and Cigna's Express Scripts — on the role their companies play in prescription drug costs.

While congressional hearings on PBMs have ticked up in frequency, it is rare for lawmakers to hear directly from top decision-makers at the companies. The last time was in 2019, when a different group of executives appeared before the Senate Finance Committee. [Read More Here](#)

CANCER

CONTENT

Texas Judge Halts DOL P2

Women Delay Screenings P2

NABIP-SOTX Summit P3

No Surprise Act - Aetna P4

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Texas Judge Weighs ‘Party Restrictive’ Injunction To Halt DOL Fiduciary Rule

A Texas judge could decide this week on a preliminary injunction request to freeze the Department of Labor Retirement Security Rule, its latest attempt to expand fiduciary duty to insurance agents.

Judge Jeremy D. Kernodle heard oral arguments Tuesday and questioned attorneys for both sides on the possibility of an injunction for a specific segment of the industry: insurance agents.

Representing the plaintiffs, attorney Don Colleluori of Figari & Davenport conceded that his clients are focused on insurance agents. A second lawsuit, filed by several trade associations in another Texas federal court, also challenges other aspects of the rule pertaining to advisors.

Still, Colleluori argued for a blanket injunction for all, citing the injunction granted by the Court of Appeals for the Fifth Circuit in the Career Colleges & Schools of Texas v. U.S. Department of Education.

Career Colleges sued the Department of Education over its 2022 “borrower defense” statute. The Fifth Circuit reversed a lower-court decision in April 2024. In vacating the law, the court determined that “it does not need to be party restrictive,” Colleluori explained, postponing enforcement of the rule against any institution that receives federal funds.

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Why Women Delay Health Screenings

While the majority of women recognize the importance of routine preventive health screenings, 43% say they have missed or delayed preventive screenings, including for cancer, according to a survey of 4,000 adult women in the U.S. cited by The Washington Post in a July 22 report.

Over a one-week period in April, Gallup conducted a random-digit-dial phone survey of 4,001 women in the U.S. on behalf of Hologic, a diagnostics company. In the survey, 90% of respondents said they believe health screenings are important. At the same time, more than 40% said they have delayed recommended screenings, including for breast cancer, cervical cancer and colorectal cancer.

Women pointed to anxiety about medical tests, fear of pain, affordability concerns or not believing screening was necessary as the top reasons for skipping or delaying screenings.

Overall, women who said they have spoken with their healthcare providers about screenings were more likely to report having been screened. However, the results indicated these conversations are not always happening: About half of respondents 35 and older (the recommended age to begin skin cancer screening) said they have spoken to a healthcare professional about getting screened, with 45% saying they did get screened.

In recent years, health systems ramped up efforts to increase screening rates for cancer and other preventive health conditions. Many have debuted or expanded mobile screening services, and used technology to identify high-risk patients and notify them on when to begin screenings.

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Join NABIP-SOTX for our 7th Annual Summit at South Padre Island, where we'll delve into all things Medicare and Ethics. For the first time, we'll be offering six hours of CE for you to choose from. Our adventure kicks off on September 5th at 6:00 PM aboard the Black Dragon Pirate Ship, sailing SPI Bay for a pirate-themed party.

The summit begins on September 6th at the Courtyard by Marriott on SPI. There, you'll have the opportunity to meet top industry insurance carriers and network with your peers to learn more about our field. The day will feature a mid-day pirate treasure hunt and plenty of door prizes to wrap things up. Food and drinks will be provided.

Book your room at the Courtyard before they're gone—hotel rates are \$160. Summit rates are \$50 for members and \$90 for non-members. The Black Dragon adventure is included but limited to the first 80 registered. Don't wait—SPI and the pirates are calling!

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No Surprises Act Audit Finds Inaccurate Calculations By Aetna Of Texas

The Centers for Medicare & Medicaid Services (CMS) released an audit showing Aetna Health of Texas miscalculated a key metric and was not following federal guidelines as set out by the No Surprises Act.

The audit (PDF) is the first report looking at No Surprises Act compliance from health plans and confirms certain suspicions among providers that payers are not following significant reimbursement rules and regulations. It evaluated air ambulance claims in the state from Jan. 1, 2022 through June 10, 2022.

“The general consensus from my clients, is that even though they are not ambulance providers, it validated a lot of what they’ve been experiencing in terms of payer noncompliance,” said Jeffrey Davis, health policy director for McDermott Consulting.

He said the audit shows the health plan did not provide contact information and necessary information during the open negotiations process. Aetna also miscalculated the qualifying payment amount (QPA), both in its favor and in the providers’ favor, a surprising revelation. The report found the QPA was not calculated using contracted rates; it was instead calculated by actual paid claims amounts. The QPA is a factor in the independent resolution process and helps determine patient cost-sharing.

“To me, this shows a lack of understanding, lack of clarity about how to calculate the QPA,” said Davis. “And the QPAs themselves can be all over the map. The data coming in shows the median prevailing offer ... is 300% to 400% in some cases of the QPA. This is a very complicated, very messy process, and this shows that the QPA itself is not a number that’s really reliable.”

It’s unclear why an audit of Aetna Health of Texas was released first, and what audits of insurers may be next.

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