Women in Tennessee who were diagnosed with breast cancer were more likely to be diagnosed with late stage disease after a substantial rollback of Medicaid coverage for adults in the state, according to a new analysis. When investigators compared women living in lower-income areas with those in higher-income areas, low-income areas saw the greatest shift to late stage diagnosis. Published early online in *CANCER*, a peer-reviewed journal of the American Cancer Society, the findings point to the potential negative health impacts of limiting Medicaid enrollment.

There is considerable interest in understanding the benefits and harms associated with Medicaid expansions and contractions. The Affordable Care Act expanded eligibility for Medicaid, although the Supreme Court later made this expansion voluntary. More recently, the proposed American Health Care Act seeks to limit Medicaid enrollment substantially.

To examine the health implications of policies that contract Medicaid benefits, a team led by Wafa Tarazi, PhD, of Virginia Commonwealth University, and Lindsay Sabik, PhD, of the University of Pittsburgh, analyzed 2002–2008 Tennessee Cancer Registry data and compared women diagnosed with breast cancer who lived in low-income zip codes with a similar group of women who lived in high-income zip codes, before and after Tennessee's restrictions on Medicaid enrollment in 2005.

Overall, nonelderly women in Tennessee were diagnosed at later stages and experienced more delays in treatment in the period after restrictions. There was also a 3.3 percentage point increase in late-stage diagnosis for women living in low-income zip codes relative to women living in high-income zip codes.

"We show that when a large population in a state loses Medicaid coverage, low-income women are more likely to be diagnosed with breast cancer at later stages, suggesting that they did not receive screening or other primary care that may have facilitated earlier diagnosis," said Dr. Tarazi. "Our findings are important for policy makers who are considering changes to the Medicaid program."

Dr. Sabik stressed that late-stage cancer is more costly to treat than early-stage cancer and is associated with a greater risk of death. "Medicaid rollbacks may contribute to widening disparities in health outcomes between low-income women and their wealthier counterparts,"

she said.

In an accompanying editorial, Sujha Subramanian, PhD, of RTI International, and Nancy Keating, MD, MPH, of Brigham and Women's Hospital, noted that federal and state policy makers will likely continue to consider rollbacks of Medicaid expansions to save money or address fiscal shortfalls. "It is important that these policy makers understand that such short-term policies have longer-term consequences for the health of the low-income population, for whom Medicaid is often the only health insurance coverage option," they wrote.