

Increases in Cancer Screening May Reflect Removal of Financial Barriers in Affordable Care Act

June 4, 2015— Screening for colorectal cancer increased in lower socioeconomic status (SES) individuals after 2008, perhaps reflecting the Affordable Care Act's removal of financial barriers to screening according to a new analysis. The study, by American Cancer Society investigators, [appears online in the journal *Cancer*](#).

The Patient Protection and Affordable Care Act (ACA) included a cost-sharing provision intended to reduce financial barriers for preventive services, including screening for colorectal cancer (CRC) and breast cancer (BC). To investigate whether that provision has affected screening rates, researchers led by Stacey Fedewa, MPH used data from the National Health Interview Survey to compare CRC and BC screening prevalence among privately and Medicare-insured adults by socioeconomic status (SES) before and after the ACA. They included responses from 15,786 adults ages 50 to 75 in the CRC screening analysis and 14,530 women age 40 and older in the BC screening analysis.

Overall, CRC screening increased from 57.3% to 61.2% between 2008 and 2013. The increase was evident in low-income, least-educated, and Medicare-insured individuals, the population expected to benefit the most from the ACA, but not among higher SES groups. During the previous 5-year period (between 2003 and 2008, before the ACA), there was also a significant increase in CRC screening among privately insured and Medicare-insured individuals, but that increase was universal across socioeconomic measures. The authors say the findings “may reflect the ACA's removal of financial barriers,” but add “It is also possible that these results reflect a continuation of underlying trends in CRC screening in this group.”

Screening for breast cancer remained unchanged during that time period, perhaps due to fewer barriers because of lower cost, the existence of women's health initiatives (such as the Centers for Disease Control and Prevention's National Breast and Cervical Cancer Early Detection Program), and because breast cancer screening prevalence is markedly higher than the corresponding estimate for CRC screening, so may have less room for improvement.

Article: Elimination of Cost-Sharing and Receipt of Screening for Colorectal and Breast Cancer, Fedewa et al. [Published online June 4, 2015](#), DOI: 10.1002/cncr.29494
