

Impact of the Affordable Care Act on Cancer Prevention and Cancer Care

# **Session 3: Medicaid Expansion and Non-Expansion**

Kosali Simon

Indiana University and NBER

# ACA Insurance Reform is Broad Policy

Medicaid  
causes ~60% of  
ACA coverage  
gains

(Frean et al 2016)

- ACA measures most relevant for cancer care:
  - 1) Subsidized and free health insurance (Marketplace, Medicaid)
  - 2) Reduces underwriting for pre-existing conditions
  - 3) Eliminates features that restricted payments (e.g. lifetime maximums), mandates screenings & subsidizes some behavioral change (smoking cessation medications)

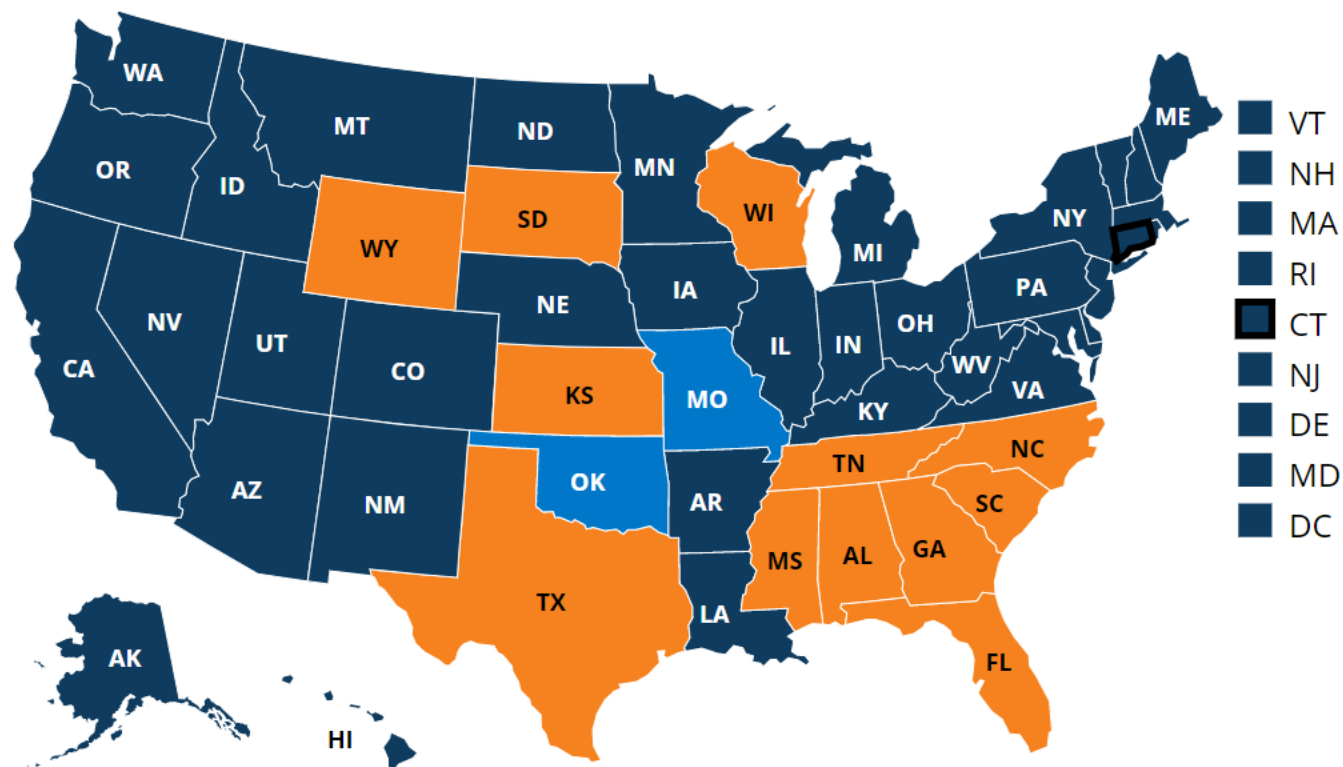
Benefits also for those with existing coverage



# Status of State Action on the Medicaid Expansion Decision



Timeframe: February 22, 2021



■ Adopted and Implemented ■ Adopted but Not Implemented ■ Not Adopted

## Latest States

\*\*\*\*\*

Idaho (1/1/2020), Utah (1/1/2020), Nebraska (10/1/2020),  
Oklahoma (planned for 7/1/2021),  
and Missouri (planned for 7/1/2021).

# Cancer-ACA case study illustrative for other diseases benefiting from Law

- Other chronic conditions affected in similar manner
- Cancer patients face higher comorbidities than non cancer patients (Ng et al 2017)

## How Might Medicaid Expansion Affect Cancer Related Outcomes?

Outcomes/  
Mechanisms/  
Evidence

- Higher Screenings/prevention
- Earlier detection of cancers
- Financial security for treatment, individuals and organizations
- improved quality of treatment
- Advances in medical discovery and investments when populations more insured
- Summarizing evidence next

## Literature on ACA Medicaid Expansion and Cancer

Al-Refaie, Waddah B., et al. "Did Pre-Affordable Care Act Medicaid Expansion Increase Access to Surgical Cancer Care?" *Journal of the American College of Surgeons*, vol. 224, no. 4, Apr. 2017, pp. 662–69, doi:10.1016/j.jamcollsurg.2016.12.044.

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Han, Xuesong, Ahmedin Jemal, et al. "Changes in Noninsurance and Care Unaffordability Among Cancer Survivors Following the Affordable Care Act." *JNCI: Journal of the National Cancer Institute*, vol. 112, no. 7, July 2020, pp. 688–97, doi:10.1093/jnci/djz218.

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Huguet, Nathalie, et al. "Cervical and Colorectal Cancer Screening Prevalence before and after Affordable Care Act Medicaid Expansion." *Preventive Medicine*, vol. 124, July 2019, pp. 91–97, doi:10.1016/j.ypmed.2019.05.003.

Jemal, Ahmedin, et al. "Changes in Insurance Coverage and Stage at Diagnosis Among Nonelderly Patients With Cancer After the Affordable Care Act." *Journal of Clinical Oncology: Official Journal of the American Society of Clinical Oncology*, vol. 35, no. 35, Dec. 2017, pp. 3906–15, doi:10.1200/JCO.2017.35.3906.

Lin, Lauren, et al. "Early- and Late-Stage Cancer Diagnosis Under 3 Years of Medicaid Expansion." *American Journal of Preventive Medicine*, vol. 60, no. 1, Jan. 2021, pp. 104–09, doi:10.1016/j.amepre.2020.06.020.

Lyu, Wei, and George L. Wehby. "The Impacts of the ACA Medicaid Expansions on Cancer Screening Use by Primary Care Provider Supply." *Medical Care*, vol. 57, no. 3, Mar. 2019, pp. 202–207, doi:10.1097/MLR.0000000000001053.

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Nikpay, Sayeh S., et al. "Patient Protection and Affordable Care Act Medicaid Expansion and Gains in Health Insurance Coverage and Access among Cancer Survivors." *Cancer*, vol. 124, no. 12, June 2018, pp. 2645–52, doi:10.1002/cncr.31288.

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Soni, Aparna, Kosali Simon, et al. "Effect of Medicaid Expansions of 2014 on Overall and Early-Stage Cancer Diagnoses." *American Journal of Public Health*, vol. 108, no. 2, Dec. 2017, pp. 216–18, doi:10.2105/AJPH.2017.304166.

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White-Means, Shelley I., and Ahmad Reshad Osmani. "Affordable Care Act and Disparities in Health Services Utilization among Ethnic Minority Breast Cancer Survivors: Evidence from Longitudinal Medical Expenditure Panel Surveys 2008–2015." *International Journal of Environmental Research and Public Health*, vol. 15, no. 9, Aug. 2018, doi:10.3390/ijerph15091860.

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## REVIEW ARTICLE

## AFFORDABLE CARE ACT

HEALTH AFFAIRS > VOL. 39, NO. 3: THE AFFORDABLE CARE ACT TURNS 10

### REVIEW ARTICLE

PUBLISHED: MARCH 2020

# How Have ACA Insurance Expansions Affected Health Outcomes? Findings From The Literature

Aparna Soni, Laura R. Wherry, and Kosali I. Simon

**General Health Status Evidence  
(For ACA 10 year anniv. issue)**

**Our review of forty-three studies that employed a quasi-experimental research design found encouraging evidence of improvements in health status, chronic disease, maternal and neonatal health, and mortality.**

Focusing on Cancer, Medicaid  
Expansion Effects



# Medicaid Expansion and Insurance

- Care received by cancer patients
  - Simon et al (2017): BRFSS 2010-2015, no statistically significant effects in screenings.

## JOURNAL OF POLICY ANALYSIS AND MANAGEMENT

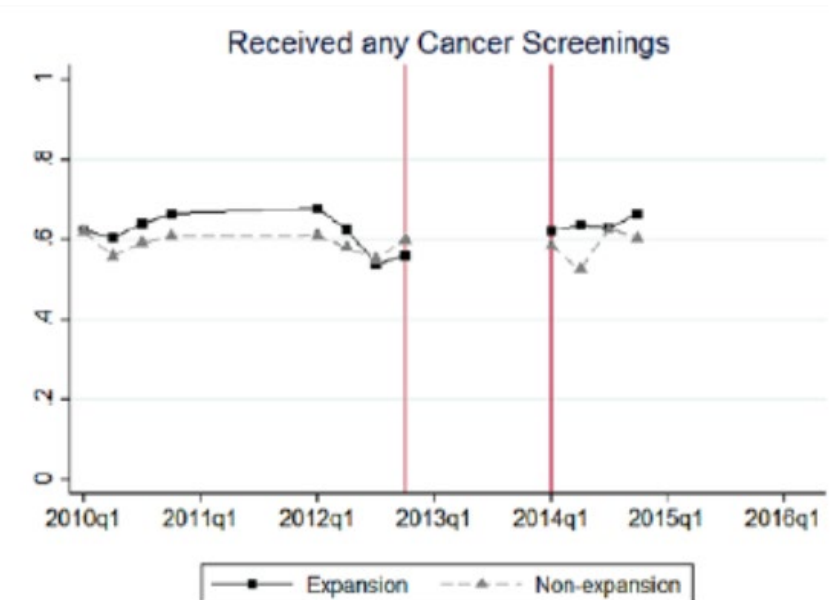
Research Article

### The Impact of Health Insurance on Preventive Care and Health Behaviors: Evidence from the First Two Years of the ACA Medicaid Expansions

Kosali Simon, Aparna Soni, John Cawley

First published: 16 January 2017 | <https://doi.org/10.1002/pam.21972> | Citations: 187

Colorectal and cervical cancer screening prevalence increases post ACA **but equally in both expansion and non expansion states**: [Huguet et al (2019) using EHR data, 2012-2015]



Follow up studies have looked at narrower sets of states and found improvements in screenings from expansion

# Studies Finding Statistically Significant Improvements in Screenings from Expansion

- Lyu and Wehby (2019): Find expansion effects in **expansion states with high provider availability** [BRFSS 2012-2016]
- Fedewa et al (2019): CRC and BC screening among low-income adults rose in Medicaid expansion states, though increases were significantly higher than those in non-expansion states only for recent CRC screening **in very early expansion states** [BRFSS 2012-2016]
- Hendryx and Luo (2018): Cervical cancer screening (but not mammography); BRFSS 2012-2015
- Zerhouni et al (2019): CRC screening increased in Medicaid expansion states more than other states, especially in Black populations, not Hispanic. [BRFSS 2012-2016]
- Wright et al (2016): Oregon: experimental evidence that Medicaid increases screenings, but did not increase lifestyle choices preventive behaviors [Oregon experiment in 2008]

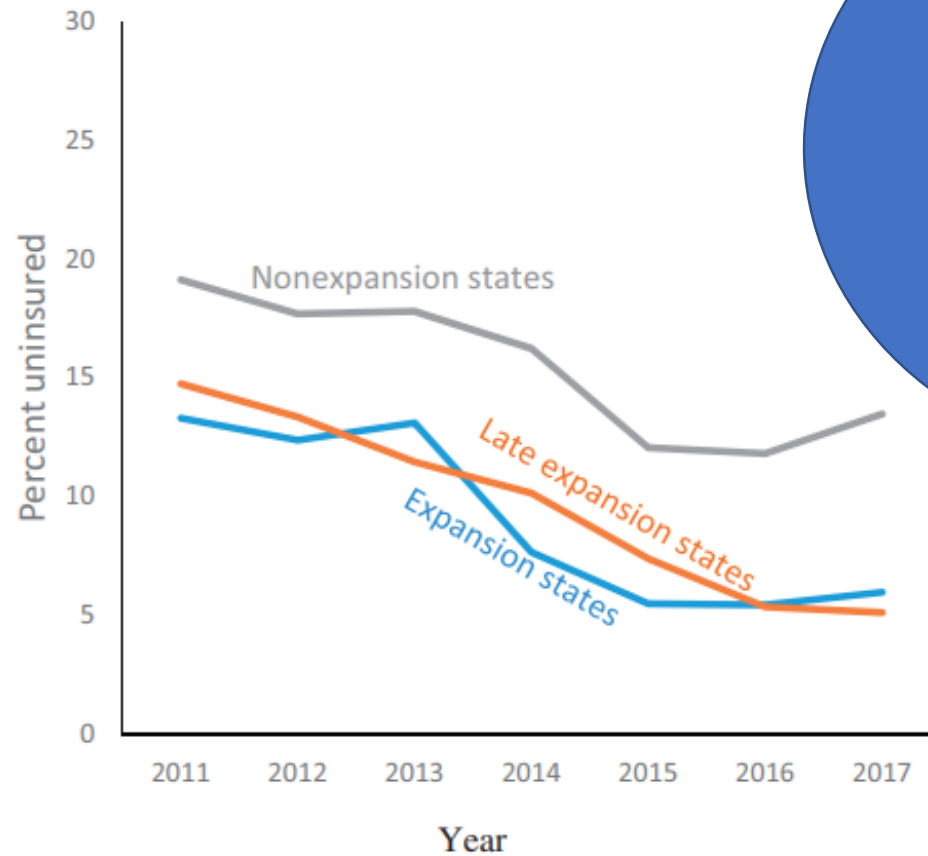
# Insurance Status of Cancer Patients

- Han et al (2017): Uninsured rate among patients with cancer improved in expansion states. [North American Association of Central Cancer Registries (NAACCR) , 40 states]
- Jemal et al (2017): Ditto: largest in low-income population, and for smoking or infection related cancers [National Cancer Database 2011-2014]
- Soni et al (2018): Uninsured rate among patients newly diagnosed with cancer dropped by 1/3<sup>rd</sup> in Medicaid expansion 1<sup>st</sup> year, largest in Hispanic population [SEER, 2010-2014]
  - Confirmed in Mahal et al (2020): Disparities reduced most in traditional expansion states [SEER 2010-2014]
- Nikpay et al (2018): Uninsurance dropped among cancer survivors [BRFSS 2011-2015]
- Han et al (2020): Uninsurance dropped among cancer survivors [BRFSS 2011-2017]
- **TAKE-AWAY:** Consensus on insured rate improvements from Medicaid

# Some Example Graphs

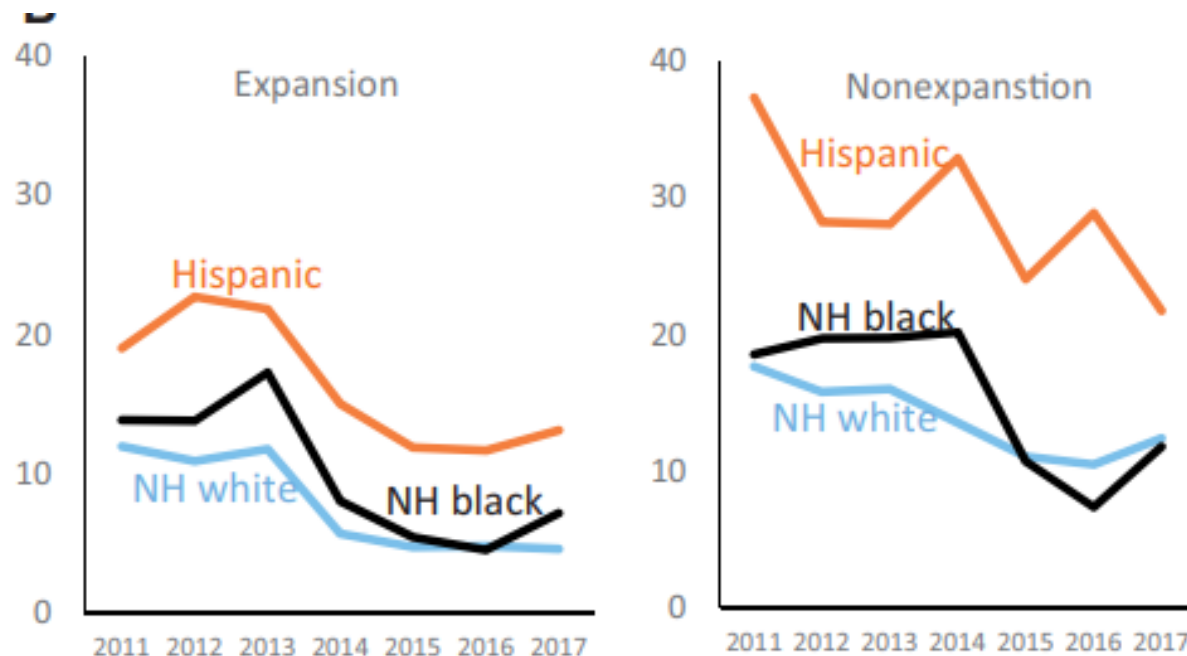
# Trends in Insurance Coverage among Cancer Survivors

## Trends in percent uninsured by Medicaid expansion status among cancer survivors aged 18–64 years



Uninsurance drops in all states, but more in Expansion states

Figure 1 from Han et al (2020), BRFSS data. Expansion states include 27 states that expanded Medicaid in 2014 or earlier; late expansion states include five states that expanded Medicaid in 2015–2016; nonexpansion states include 19 states that had not expanded Medicaid by the end of 2017

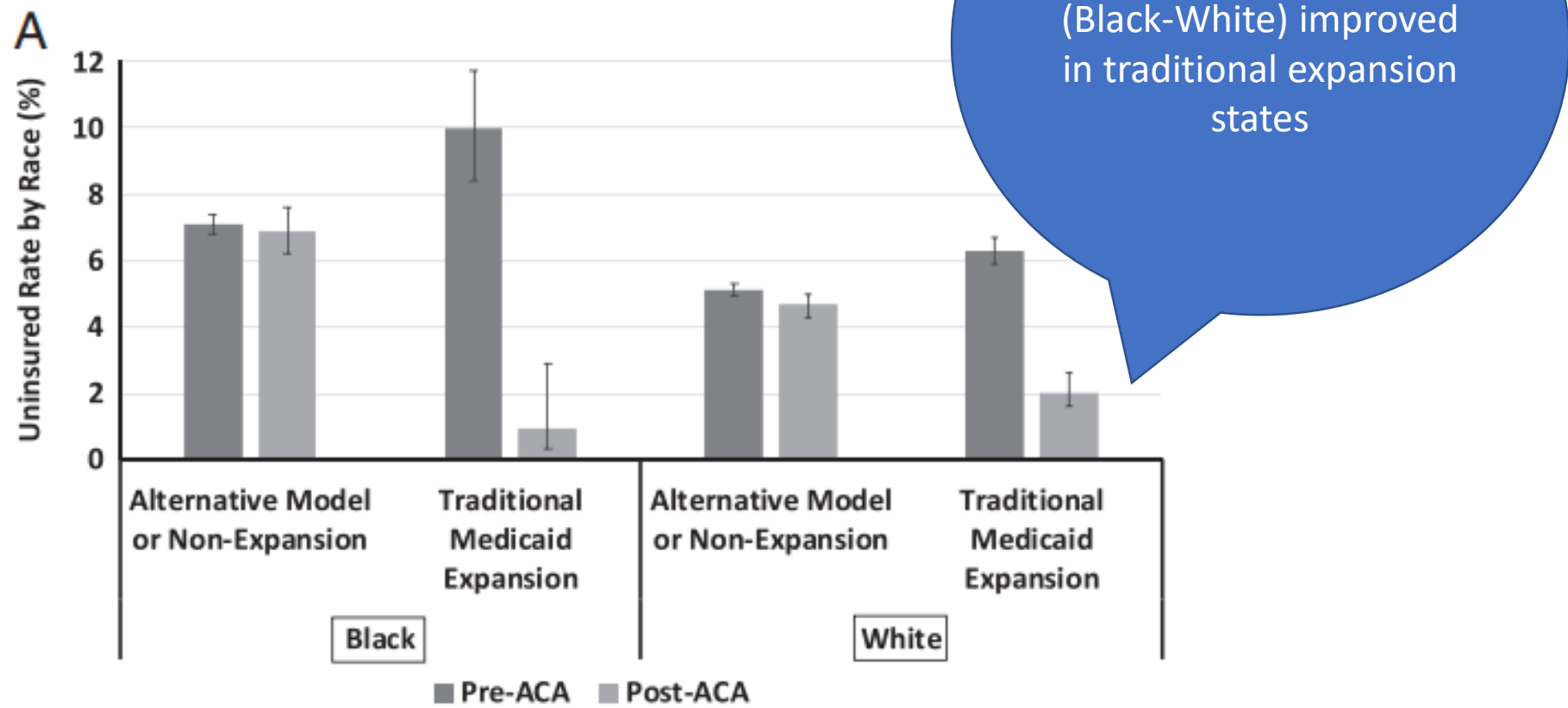


Fairly similar trends by race/ethnicity (Hispanic uninsurance rates continue to be highest)

Figure 2 from Han et al (2020), BRFSS data. Expansion states include 27 states that expanded Medicaid in 2014 or earlier; late expansion states include five states that expanded Medicaid in 2015–2016; nonexpansion states include 19 states that had not expanded Medicaid by the end of 2017



Uninsured rates (with associated 95% confidence intervals) before and after Affordable Care Act (ACA) implementation stratified by state approach to expansion (traditional Medicaid vs. alternative model or nonexpansion), and examined by race (black vs. white)

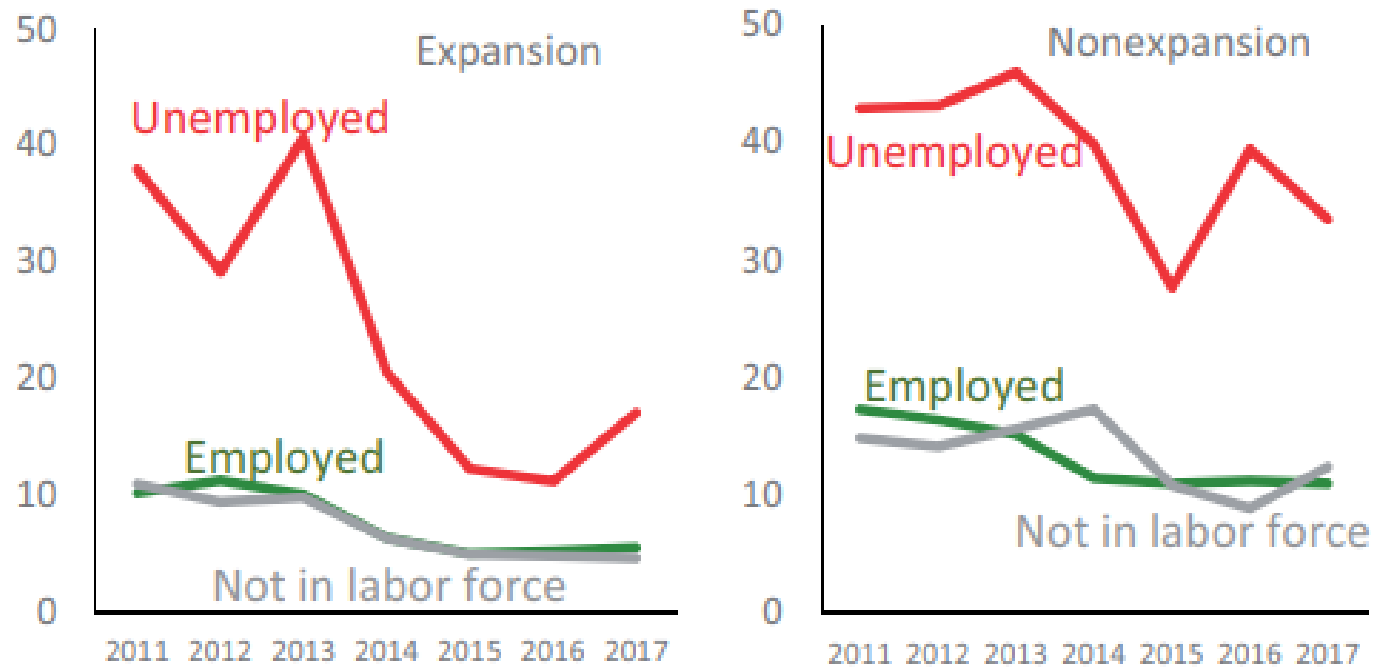


Note: Fig 1 in Mahal et al (2020) Uninsured rates (with associated 95% confidence intervals) before and after Affordable Care Act (ACA) implementation stratified by state approach to expansion (traditional Medicaid vs. alternative model or nonexpansion), and examined by race (black vs. white) (A)

Expansion improved coverage  
especially for economically  
vulnerable populations

(consensus)

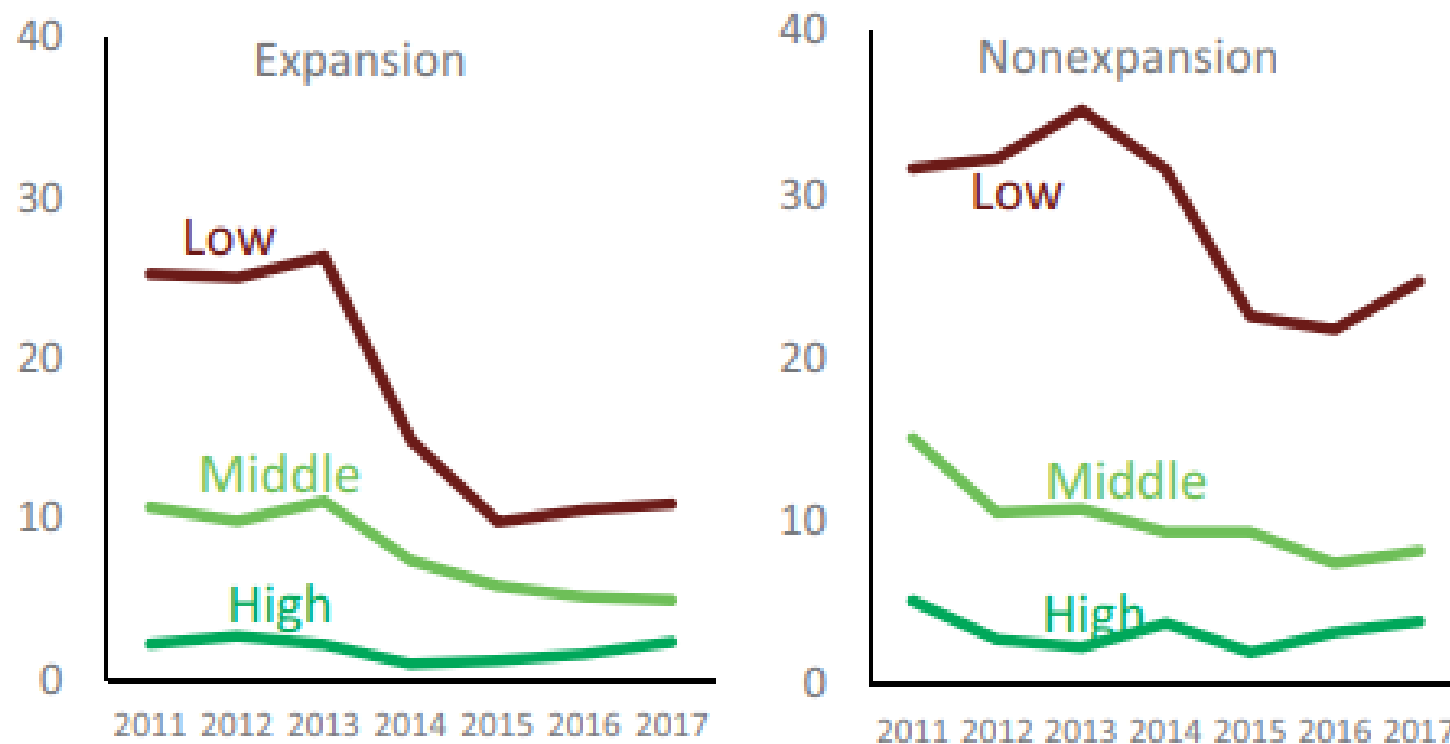
## By Unemployed/Employed



Larger drop for unemployed

Figure 2 from Han et al (2020), BRFSS data. Expansion states include 27 states that expanded Medicaid in 2014 or earlier; late expansion states include five states that expanded Medicaid in 2015–2016; nonexpansion states include 19 states that had not expanded Medicaid by the end of 2017

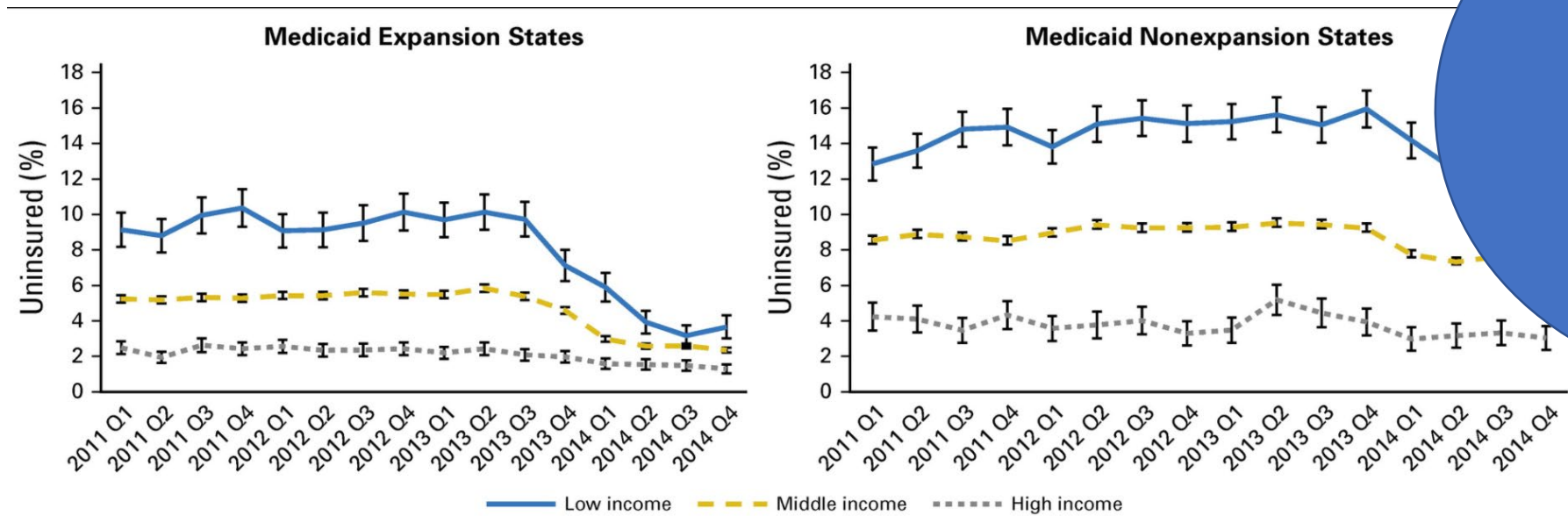
## By Low/Middle/High Income



Larger drop for low income

Figure 2 from Han et al (2020), BRFSS data. Expansion states include 27 states that expanded Medicaid in 2014 or earlier; late expansion states include five states that expanded Medicaid in 2015–2016; nonexpansion states include 19 states that had not expanded Medicaid by the end of 2017

Similar uninsurance patterns in National Cancer Database (Jemal et al 2017) looking at newly diagnosed cancer patients  
By low/middle/high



Larger drop for low income

**Jemal et al 2017, Fig 2.**Trends in quarterly percent uninsured among low-, middle-, and high-income patients with newly diagnosed cancer age 18 to 64 years by Medicaid expansion status in the United States, 2011 to 2014.

# Health Status and Curative Health Care

# Medicaid Expansion and Stage of Diagnosis

- Soni et al (2018b): Increase in cancer diagnoses in expansion states, and increase in early-stage diagnoses, no change in late stage [SEER 2010-2014]
  - confirmed in Lin et al using SEER 2010-2016. Increase of 9.1% early-stage diagnoses, mostly in 1<sup>st</sup> year (pent up demand and effects dissipate?)
- Jemal et al (2017): Small improvement towards earlier stage diagnosis for CRC, BC, Pancreatic, Lung & Melanoma [National Cancer Database]
- Chu et al (2020) Towards earlier stage diagnosis in Louisiana after Medicaid expansion [Louisiana Cancer Registry 2012-2018)

# Medicaid Expansion and Care Receipt

Inpatient admission for cancer increased in expansion states, taken as evidence of increased access: Eguia et al (2018) HCUP SID 4 states (2010-2014)

Abrahamson et al (2019): Increased timeliness of care, reductions in racial disparities [EHR data 2011-2018]



# Areas for Further Study (Limited Current Research)

- Care patterns
- Financial burdens
  - Hong et al (2019) No perceived change in financial burdens among cancer survivors, but did not look differentially by state status [MEPS 2011-2016]
- Impact on cancer care providers
  - Waddah et al (2017) NY SID 1997-2006 shows NY 2001 Medicaid expansion caused payer type changed, did not change volume of patients receiving care.
  - ACA may mean financial security for care provider organizations, although no data yet from post ACA

# Take-aways of Medicaid Expansion Effects

- Lower uninsurance for cancer patients: Consensus in statistically significant findings
- Much evidence of improved screenings
- Important to distinguish between statistically significant vs statistical power
  - “Power Analysis” (NBER WP by Black, Hollingsworth, Nunes and Simon)
- Many areas for further research as more states (& federal policy) considers new Medicaid expansions