Medicaid Expansion and Access to Surgical Treatment Among Patients with Non Small Cell Lung Cancer

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Keywords: Medicaid, Affordable Care Act, NSCLC, lung cancer

https://doi.org/10.53876/001c.73737

RESULTS

A total of 18156 patients were identified, including 4819 (26.5%) Medicaid/uninsured and 13537 (73.5%) insured. Of these, 11954 (65.7%) patients underwent surgery including 2697 (56.0%) Medicaid/uninsured and 9237 (69.2%) insured patients. Adjusting for age at diagnosis, sex, race, median income, comorbidities, gradestage, and surgical approach, there was no difference in RS between pre-and post-Medicaid expansion in Medicaid/uninsured patients (HR 0.92; 95% CI 0.84-1.02). However, there was a difference in RS in the privately-insured group (HR 0.91; 95% CI 0.86-0.96). For patients who had surgery, there was no difference in TTS between pre-and post-Medicaid patients in the Medicaid/uninsured group (HR 0.93; 95% CI 0.85-1.03) but there was a difference in the privately-insured group (HR 0.9; 95% CI 0.85-0.95).

CONCLUSIONS

Medicaid expansion did not improve rates of surgery for curative intent or time to surgery for Medicaid/uninsured non small cell lung cancer patients. However, privately insured patients had a longer time to surgery and lower rate of surgery for curative intent post-expansion.