

# Impact of the Affordable Care Act and Medicaid Expansions on Insurance Status and Cancer Staging for Bladder Cancer Patients

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**Table 1: Multivariable logistic regression for receiving a stage IV diagnosis of bladder cancer by insurance type**

	2004-2009		2014-2015	
	OR (95%CI)	P-value	OR (95%CI)	P-value
<b>National</b>				
Private Insurance	-	-	-	-
No Insurance	<b>1.86 (1.67-2.06)</b>	<0.0001	<b>1.76 (1.49-2.08)</b>	<0.0001
Medicaid	<b>2.33 (2.13-2.55)</b>	<0.0001	<b>1.72 (1.53-1.94)</b>	<0.0001
Medicare	<b>1.16 (1.10-1.22)</b>	<0.0001	<b>1.13 (1.05-1.22)</b>	0.001
<b>Pacific</b>				
Private Insurance	-	-	-	-
No Insurance	<b>1.55 (1.07-2.23)</b>	0.019	1.32 (0.59-2.91)	0.498
Medicaid	<b>2.27 (1.82-2.85)</b>	<0.0001	<b>1.85 (1.35-2.54)</b>	<0.0001
Medicare	<b>1.22 (1.06-1.40)</b>	0.005	<b>1.46 (1.19-1.80)</b>	<0.0001
<b>West South Central</b>				
Private Insurance	-	-	-	-
No Insurance	<b>1.82 (1.33-2.49)</b>	<0.0001	<b>2.19 (1.48-3.23)</b>	<0.0001
Medicaid	<b>2.51 (1.76-3.58)</b>	<0.0001	<b>2.37 (1.37-4.10)</b>	0.002
Medicare	0.97 (0.79-1.18)	0.741	1.16 (0.88-1.54)	0.304

## Introduction

❖ Insurance status is an indicator for access to care and plays a role in staging at presentation.

❖ Patients with bladder cancer (BCa) who are uninsured have worse survival outcomes than patients with private insurance.

## Objective

❖ To examine the impact the Affordable Care Act (ACA) of 2010 and the associated Medicaid expansion in 2014 have had on the insurance status and staging of BCa patients.

## Methods

❖ National Cancer Database (NCDB) Participant User File (PUF) from 2004-2015 was used to examine the insurance status and initial staging of BCa.

❖ n=282,980

❖ Patients were grouped into three cohorts:

❖ National sample of all states

❖ Medicaid-expanded states: Pacific region (PR-AK, CA, HI, OR, WA)

❖ Non-expanded states: West South Central region (WSC-AR, LA, OK, TX)

❖ Staging and payer mix were compared Pre-ACA (2004-2009) and after the Medicaid expansion (2014-2015).

❖ Multivariable logistic regression was used to predict a stage IV diagnosis of BCa and was adjusted for the following factors:

❖ Patient age, distance, gender, race, Hispanic ethnicity, Charlson-Deyo Score (NCDB truncation), population level income, and population-level education.

## Results

❖ Post-Medicaid expansion, there was a reduction in the proportion of uninsured patients in both the National sample (-0.3%) and in the expanded region (PR) (-0.8%), and an increase in the proportion of uninsured in the non-expanded (WSC) region (+1.2%).

❖ Pre-ACA, uninsured and Medicaid patients were at significantly higher risk to present with stage IV BCa, compared to private insurance across all regions.

❖ Post-Medicaid expansion, this risk decreased Nationally in both uninsured and Medicaid groups to nearly equal risk.

❖ Medicaid patients in the expanded region (PR) reduced their risk by 19% following the Medicaid expansion.

❖ Uninsured patients in the non-expanded region (WSC) increased their risk by nearly 6% post-Medicaid expansion.

## Conclusions

❖ Post-Medicaid expansion there was a reduction in proportion of uninsured patients in the PR and across the Nation as a whole, while there was an increase in proportion of uninsured patients in the WSC region.

❖ Prior to the ACA, patients without insurance and those with Medicaid were more likely to present with stage IV BCa than patients with private insurance, with Medicaid being more likely than the uninsured in all regions.

❖ In the two years post-expansion, these odds decreased for both the uninsured and Medicaid, with Medicaid reducing their odds below that of the uninsured Nationally.

❖ A prominent reduction in these odds was seen for Medicaid in the expanded region (PR), with an increased odds for the uninsured in the non-expanded region (WSC).