Has the Affordable Care Act Reduced Socioeconomic Disparities in Cancer Screening?

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Out-of-pocket expenditures are thought to be a significant barrier to receiving cancer preventive services, especially for individuals of lower socioeconomic status. Out-of-pocket expenditures are thought to be a significant barrier to receiving cancer preventive services, especially for individuals of lower socioeconomic status. A new study looks at how the Affordable Care Act (ACA), which eliminated such out-of-pocket expenditures, has affected the use of mammography and colonoscopy. Published early online in CANCER, a peer-reviewed journal of the American Cancer Society, the study found that use of mammography, but not colonoscopy, increased after the ACA.

To determine changes in the use of mammography and colonoscopy among fee-for-service Medicare beneficiaries before and after the ACA’s implementation, Gregory Cooper, MD, of University Hospitals Cleveland Medical Center and the Case Comprehensive Cancer Center, and his colleagues examined Medicare claims data, identifying women ≥70 years old without mammography in the previous two years and men and women ≥70 years old at increased risk for colorectal cancer without colonoscopy in the past five years. The team also identified which patients were screened in the two-year period prior to the ACA’s implementation (2009-2010) and after its implementation (2011-September 2012).

Following elimination of out-of-pocket expenses for recommended cancer screening under the ACA, uptake of mammography increased in all economic subgroups, including the poorest individuals. On the other hand, preexisting disparities based on socioeconomic status in colonoscopy did not change. The investigators suspect that this may be due to other barriers related to colonoscopy, such as the need for bowel preparation or a loophole where a subset of colonoscopies still require out-of-pocket expenses.

“Although the future of the ACA is now questioned, the findings do support, at least for mammography, that elimination of financial barriers is associated with improvement in cancer screening,” said Dr. Cooper. “The findings have implications for other efforts to provide services to traditionally underserved patients, including the use of Medicaid expansion.”

At this point, it is not known which, if any, of the ACA provisions will be continued under the new administration. Representative Tom Price, the nominee for Head of the Department of Health and Human Services, has previously drafted a bill, Empowering Patients First Act, that outlines proposed changes in health care; however, details of specific requirements for both private and government-funded insurance programs are not given, including coverage for recommended preventive services.

Additional Information

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