



Medicaid Expansion and Lung Cancer

Under the Affordable Care Act, states can choose to expand Medicaid coverage to all adults up to 138% of the federal poverty level. To date, 38 states and the District of Columbia have adopted Medicaid expansion.ⁱ

Medicaid expansion provides quality, affordable health coverage to low income adults. In states that have not expanded their Medicaid programs, there are more than four million individuals who would be eligible for Medicaid coverage if their state expanded.ⁱⁱ Individuals without quality healthcare coverage may be forced to delay treatment for financial reasons. For patients with lung cancer, timely treatment is essential for the best outcomes.

When a state expands its Medicaid program, newly eligible enrollees should have access to all preventive services with an “A” or “B” grade from the United State Preventive Services Task Force (USPSTF) without any cost-sharing. This includes access to tobacco cessation treatments. For patients who meet the USPSTF high risk criteria – those ages 50 to 80 with a 20 pack-year smoking history who currently smoke or have quit within the past 15 years – this includes access to lung cancer screening. For patients with lung cancer, early detection is critical. The five-year lung cancer survival rate is only 6% for those diagnosed at a late stage after the tumor spreads, but increases to 60% for those diagnosed at an early stage before the tumor has spread.ⁱⁱⁱ

States that expanded Medicaid have seen numerous benefits in expanding access to care, improving health outcomes, and reducing health disparities, including many that directly benefit patients with lung cancer.



One study found that states who adopted Medicaid expansion in 2014 saw **an increase in early stage cancer diagnoses**, when the disease is more treatable.^v

Individuals with Medicaid coverage are more likely than uninsured individuals to have at least one outpatient physician visit annually.^{iv} An annual check-up gives patients a chance to ask their doctor about their risk factors for lung cancer and other health conditions.



Medicaid expansion is associated with **a reduction in racial disparities in access to timely cancer treatment**, including for lung cancer.^{vi}

- i. Kaiser Family Foundation, “Status of State Medicaid Expansion Decisions: Interactive Map.” Updated May 29, 2020. Accessed at: <https://www.kff.org/medicaid/issue-brief/status-of-state-medicaid-expansion-decisions-interactive-map/>
- ii. Rachel Garfield, Kendal Orgera, and Anthony Damico, “The Coverage Gap: Uninsured Poor Adults in States that Do Not Expand Medicaid,” Kaiser Family Foundation. January 14, 2020. Accessed at: <https://www.kff.org/medicaid/issue-brief/the-coverage-gap-uninsured-poor-adults-in-states-that-do-not-expand-medicaid/>
- iii. National Cancer Institute. Surveillance Research Program, SEER*Explorer interactive website. <https://seer.cancer.gov/explorer/>.
- iv. Andrea S. Christopher, Danny McCormick, Steffie Woolhandler, David U. Himmelstein, David H. Bor, and Andrew P. Wilper, 2016: “Access to Care and Chronic Disease Outcomes Among Medicaid-Insured Persons Versus the Uninsured,” American Journal of Public Health 106, 63_69, <https://doi.org/10.2105/AJPH.2015.302925>
- v. Aparna Soni, MA, Kosali Simon, PhD, John Cawley, PhD and Lindsay Sabik, PhD, “Effect of Medicaid Expansions of 2014 on Overall and Early Stage Cancer Diagnoses,” American Journal of Public Health Vol 108, No 2. February 2018. Accessed at: <https://ajph.aphapublications.org/doi/10.2105/AJPH.2017.304166>
- vi. The ASCO Post, “2019 ASCO: Medicaid Expansions and Time to Treatment in African American Patients compared to White Patients with Cancer,” June 6, 2019. Accessed at: <https://www.ascopost.com/News/60103>