On behalf of the American Cancer Society Cancer Action Network (ACS CAN), I would like to thank you for the opportunity to provide comments on the issue of Medicaid expansion under the Affordable Care Act in Virginia.

To put our comments in context, it is important to understand the burden of cancer. One in two men and one in three women will be diagnosed with cancer in their lifetime. The American Cancer Society estimates that 40,870 new cases of cancer will be diagnosed in Virginia in 2013 and that approximately 14,720 cancer deaths will occur in 2013.¹

Cancer and the uninsured

To reduce this burden, ACS CAN believes that policymakers should take an aggressive approach to fighting cancer. It is important that measures be enacted to ensure that people have access to adequate and affordable healthcare. This is one of the most effective ways to prevent and detect cancer early, treat cancer effectively and bolster the quality of life of patients enduring cancer treatment.

According to the U.S. Census Bureau, there were more than one million Virginians who lacked health insurance in 2011, (or 13.4% of the state population).² Two major areas of concern for an individual who receives a cancer diagnosis are "what are the chances of recovery" and "what is the cost of treatment"?

Individuals lacking health insurance are less likely to get recommended cancer screenings and are more likely to be diagnosed with cancer at later stages.³ For example, uninsured women diagnosed with breast cancer are 2.5 times more likely to have a late stage diagnosis than women enrolled in private health insurance.⁴

Research also indicates that approximately 10 percent of cancer patients are uninsured at the time of diagnosis.⁵ Equally troubling, about one-third of cancer survivors report a loss of health insurance at some point in time since their diagnosis.⁶

Assuring that every Virginian has access to adequate health insurance is important to all these issues. It has been demonstrated that the uninsured and underinsured are more likely to develop cancer, to have their cancer detected later and to receive inadequate treatment. Simply stated, ACS CAN's goal to reduce and eliminate cancer morbidity and mortality cannot be realized without adequate health care access.

, accessed 11/12/12, Table HIB-4, "Health

¹ American Cancer Society, "Cancer Facts & Figures, 2013." Atlanta: American Cancer Society, 2013.

² United State Census Bureau, see:

Insurance coverage Status & Type of Coverage by State All People: 1999 to 2011.

³ Halpern MT, Bian J, Ward EM, Schrag NM, Chen AY. "Insurance status and stage of cancer at diagnosis among women with breast cancer." *Cancer* 2007; 110: 403-11.

⁴ Kaiser Commission on Medicaid and the Uninsured. "The Uninsured: A Primer. Key Facts About Americans Without Health Insurance," January 2006.

⁵ Thorpe KE, Howard D. "Health Insurance and Spending Among Cancer Patients" Health *Affairs 2003. W3; 189-198.*

⁶ American Cancer Society Cancer Action Network. "Facing Cancer in the Healthcare System: A National Poll." May 21 – June 10, 2010.

Medicaid coverage helps save lives from cancer

Medicaid beneficiaries have better access to health care than do the uninsured. If they get cancer, it's more likely to be discovered at an early stage and, compared to the uninsured, they have better access to outpatient and hospital care and prescription drugs.

Thousands of hard-working, low-income Virginians continue to lack access to healthcare coverage. Expanding Medicaid to cover those at or below 133% of the Federal Poverty Level will ensure that these individuals have access to cancer prevention and early detection services. Additionally, if Virginia participates in the Medicaid expansion, this population will be able to see a doctor regularly, access preventive services such as pap smears, mammograms and smoking cessation aids and avoid unnecessary visits to the emergency department. Access to these critical services enhances the likelihood of detecting cancer at an earlier, more curable and much less expensive stage.

Studies show that individuals enrolled in Medicaid, receive life-saving preventative screenings at higher rates than the uninsured and close to the same rate of those enrolled in private insurance. More than half (56%) of the women aged 40 to 64 enrolled in Medicaid received a mammogram in the past two years, compared to 38% of uninsured women, and 56% of insured women aged 40 to 64. Also, 74% of women aged 18 to 64 enrolled in Medicaid received a Pap smear in the past 3 years, compared to 68% of uninsured women, and 87% of insured women aged 18 to 64.

ACS CAN realizes that the State of Virginia faces significant budget challenges and we encourage you to consider the financial benefit of the Medicaid expansion. Under the ACA, the federal government will pay for 100% of Medicaid expansion and no less than 90% of the cost to provide health care coverage to working, low-income Virginians, beyond 2020⁹

Should Virginia participate in Medicaid expansion, approximately 327,000 individuals would gain access to timely, appropriate and affordable health care coverage¹⁰. Further, Virginia will greatly assist in the effort to eliminate cancer as a major health problem.

For this reason, ACS CAN strongly supports of full expansion of the Virginia Medicaid program to all adults up to 133% of FPL as permitted under the Affordable Care Act.

⁷ Ward et al. "Association of Insurance with Cancer Care Utilization and Outcomes," <u>A Cancer Journal for Clinicians</u> Volume 58 Number 1 January/February 2008. American Cancer Society Surveillance Research Update 2011.

⁸ Ward et al. "Association of Insurance with Cancer Care Utilization and Outcomes," <u>A Cancer Journal for Clinicians</u> Volume 58 Number 1 January/February 2008. American Cancer Society Surveillance Research Update 2011.

⁹ The Kaiser Family Foundation, "State Medicaid Fact Sheets," Available at: ¹⁰ The Kaiser Family Foundation, "The Cost and Coverage Implications of the ACA Medicaid Expansion: National and State-by-State Analysis," Available at: http://www.kff.org/medicaid/upload/8384.pdf