



Medicaid Expansion and Paid Sick Leave Save Lives Through Cancer Screening

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To adequately prevent cancer through proper healthcare, having health insurance helps, but it's not enough. Preventing cancer requires both coverage and the flexibility to actually use it. [Our new study](#) found that states that implemented both Medicaid expansion and paid sick leave laws saw significantly greater gains in colorectal cancer (CRC) screening than those with only one or neither policy.

Colorectal cancer is the second leading cause of cancer-related deaths in the U.S., yet it is also highly preventable through early detection. Screening can reduce both the incidence and mortality of colorectal cancer. Still, adherence to screening guidelines remains suboptimal, particularly among low-income and minoritized populations.

Implementing the recommendations from our study's findings to increase both health coverage and available sick days to use that coverage translates into 1.4 million additional screenings and an estimated 34,000 fewer colorectal cancer deaths over four years. That's the power of tackling both financial and logistical barriers to care for patients.

Access Alone Doesn't Equal Action

The Affordable Care Act encouraged states to expand Medicaid coverage for low-income adults, improving access to preventive care by removing a key financial barrier to routine screenings and enabling more consistent use of primary care services. By gaining health insurance through Medicaid, individuals were more likely to establish a regular source of care and afford recommended tests, such as those for colorectal cancer. But even with insurance, many workers still face obstacles to getting screened. Colonoscopies require time off from work, and stool-based tests often need follow-up procedures. Without paid sick leave, many people simply can't afford to take the time off from work to do their screenings.

Our study included states that either: 1) adopted both Medicaid expansion and paid sick leave laws, 2) expanded Medicaid without sick leave, or 3) adopted neither policy.

We found that between 2012 and 2018, colorectal cancer screening rates increased by:

- **2.9 percentage points** in states with both Medicaid expansion and paid sick leave, compared to states with Medicaid expansion alone
- **4.2 percentage points** compared to states with neither policy

These changes represent significant public health impacts. In Medicaid expansion-only states, screening rates were nearly flat, and in states with neither policy, screening rates slightly declined.

Policy Solutions That Work Together

This research shows that combining insurance access with job protections can help achieve national goals for cancer prevention, including those outlined in Healthy People 2030, a federal initiative led by the U.S. Department of Health and Human Services that sets evidence-based objectives to improve health and reduce disparities over the next decade. Medicaid expansion alone did not show the same impact when paid sick leave wasn't also in place.

By addressing different types of barriers—financial through Medicaid and logistical through paid sick leave—policymakers can ensure that people not only have the right to care, but the real opportunity to use it.

What State Policymakers Can Do

1. State governments should adopt or strengthen paid sick leave policies to ensure that individuals, particularly low-income workers covered by Medicaid, can take time off for preventive health services such as cancer screenings. Without access to paid leave, many workers are forced to choose between income and care, reducing the effectiveness of public health coverage. Strengthening these laws would remove a critical barrier to timely preventive care.
2. Policymakers should incentivize the integration of workplace benefit designs with public health objectives. Aligning employer policies—such as paid time off, wellness programs, and flexible scheduling—with preventive care priorities helps ensure that employees can access screenings and early interventions. This alignment supports both workforce well-being and long-term healthcare cost savings.
3. State cancer control plans should include clear support for policies that facilitate access to preventive screenings. These may include paid leave for medical appointments, community outreach, and transportation services. By incorporating these elements into formal plans, states can more effectively promote the uptake of preventive services, particularly among populations at higher risk of delayed diagnosis.

Too many lives are lost because the system isn't designed for working people. States that invest in both insurance coverage and paid leave save lives. It's time we treat these policies not as separate efforts—but as a unified strategy for cancer prevention.

"A difference-in-differences analysis of Medicaid expansion and state paid sick leave laws on colorectal cancer screening" (with Joshua M. Liao, Anna M. Morenz, Joseph H. Joo, and Fernando A. Wilson). *Cancer* 131, no. 10 (2025). <https://doi.org/10.1002/cncr.35904>