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Practicum Site:
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Impact of the Affordable Care Act (ACA) on Adolescents and Young Adults (AYA) with Cancer in Tennessee

Purpose: Although the Affordable Care Act (ACA) has significantly improved health insurance coverage for adolescents and young adults (AYA) with cancer, insurers have increasingly turned to non-price dimensions of plan contracts, such as provider network restriction, in order to maintain financial profitability. With a narrow provider network, insurees often do not have access to National Cancer Institute-designated Comprehensive Cancer Centers (NCICCC), a known factor associated with inferior cancer survival. In fact, most federal exchange networks contained Commission on Cancer (CoC)-accredited hospitals, but not NCICCC. Tennessee, a non-Medicaid expansion state, is in a unique position since its insurance landscape should theoretically be less affected by the ACA. However, the association of this theoretical assumption with provider network breadth influenced by the ACA is unknown.

Design: For this practicum, the Tennessee Cancer Registry was used to identify new precursor B-cell lymphoblastic leukemia in adolescents and young adults between the ages of 15 and 39 from 2004-2009 and 2011-2016. From these new cases, data on the first treating hospitals were retrieved and these hospitals were contacted. NCICCC versus CoC-accredited hospital inclusion under the insurance policies associated with these new diagnoses will be analyzed, reported, and discussed.

Outcomes: 743 new diagnoses of precursor B-cell lymphoblastic leukemia were identified within the Tennessee Cancer Registry from

2004-2009 (268 cases), and from 2011-2016 (475 cases). Final analyses on provider network breadth will be performed once insurance coverage-related information associated with these new diagnoses are obtained.

Interpretation: This project has thus far been educational and career informing. A challenge identified with this practicum is that one is dependent on the first treating hospitals to provide the face sheets associated with new diagnoses.

