Medicaid Expansion Tied to Decline in Cancer Death Rate

Under the Affordable Care Act, states had the option to expand Medicaid starting in 2014.

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States that opted to expand their Medicaid programs under the Affordable Care Act (aka Obamacare) experienced a greater decline in the cancer-related death rate among adults under 65 in recent years, according to a new study. Latinos, in particular, saw a significant decline.

“This is the first study to show the benefit of Medicaid expansion on cancer death rates on a national scale,” said lead study author Anna Lee, MD, MPH, a radiation oncology fellow at Memorial Sloan Kettering Cancer Center in New York City. “We now have evidence that Medicaid expansion has saved the lives of many people with cancer across the United States.”

States could expand their Medicaid programs, making anyone with an income below 138% of the federal poverty level eligible for the government insurance, starting in 2014. Today, about two thirds of states have expanded their programs.

The new study covered 1999 to 2017. By the end of that period, 27 states plus Washington, DC, had expanded their Medicaid programs, while 23 states had not.

Findings from the new study will be presented at the virtual scientific program of the 2020 American Society of Clinical Oncology Annual Meeting later this month and were previewed at an advance media briefing.

The study authors analyzed data on age-adjusted mortality rates from the National Center for Health Statistics, looking only at deaths due to cancer among people younger than 65. (People older than that become eligible for Medicare.) To analyze how the beginning of Medicaid expansion might have affected cancer rates, they compared the period of 2011 to 2013 versus 2015 to 2017.

Overall, the age-adjusted cancer mortality per 100,000 people in the United States declined from 66.9 deaths in 1999 to 48.8 deaths in 2017.

The states that expanded Medicaid, compared with those that did not, had a larger total population (157 million versus 118 million), a smaller African-American population (19.2 million

versus 21.8 million) and a larger Latino population (33.0 million versus 21.7 million) in 2017.

Overall, the age-adjusted cancer mortality was consistently worse in non-expansion states, where cancer mortality per 100,000 people fell from 60.9 deaths in 1999 to 51.9 deaths in 2017, compared with a decline form 64.7 deaths to 46.0 deaths in expansion states.

The change in the cancer death rate per 100,000 people between the era directly preceding the beginning of Medicaid expansion and the period directly following that launch was a decline of 1.1 deaths in the expansion states and a decline of 0.6 deaths in non-expansion states. This meant that an estimated 785 fewer people died in the states that expanded Medicaid thanks to the expansion.

The decline in expansion states was statistically significant, meaning it is not likely to have been driven by chance, while the decline in the non-expansion states was not statistically significant.

Age-adjusted cancer mortality per 100,000 people was worse among African Americans in non-expansion states, at 63.4 deaths, compared with the rate among their counterparts in expansion states, at 58.5 deaths. However, there was no significant difference in the cancer death rate in this population between the three-year period before the Medicaid expansion launch and the three-year period after the launch.

Among Latinos, there was a significant decline between those two periods: a drop of 2.1 deaths per 100,00 people.

“This study provides needed data to understand the effects of Medicaid expansion on cancer care,” said ASCO chief medical officer Richard L. Schilsky, MD. “Better access to quality cancer care, in this case through state expansion of Medicaid, leads to fewer cancer deaths.”

To read a press release about the study, click here.

To read the conference abstract, click here.

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