



Insurance Coverage and NIPT: Implications for Health Equity

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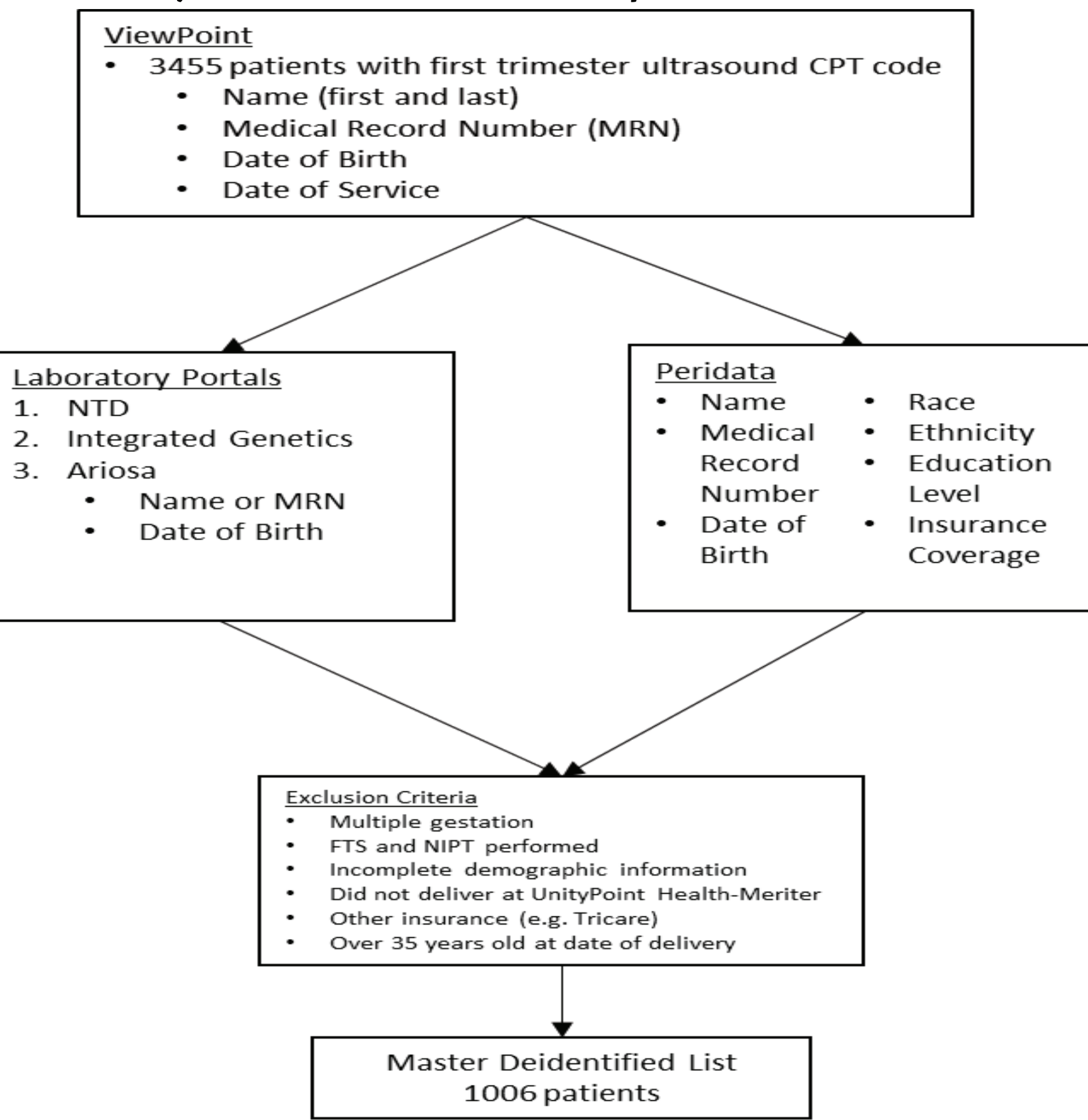
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BACKGROUND

- Non-Invasive Prenatal Testing (NIPT) tests for Trisomy 21, Trisomy 18, Trisomy 13, sex chromosome aneuploidies, and some microdeletions
- Private insurance companies do not cover test for “low-risk” pregnancies (i.e. advanced maternal age, no ultrasound markers)
- “Low-risk” women with public insurance do not incur a cost

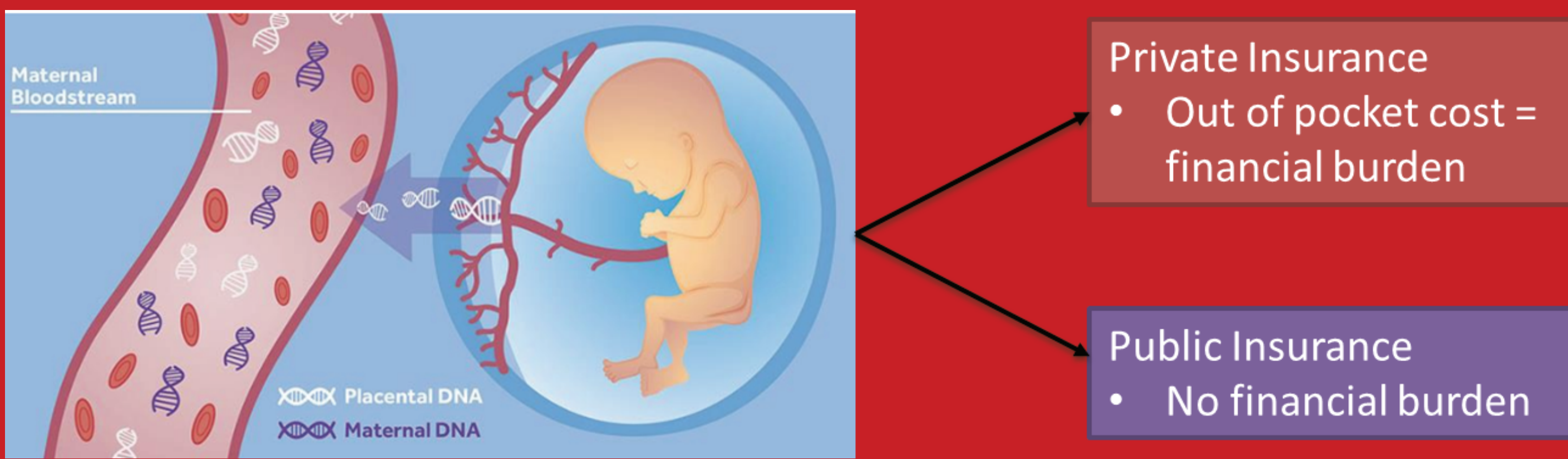
METHODS

- Patient criteria: met with a prenatal genetic counselor in first trimester and delivered at UnityPoint-Meriter Hospital



- Survey addressing genetic counselor perspectives on insurance coverage and NIPT sent to WI prenatal genetic counselors

“Low risk” women with public insurance that covers NIPT were **3.43 times** more likely to have NIPT than women with private insurance



We conclude that some women **cannot** choose the prenatal chromosomal aneuploidy screening test of their choice **due to financial barriers** put into place by the lack of complete insurance coverage.

RESULTS

	Chi-square (df)	P value	OR (95% CI)
Insurance Alone (Private/Public)	57.249 (1)	<0.001	3.43 (2.50 , 4.71)
Education (none/some)			
Ignoring Insurance	18.525 (1)	<0.001	2.06 (1.49 , 2.85)
Adjusting for Insurance	0.324 (1)	0.569	1.12 (0.76 , 1.64)
Race (non-white/white)			
Ignoring Insurance	6.637 (1)	0.011	1.54 (1.11 , 2.13)
Adjusting for Insurance	0.370 (1)	0.543	1.12 (0.78 , 1.58)
Ethnicity (Hispanic/Non-Hispanic)			
Ignoring Insurance	10.606 (1)	0.001	2.02 (1.33 , 3.06)
Adjusting for insurance	0.979 (1)	0.322	1.26 (0.80 , 1.97)
Insurance (Public/Private)			
Ignoring others	58.260 (1)	<0.001	3.46 (2.52 , 4.75)
Adjusting for others	32.296 (1)	<0.001	3.06 (2.08 , 4.51)

- Women with public insurance were 3.43 times more likely to have NIPT than women with private insurance
- No evidence that additional demographic variables interact with each other
- Each variable is separately associated with NIPT, but associations disappear once allowance is made for type of insurance

Survey results:

- More genetic counselors would recommend NIPT to patients if insurance wasn't a barrier (88% vs 64%)
- More likely to discuss financial risks associated with NIPT for private insurance (82% vs 53%)
- Majority agreed that patient's insurance coverage did not impact their counseling

CONCLUSIONS

- Inequity exists for women with private insurance who want NIPT but are unable to endure the financial costs
- Decisions about NIPT could also be influenced by how genetic counselors present the information
- Genetic counselors spend a portion of appointments discussing costs

ADDITIONAL KEY INFORMATION

Additional discussion:

- Introduces a different way that health equity may be considered
- Affirms that costs of testing and financial risks are a barrier to equitable care even with insurance in place
- Suggests that genetic counselors or others must allot sufficient time in appointments to discuss cost and insurance coverage of tests

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