

Insurers Use Cancer Patients as Leverage

Imagine learning that you'll have to find a new hospital because of a dispute over payments.

By Selwyn M. Vickers and Scott M. Stuart

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When Maureen Porette learned her cancer had returned—this time as stage four metastatic disease—she knew she faced the toughest battle of her life. After five years in remission, the Rockland County, N.Y., attorney and mother was back in treatment at Memorial Sloan Kettering Cancer Center.

Amid the physical, emotional and financial toll, she received notice that her insurer was preparing to drop Memorial Sloan Kettering from its network.

She isn't alone. Lee Kassler, a grandfather from Long Island, was undergoing long-term treatment at Memorial Sloan Kettering for an aggressive form of gastric cancer. In June his insurer said it was preparing to drop the center from its network. Mr. Kassler pleaded for continued coverage, but his insurer wouldn't guarantee continuity of care.

Ms. Porette's experience involved Anthem Blue Cross Blue Shield, and Mr. Kassler's involved UnitedHealthcare. These stories capture an industrywide trend: Despite record profits, major insurers are using the threat of network termination as a bargaining chip in contract disputes with providers. The negotiation tactic puts patients in the middle of corporate standoffs during serious, often life-threatening, illnesses.

As leaders of Memorial Sloan Kettering, we've dealt with this firsthand. This trend surfaced last year during our negotiations with Anthem and again in a contract dispute with UnitedHealthcare in June. The problem extends beyond these two companies. FTI Consulting reported that 45% of the 133 provider-payer disputes it documented in 2024 failed to reach a timely agreement. The result: coverage disruptions for tens of thousands of patients. For cancer patients, that uncertainty isn't only stressful; it's dangerous. A Journal of the National Cancer Institute study shows that disruptions in care lead to increased advanced-stage diagnoses and poor outcomes.

At Memorial Sloan Kettering, we often initiate talks with insurers months before our agreements expire, providing detailed data and advocating rates that reflect the cost and value of delivering cancer care. Too often, insurers respond not with good-faith engagement but with delay tactics, public attacks and abrupt notices that force thousands of cancer patients to worry that they could soon lose access to their doctor.

Similar disputes have involved other major payers and renowned institutions including Mayo Clinic, Johns Hopkins University and University of North Carolina Health. Memorial Sloan Kettering has the institutional strength and public trust to push back.

But community hospitals, smaller cancer centers and others often face enormous pressure to accept underpayment even if it could compromise care.

Change is needed. That is why we support New York Assemblyman Nader Sayegh and Sen. Shelley Mayer's legislation that would create new continuity of care protections for patients undergoing cancer therapy. Introduced this year and written with the help of Ms. Porette, the bill would require insurance companies to continue covering treatment for patients in active cancer care while negotiations are continuing, even after the contract expires and until the conclusion of the patient's course of treatment.

The legislation followed Memorial Sloan Kettering's negotiations with Anthem, in which thousands of cancer patients faced the prospect of being dropped mid-treatment. It was a wake-up call for hospitals, lawmakers and patients. The principle behind the bill is clear and nonpartisan: If you are undergoing treatment for a life-threatening illness, your coverage shouldn't vanish overnight.

We urge lawmakers in Albany and across the country to act. The ability to complete cancer treatment with your established healthcare provider shouldn't be a bargaining chip. It should be the law. Until then, insurers will continue to exploit patients as leverage.

Dr. Vickers is president and chief executive officer and Mr. Stuart is chairman of the Memorial Sloan Kettering Cancer Center.

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