

Cancer death rates declined more steeply in states that expanded Medicaid

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Cancer deaths were lower in the five states and District of Columbia that expanded Medicaid early-on as part of the Affordable Care Act, compared to states that did not expand the federal insurance, according

to a study lead by Duke Cancer Institute.

Publishing in the *Journal of the National Cancer Institute* (JNCI), the researchers found that the six [early adopters](#)—including California, Connecticut, New Jersey, Minnesota, Washington and Washington D.C.—saw rates of [cancer](#) deaths decline by 7.7%. By comparison, in the 19 states that did not expand Medicaid, the drop in cancer death rates was just 6.3%.

"It is important to be able to show that there has been a mortality benefit associated with Medicaid expansion," said lead author Nosayaba (Nosa) Osazuwa-Peters, Ph.D., an assistant professor in Duke's Department of Head and Neck Surgery & Communication Sciences. "Expanding access to [health care](#) enabled people to seek care earlier rather than waiting or not going to the doctor at all. And there is quite a bit of evidence that catching cancer early is better for outcomes."

Osazuwa-Peters and colleagues used [death](#) certificate data from the National Center for Health Statistics to compare cancer mortality rates among adults under the age of 64. They used data both before the ACA in 2007-2009 and after, in 2012-2016, among all 25 states in the study.

Cancer mortality rates declined in both the expansion and non-expansion states, but the rate of decline in the states that enlarged their Medicaid rolls was 1.4% steeper. That translates to a decrease of 3.07 cancer deaths per 100,000 in early expansion vs. non-expansion states—a total of 5,276 deaths averted among the early expansion states.

By cancer type, the findings were more subtle. The researchers found statistically significant decreases in pancreatic cancer mortality in the expansion states, but results for breast, cervix, and lung cancer mortality were inconsistent.

The analysis also found that for each percent increase in residents living in poverty, there were expansion-associated decreases in cancer [mortality](#) overall and across most subgroups, though most decreases were not statistically significant.

"By analyzing this data on the early expansion of Medicaid through the ACA, this research shows there are benefits to these policy initiatives," Osazuwa-Peters said. "It will be interesting to explore whether this continues, using data from 2017 forward."

More information: Justin M Barnes et al, Early Medicaid Expansion and Cancer Mortality, *JNCI: Journal of the National Cancer Institute* (2021). [DOI: 10.1093/jnci/djab135](https://doi.org/10.1093/jnci/djab135)

Provided by Duke University School of Nursing

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