Impact of Medicaid Expansion on Cancer Detection and Health Outcomes for AI/AN Women

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Background

The Patient Protection and Affordable Care Act (ACA) was passed in March 2010. A key provision to the ACA is the expansion of Medicaid to cover all U.S. citizens and legal residents under the age of 65 with incomes up to 138% of the Federal Poverty Level[1] However, Medicaid is optional for states. This creates a coverage gap for those with incomes too high for traditional Medicaid programs and with incomes too low for Marketplace subsidies.[2]

American Indians and Alaska Native (AI/AN) individuals face significant and persistent health disparities.

AI/ANs have some of the highest rates of illness, death, and poverty across racial and ethnic groups in the United States.[3] Several geographic, financial, and bureaucratic barriers faced by AI/AN populations result in lower access to specialty medical care for the early diagnosis and treatment of cancer.[4]

For breast cancer, AI/AN have shown a consistent increase in incidence rates with an average Annual Percent Change (APC) of 0.8% from 2000-2016 while white women have experienced more inconsistent fluctuations. For cervical cancer, AI/AN women have shown an increase in incidence rates with an average of 1.1% APC from 2000-2016 while white women generally experience a decrease.[5]

Methodology

Analyze Government Documents: Federal pieces of legislation were studied and analyzed to build an understanding of the history surrounding tribal healthcare and the role of federal policy in providing healthcare to AI/ANs.

Literature Review: Conducted a comprehensive search to investigate Medicaid expansion and AI/AN women's health using academic databases such as Google Scholar, PubMed, Vanderbilt University Library Database, and EBSCOHost.

Data Collection and Analysis: Utilizing CDC WONDER, SEER Cancer Statistics Review from the National Cancer Institute, and United States Cancer Statistics, data relevant to female cancer incidence among AI/AN women were collected and analyzed.

Compare Data: This study utilized data gathered from national databases and government documents. Data from four states was compared to analyze the relationship between Medicaid and AI/AN Women's health. The four states were Montana, Nevada, Oklahoma, and Texas.

Objective

The purpose of this research is to identify and analyze the extent to which state Medicaid expansion policies impact cancer detection rates, treatment initiations, and mortality among AI/AN women residing in Medicaid expansion states compared to non-expansion states.

Furthermore, the results of this literature review could be used to further agendas to improve federal tribal health policy and to improve health and healthcare disparities

Data was collected concerning cancers present in these locations: Female Breast, Female Genital System, Cervix Uteri, Cervix, Uterus NOS, Ovary, Vagina, Vulva, and Other Female Genital Organs.

Findings

3x AI/AN individuals were nearly more likely to be uninsured than non-Hispanic Whites in 2022

The uninsured rate among AI/ANs under age 65 decreased from 32.4% in 2010 to 19.9% in 2022 due to the installation of the ACA. However, AI/ANs have the highest uninsured rates of any other ethnic group. There are persistent health disparities among AI/ANs but it is shown that increased access to health coverage, such as Medicaid expansion, brings additional resources into the Indian healthcare system, which is crucial for advancing health equity in Native communities.[6]

Figure 1

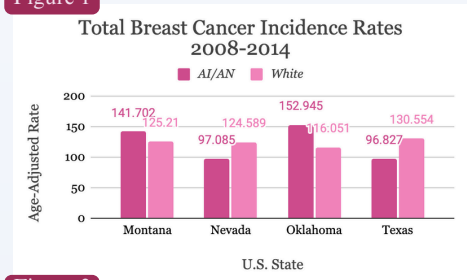


Figure 2

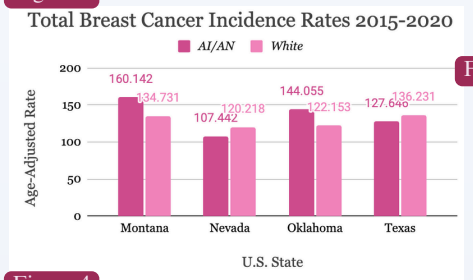


Figure 3

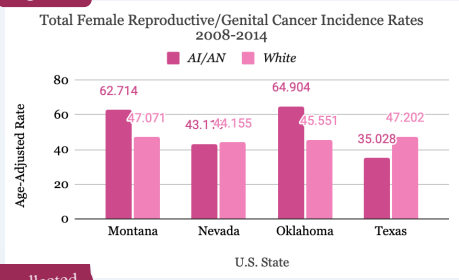
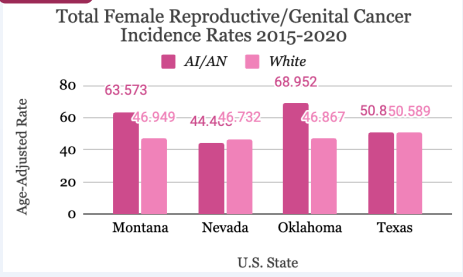


Figure 4



- Figures 1 and 2 show the age-adjusted incidence rates for BC from 2008-2020. There is an increased incidence rate for AI/AN women after 2014, showing the increased rate of newly diagnosed patients following Medicaid expansion in 2014.
- Figures 3 and 4 show the age-adjusted incidence rates for Female Reproductive/Genital Cancers from 2008-2020. There is also an increased incidence rate for AI/AN women after 2014, showing the increased rate of newly diagnosed patients following Medicaid expansion in 2014.
- Figures 5, 6, 7, and 8 show the mortality rates from BC and Female Reproductive/Genital Cancers from 2008-2020. There is an overall decrease in mortality rates after 2014.

Figure 5

Total Breast Cancer Mortality Rate 2008-2014

	Age-Adjusted Rate		Crude Rate	
State	AI/AN	White	AI/AN	White
Montana	19.126	20.276	12.043	27.987
Oklahoma	19.587	22.699	14.357	29.659
Texas	5.132	19.888	3.369	20.863

Figure 6

Total Breast Cancer Mortality Rate 2015-2020

	Age-Adjusted Rate		Crude Rate	
State	AI/AN	White	AI/AN	White
Montana	27.552	18.675	18.561	27.503
Oklahoma	21.577	22.197	17.049	30.64
Texas	4.275	19.01	3.075	21.298

Figure 7

Total Female Reproductive/Genital Cancer Mortality Rates 2008-2014

	Age-Adjusted Rate		Crude Rate	
State	AI/AN	White	AI/AN	White
Montana	21.225	14.373	12.846	20.139
Oklahoma	16.506	15.726	12.778	20.272
Texas	3.234	14.303	2.211	14.889

Figure 8

Total Female Reproductive/Genital Cancer Mortality Rates 2015-2020

	Age-Adjusted Rate		Crude Rate	
State	AI/AN	White	AI/AN	White
Montana	13.432	12.864	11.223	19.435
Nevada	11.425	15.076	10.167	19.095
Oklahoma	16.760	16.106	14.603	21.654
Texas	2.056	14.257	1.803	15.865

Conclusion

- Increases health planning and decreases avoiding medical care.[7, 8]
- No significant impact on guideline-adherent cervical cancer screening rates for AI/AN women.[7]
- Expansion states saw significantly decreased uninsured rates.[7]
- Small yet notable declines in timely treatment delays.[7]
- Increased rate of early-stage cancer diagnosis among patients with breast, colon, or lung cancers.[9]
- Medicaid expansion was associated with decreased mortality.[10]
- Associated with a reduction in racial health disparities.[8]
- Medicaid expansion was associated with a decreased hazard of mortality.[9, 10]
- Reduced mortality as well as improved coverage, access to care, and self-reported health.[11]
- Reduction in racial disparities in chemotherapy delays among women with early-stage breast cancer.[8]
- No differential benefit in breast cancer outcomes between AI/AN and White women.[7, 8]

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References