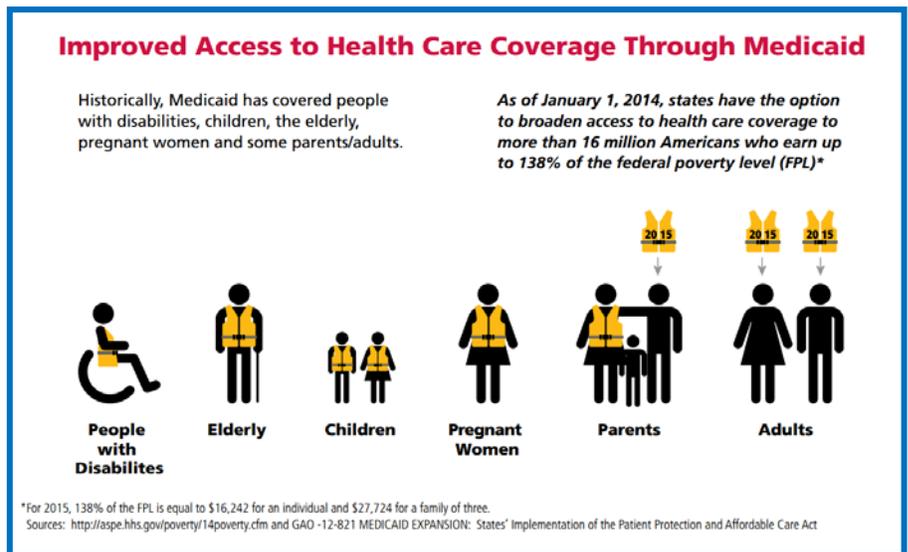


## Increasing Access to Medicaid will Improve Idahoans Access to Cancer Screenings and Treatment Services in Idaho

### Broadening Access to Medicaid for nearly 78,000 low-income, hard-working Idahoans will save dollars and lives

Providing hard-working, low-income Idaho residents access to adequate and affordable healthcare is one of the most effective ways to prevent and detect cancer early, treat cancer effectively, and bolster the quality of life for patients undergoing cancer treatment.

- If Idaho accepted the federal funds set aside to broaden access to Medicaid for nearly 78,000 state residents would gain access to comprehensive and affordable health care coverage. Adults with incomes up to 138% FPL (\$16,242/year for an individual; \$33,465/year for a family of four) would be covered.
- The federal government will pay 100 percent of the cost to cover “newly eligible” individuals through the end of 2016, and will gradually reduce payments to no less than 90 percent of the cost by 2020. This is far greater than the 71 percent that the federal government pays for current Medicaid enrollees.



### Improve Idaho's Economy

By accepting the federal funding to increase access to coverage through Medicaid, Idaho will:

- Save millions of taxpayer dollars currently spent to treat uninsured people in emergency rooms.
  - In 2014, states that accepted federal funding saved an estimated \$2.6 billion more in uncompensated care cost reductions when compared to those states that did not accept the federal funds.<sup>1</sup>
- Experience economic growth.
  - Millions of new federal dollars will be invested in our health care system, creating thousands of new jobs in Idaho.
  - In 2014, non-for-profit hospitals in expansion states reportedly saw an average year-over-year revenue increase of 7.2% compared with 5.6% in non-expansion states.<sup>2</sup>
- See a decrease in the uninsured rate.
  - States that accepted federal funds to increase access to Medicaid saw larger decreases in uninsured rates than states that did not. States that adopted both Medicaid expansion and their own insurance exchange saw, on average, a 44 percent reduction in their uninsured populations between 2013 and the first half of 2015, while states that adopted one or none of those provisions saw a 28 percent decline in uninsured rates.<sup>3</sup>
  - Despite Idaho's uninsured rate declining after implementation of the federal health care law, 16 percent of Idahoans continue to be uninsured, resulting in Idaho as having the highest percentage of adults without health benefits in the nation.<sup>4</sup>

## Improve the Health of Idahoans

Increasing access to health coverage through Medicaid will provide more Idahoans with regular access to primary care and preventive services such as tobacco cessation, nutrition counseling, pap tests, mammograms, and colorectal cancer screening, improving the likelihood that cancer will be prevented or detected earlier at a more curable and less expensive stage.

- Uninsured individuals are more likely to have their cancer detected at later stages, when cancer treatments are more costly and less effective.<sup>5</sup> Without coverage, some cancer patients would be forced to delay or forego potentially lifesaving treatment.
- Uninsured women diagnosed with breast cancer are 3 times more likely to have a late stage diagnosis than women enrolled in private health insurance.<sup>6</sup> More women are receiving recommended breast cancer screenings in states that have expanded Medicaid. In 2012, low-income women in states that expanded their Medicaid programs were 25 percent more likely to adhere to screening than they were in 2008.<sup>7</sup>
- For cancer patients, there is evidence that individuals who enroll in Medicaid prior to their diagnosis have better survival rates than those who enroll after their diagnosis.<sup>8</sup>
- Americans are up to three times more likely to receive preventive care for potentially fatal chronic diseases if they have health insurance.<sup>9</sup> Having insurance was one of the most important factors in determining if an individual received preventive services. For example, women were nearly 2.5 times more likely to have had a mammogram to detect breast cancer if they were insured versus those not insured. People with insurance were three times more likely to have received colon cancer screening than people without coverage.<sup>10</sup> Colon cancer screening is one of more expensive screening services available, yet it is also one of the few cancer screenings that can detect cancer early and prevent it altogether.<sup>11</sup>
- After increasing access to Medicaid, KY saw significant improvement in the use of preventive care. In state fiscal year 2014, compared with 2013, breast cancer screenings increased 111 percent, cervical cancer screenings by 88 percent, colon cancer screenings by 108 percent, and physical exams increased 187 percent.<sup>12</sup>
- In Idaho, 46 percent of all women aged 40-64 have had a mammogram within the past year compared with 16 percent of uninsured women.<sup>13</sup> Additionally, 75 percent of all women aged 21-65 have had a pap test within the past three years compared with 64 percent of uninsured women.<sup>14</sup>
- Accepting the federal dollars that have already been set aside to cover hardworking, low-income residents, would improve the health of Idahoans, benefit our state's economy and reduce cancer incidence and mortality.

<sup>1</sup>Health and Human Services. "Insurance Expansion, Hospital Uncompensated Care, and the Affordable Care Act." Department of Health & Human Services: Office of the Assistant Secretary for Planning and Evaluation. March 23, 2015 <[https://aspe.hhs.gov/sites/default/files/pdf/139226/ib\\_UncompensatedCare.pdf](https://aspe.hhs.gov/sites/default/files/pdf/139226/ib_UncompensatedCare.pdf)>

<sup>2</sup>Kutscher, Beth. "Where Medicaid Expansion Matters: Small Illinois Hospital Expands While Missouri Counterparts Cut Back." Modern Healthcare. June 6, 2015. <<http://www.modernhealthcare.com/article/20150606/MAGAZINE/306069979>>

<sup>3</sup>Witters, Dan. "In U.S., Uninsured Rates Continue to Drop in Most States." Gallup. August 10, 2015. <[http://www.gallup.com/poll/184514/uninsured-rates-continue-drop-states.aspx?elq\\_cid=1265177&x\\_id=>](http://www.gallup.com/poll/184514/uninsured-rates-continue-drop-states.aspx?elq_cid=1265177&x_id=>)>

<sup>4</sup>Witters, Dan. "In U.S., Uninsured Rates Continue to Drop in Most States." Gallup. August 10, 2015. <[http://www.gallup.com/poll/184514/uninsured-rates-continue-drop-states.aspx?elq\\_cid=1265177&x\\_id=>](http://www.gallup.com/poll/184514/uninsured-rates-continue-drop-states.aspx?elq_cid=1265177&x_id=>)>

<sup>5</sup>Ward E, Halpern M, Schrag N, et al. "Association of Insurance with Cancer Care Utilization and Outcomes." *Cancer J. for Clinicians*. 2008; 58(1): 9-31.

<sup>6</sup>Halbern M, Ward E, Pavluck A, et al. "Association of Insurance Status and Ethnicity with Cancer Stage at Diagnosis for 12 Cancer Sites." *Lancet Oncology*. 2008; 9(3): 222-231.

<sup>7</sup>Dehkordy, SF, Hall, K, West, B, et al. "Medicaid Expansion Improves Breast Cancer Screening for Low Income Women." November 30, 2015.

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<sup>8</sup>Adams E, Chien LN, Florence CS, et al. "The Breast and Cervical Cancer Prevention and Treatment Act in Georgia: effects on time to Medicaid enrollment." *Cancer*. March 15, 2009; 115(6):1300-9.

<sup>9</sup>Fox J, Shaw, F. Morbidity and Mortality Weekly Report. July 17, 2015. <<http://www.cdc.gov/mmwr/pdf/wk/mm6427.pdf>>

<sup>10</sup>Fox J, Shaw, F. Morbidity and Mortality Weekly Report. July 17, 2015. <<http://www.cdc.gov/mmwr/pdf/wk/mm6427.pdf>>

<sup>11</sup>American Cancer Society. Colorectal Cancer Facts and Figures: 2014-2016. Atlanta: American Cancer Society, 2014.

<sup>12</sup>Ungar, Laura. "More KY Medicaid Patients Get Preventative Care." *Courier Journal*. August 7, 2015. Web <<http://www.courier-journal.com/story/life/wellness/2015/08/05/preventive-care-rises-among-kentucky-medicaid-patients/31190973/>>

<sup>13</sup>American Cancer Society. "Cancer Prevention and Early Detection Facts and Figures 2015-2016." Atlanta: American Cancer Society; 2015.

<sup>14</sup>American Cancer Society. "Cancer Prevention and Early Detection Facts and Figures 2015-2016." Atlanta: American Cancer Society; 2015.