Medicaid Restrictions Could Lead to Over 1 Million Missed Cancer Screenings

Funding cuts and changes to federal Medicaid eligibility rules could lead to dramatic reductions in cancer screening for millions of Americans.

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A research letter from experts at the University of Chicago Medicine, published in JAMA Oncology, warns that upcoming funding cuts and changes to federal Medicaid eligibility rules could lead to dramatic reductions in cancer screening for millions of Americans, ultimately worsening patient outcomes.

Surgical oncologist Sarah Shubeck, MD, MS, and Adrian Diaz, MD, a surgical oncology fellow, used recent data and robust statistical modeling to project the downstream effects of proposed Medicaid work requirements and more frequent recertification rules outlined in the Trump administration's One Big Beautiful Bill. The analyses suggest the proposed restrictions could result in hundreds of avoidable deaths and many more advanced cancer diagnoses each year.

Administrative hurdles lead to coverage loss

Starting in January 2027, new federal rules will require many Medicaid recipients to prove they are working and re-certify their eligibility more often. In practice, these new hurdles will make it more difficult for people to remain insured.

"These new requirements introduce administrative barriers that often mean paperwork or technical errors determine whether someone gets screened for cancer," Shubeck said. "A particularly concerning aspect is that people who are disproportionately likely to lose coverage are exactly the people most likely to benefit from early cancer detection: younger adults and people from vulnerable social groups."

Shubeck and Diaz estimate that within two years of the new rules taking effect, roughly 7.5 million adult Medicaid enrollees eligible for cancer screening will lose coverage, with the number rising above 10 million under the most drastic scenario modeled.

Lost coverage leads to missed screenings, later diagnoses, and preventable deaths

The researchers analyzed troves of real-world data from across the United States, such as the previous work requirements in Arkansas and pandemic-era changes in Medicaid verification. The results showed that more than 1 million mammograms, colorectal screening tests, and lung cancer screenings may be missed nationwide within just the first two years of the new restrictions. This could result in over 2,300 undetected cases of breast, colorectal, and lung cancer — hundreds of which may be at more advanced and difficult-to-treat stages when finally discovered.

Even without accounting for potential treatment interruptions for already-diagnosed cancer patients, the model projects approximately 155 avoidable deaths from just these three types of cancer within two years of policy implementation.

“Early screening saves lives, and lost coverage means lost opportunities for detection,” Diaz said. “The consequences aren’t just numbers; they represent real families affected by avoidable disease and loss.”

The authors emphasized that the impact will vary widely across states, depending on factors like whether states expanded Medicaid under the Affordable Care Act, populations of screening-eligible adults, and differences in state safety net programs that help support cancer screening and treatment for people without insurance.

“This analysis highlights how policy changes like Medicaid cuts and restrictions can have profound and preventable negative effects on public health,” Diaz said. “The hope is to inform policymakers and the public about the stakes before these changes take effect.”

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