Insurance Coverage and NIPT: Implications for Health Equity

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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

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

RESULTS

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

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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