

Medicaid Expansion Helped Early Cancer Detection During Second Year of COVID-19 Pandemic

Late diagnosis continued nationwide in the second year of the COVID pandemic but was worse in states that did not expand Medicaid.

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A new [study](#) led by researchers at [the American Cancer Society](#) (ACS) shows continued cancer underdiagnosis and declines in proportion of early-stage diagnoses nationwide in 2021, the second year of the COVID-19 pandemic. However, the pattern was worse in non-expansion states, suggesting a protective effect of Medicaid expansion on cancer early diagnosis during the public health emergency.

The findings [were] presented at this year's annual meeting of the American Society of Clinical Oncology (ASCO) in Chicago, May 31-June 4, 2024. Researchers were led by [Dr. Xuesong Han](#), scientific director, health services research at the American Cancer Society.

They analyzed data of adults, 18-64 years old, newly diagnosed with cancer in 2019 and 2021, identified from the National Cancer Database. (Year 2020 was excluded to avoid confounding from distinct geographic patterns of COVID-19 infections.) A difference-in-differences (DD) approach was used to compare the changes in proportions of patients diagnosed at stage I/II in 2021 versus 2019 between Medicaid expansion states and non-expansion states. Adjusted DD estimates were calculated with linear probability models and stratified by key sociodemographic factors and cancer type.

The study identified a total of 427,368 adults newly diagnosed with cancer in 2019 and 393,961 in 2021. Patients diagnosed with stage I/II decreased nationwide. Decreases were larger in non-expansion states (from 58.5% in 2019 to 57.2% in 2021) compared to expansion states (61.4% in 2019 to 60.7% in 2021), leading to a DD of 0.76 percentage points in early-stage cancer diagnosis associated with Medicaid expansion (95% CI =0.32, 1.20).

The association was strongest among individuals aged 18-44 years (DD=1.35, 95% CI=0.36, 2.34), men (DD=1.27, 95% CI=0.57, 1.97), those living in most socioeconomically deprived areas (DD=1.21, 95% CI=0.25, 2.17) and nonmetropolitan areas (DD=1.44, 95% CI=0.25, 2.63). When stratified by cancer type, the largest associations were seen for esophageal cancer (DD=2.91,

95% CI=-0.52, 6.34) and prostate cancer (DD=2.61, 95% CI=1.30, 3.92).

Researchers hope the findings may help inform policy makers and the public in the 10 states that have yet to expand Medicaid eligibility.

This [news release](#) was published by the American Cancer Society on May 28, 2024.

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