

Cancer Survivors Who Lost Insurance Face Issues Even When They Regain Insurance

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A new American Cancer Society study finds health insurance coverage disruptions in the prior year led to issues with healthcare access and affordability for currently insured cancer survivors. The study appears in the *Cancer Epidemiology, Biomarkers and Prevention*, a journal of the American Association for Cancer Research.

Little is known about the effects of health insurance coverage disruptions on access to healthcare among cancer survivors. To learn more, investigators led by Jingxuan Zhao, MPH, estimated the prevalence of health insurance coverage disruptions and evaluated their associations with access to healthcare and affordability among cancer survivors aged 18-64 years in the United States using national data from years 2011 to 2018. Health insurance coverage disruption was measured as self-reports of any time in the prior year without coverage.

They found that approximately 260,000 currently insured cancer survivors aged 18-64 years had coverage disruptions in 2018. Among privately and publicly insured survivors, those with coverage disruptions were less likely to report all preventive services use, including blood pressure check, blood cholesterol check, flu shot, and dental care, compared to those continuously insured (16.9% vs 36.2%; 14.6% vs 25.3%, respectively). Currently insured survivors with private or public coverage were also more likely to report any problems with care affordability (55.0% vs 17.7%; 71.1% vs 38.4%, respectively) and any cost-related medication nonadherence (39.4% vs 10.1%; 36.5% vs 16.3%, respectively), such as skipping, taking less, and delaying medication to save money, compared to those continuously insured (all $p < 0.05$).

“Our findings in this study are especially relevant because widespread unemployment and potential loss of employer-based private health insurance coverage due to the COVID pandemic can also result in coverage disruptions. More cancer survivors may experience coverage disruptions, which may adversely affect their access to care and affordability,” writes Zhao.

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