Insurance Coverage and NIPT: Implications for Health Equity

Megan E. Benoy MGCS, J. Igor Iruretagoyena MD, Laura E. Birkeland MS, Elizabeth M. Petty

University of Wisconsin – Madison, UnityPoint Health-Meriter

School of Medicine and Public Health, Department of Pediatrics

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

RESULTS

“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.

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

METHODS

- Patient criteria: met with a prenatal genetic counselor in first trimester and delivered at UnityPoint-Meriter Hospital
- Laboratory tests:
  1. NIPT
  2. Integrated Genetics
  3. Amniocentesis
- Patient criteria:
  - Race
  - Education
  - Income
  - Insurance
- Survey addressing genetic counselor perspectives on insurance coverage and NIPT sent to WI prenatal genetic counselors

ADDITIONAL KEY INFORMATION

- 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

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

Author Contact Information: Megan Benoy – mebenoy@wisc.edu

Acknowledgements: Thank you to biostatistician Michael Lasarev MS, Natalie Berger, MS, CGC, Anna Zakas, MS, MPH, CGC, Hannah Ward, MS, CGC, UW SMPH Masters of Genetic Counselor Studies Program