

The evidence on Medicaid expansion

Expanding Medicaid increases access to care.

Medicaid expansion improves beneficiaries' ability to access needed health care services.

- According to research published in Health Affairs, Medicaid expansion states experienced a 4.9 percentage point increase in the share of low-income adults with a usual source of care.¹ Separate research found an 11.6 percentage point increase in the proportion of low-income adults with chronic conditions who had regularly received care for those conditions, compared to non-expansion states.² Another study found appointment availability for Medicaid beneficiaries increased 5.4 percentage points across expansion states, while privately insured individuals saw no significant change in appointment availability.³
- Enrollees in Ohio's Medicaid expansion reported increased access to usual and appropriate sources of care and better management of chronic diseases and health risk factors. Enrollees reported that access to medical care had become easier since enrolling in Medicaid, with over 40 percent reporting a decline in unmet health care needs. Nearly 50 percent of enrollees reported improvement in their overall health status since enrolling in Medicaid.⁴
- Medicaid expansion in Arkansas and Kentucky led to a 16.1 and 10.7 percentage point increase in likelihood of having a checkup and, among patients with diabetes, of glucose monitoring.⁵
- Research found a 41 percent increase in the number of preventive care visits to community health centers in expansion states, but no change in non-expansion states.⁶ Medicaid expansions are associated with increased visits to physicians in general practice (6.6 percentage points), overnight hospital stays (2.4 percentage points), and rates of diagnosis of diabetes (5.2 percentage points) and high cholesterol (5.7 percentage points).⁷
- Individuals enrolled in Medicaid experience a higher rate of behavioral health conditions than those with private insurance and may have difficulty accessing treatment. According to the Government Accountability Office, expansion states have increased behavioral health treatment availability compared to non-expansion states.⁸ HHS data shows that the uninsured share of substance use or mental health disorder hospitalizations in expansion states fell from about 20 percent in the fourth quarter of 2013 to about 5 percent by mid-2015.⁹
- Research found a 5.1 percentage point drop in use of the emergency department as a usual source of care as a result of Medicaid expansion.¹⁰ In Oregon, for example, the rate of patient visits to the emergency department and the rate of non-emergent use of the emergency department have both declined since the state expanded Medicaid eligibility.¹¹ Emergency department use decreased in Ohio as well as enrollees were better integrated into the health care system and increasingly connecting to a usual and appropriate source of health care.¹²

Medicaid expansion has drastically reduced the number of uninsured.

- Data published in 2017 show that the absolute gap in insurance coverage between people in households with annual incomes below \$25,000 and those in households with incomes above

\$75,000 was reduced by 46 percent in expansion states. In Medicaid expansion states, the poor also gained 15 percentage points in insurance coverage and 7.7 percentage points in having a primary care provider.¹³

- Ohio's Medicaid expansion provided coverage to over 700,000 low-income Ohioans. Nearly 90 percent were previously uninsured either because they had no prior insurance at all (75.1 percent) or they had lost employer-based insurance (13.9 percent). Gains in ease of access to medical care were largest for those who were previously uninsured.¹⁴
- In 2014, states that expanded Medicaid saw a 38 percent decline in uninsurance rates, while states that had not expanded Medicaid saw only a 9 percent decline in uninsurance rates.¹⁵ Ten of the eleven states with the largest decrease in the rate of uninsurance had expanded Medicaid.¹⁶ Arkansas and Kentucky, for example, cut their uninsured rates in half (22.5 to 11.4 percent and from 20.4 to 9.8 percent, respectively) between 2013 and 2014.¹⁷
- In Medicaid expansion states, uninsured rates were higher in 2013 for people in fair or poor health than for those in good to excellent health. In 2014, after Medicaid expansion was implemented, there was no significant difference in the rate of uninsurance by health status.¹⁸

Expanding Medicaid improves the lives of working Americans.

Medicaid expansion benefits the working class.

- Sixty-two percent of those who would benefit from Medicaid expansion are in working families.¹⁹ Half are working themselves.²⁰ Forty-eight percent work for small employers that are not required to offer health insurance under the Affordable Care Act.²¹ Over half of those in the coverage gap are middle-aged (ages 35 to 54) or near elderly (ages 55 to 64).²²
- Data from the 2015 National Health Interview Survey illustrate that most healthy Medicaid expansion beneficiaries are working or pursuing economic opportunities.²³ Of the beneficiaries not considered permanently disabled: 62 percent are working or in school, and 12 percent are looking for work. Of the expansion adults not working, three-quarters report they are not working in order to care for family members. Medicaid expansion enrollees are more likely to be working or looking for work than the general public, and therefore Medicaid expansion benefits those working Americans.²⁴
- Expansion study participants in Ohio reported that enrollment in Medicaid made it easier to work and to seek work. Seventy-five percent of the study group enrollees who were unemployed but looking for work reported that Medicaid enrollment made it easier to seek employment. For the employed, 52.1 percent reported that Medicaid enrollment made it easier to continue working.²⁵
- Correlational data from roughly 24 months before and after California's 2011–2012 early Medicaid expansion show an impact on the use of payday loans. California's expansion was associated with an 11 percent reduction in the number of loans taken out each month. There were also decreases in the number of unique borrowers each month, and the amount of payday loan debt.²⁶

Medicaid expansion decreases the likelihood that patients delay care because of cost or have trouble paying medical bills.

- Data show that in Medicaid expansion states, the number of poor individuals avoiding care due to cost fell by 7.5 percentage points. The benefits of expansion were particularly large among poor households (6.3 percentage points), the unemployed (11.0 percentage points), those without college degrees (3.2 percentage points), and renters (2.8 percentage points).²⁷
- Ohio's 2015 Medicaid expansion study found that the percentage of Ohio Medicaid enrollees with medical debt fell by nearly half since enrolling in Medicaid (55.8 percent had debt prior to enrollment, while 30.8 percent had debt at the time of the study).²⁸
- Research published in Health Affairs showed the share of low-income adults reporting unmet health care needs because of cost declined 10.5 percent since Medicaid expansion was implemented.²⁹ Low-income adults also reported a 10.5 percent decline in problems paying family medical bills.³⁰
- For example, after expanding Medicaid, Arkansas and Kentucky saw significant reductions in the number of patients skipping medication because of cost (9.9 percentage point reduction) and trouble paying medical bills (8.9 percentage point reduction) relative to Texas, a non-expansion state.³¹
- Seventy percent of adults enrolled in Medicaid said they would not have been able to access or afford this care prior to getting their new coverage.³²

Medicaid expansion improves the health of low-income patients.

- Low-income adults in states that expanded Medicaid face a 6.1 percent decrease in mortality (19.6 deaths per 100,000 adults.)³³ Authors in Health Affairs estimated that between 7,115 and 17,104 deaths are attributable to the lack of Medicaid expansion in non-expansion states.³⁴
- Researchers estimated that, as of January 2014, Medicaid expansion in states that opted out would have resulted in 712,037 fewer positive screenings for depression, 422,553 more diabetics receiving medication for their illness, 195,492 more mammograms among women age 50-64 years and 443,677 more pap smears among women age 21-64.³⁵
- The post-ACA period saw a decrease in the number of uninsured patients with newly diagnosed cancer. This decrease was the largest in low-income patients who resided in expansion states.³⁶ Additional research demonstrated improved receipt of timely care for common surgical conditions (1.8 percentage point increase in the probability of early uncomplicated presentation and 2.6 percentage point increase in the probability of receiving optimal management.)³⁷
- Between 2013 and 2014, the likelihood of reporting fair or poor health and the likelihood of having any functional limitations declined by 3.5 and 4.7 percentage points, respectively, among Medicaid enrollees. Among Medicaid enrollees with chronic conditions, the average number of conditions was smaller in 2014 than in 2013.³⁸
- Longitudinal research has found that individuals eligible for Medicaid since childhood had better health outcomes, and less hospitalizations and emergency room visits in adulthood than their non-eligible peers.³⁹ Other research shows that Medicaid expansions targeted at low-income adults

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are associated with increased receipt of recommended pediatric preventive care for their children.⁴⁰

Expanding Medicaid makes good economic sense.

Medicaid expansion grows state economies and creates jobs.

- More than 433,000 men and women have health care coverage under Medicaid expansion in Louisiana, dropping its uninsured rate over 9.2 percent from 2013. In Fiscal Year 2017, Medicaid expansion saved the state nearly \$200 million. For Fiscal Year 2018, savings surpassed \$350 million. The expansion directly led to the creation of 1,000 new jobs while generating \$4 billion in new revenues for the state's health care providers.⁴¹
- The Urban Institute estimated that non-expansion states are missing out on more than \$420 billion in federal dollars between 2013 and 2022.⁴² From 2017 through 2026, for every \$1 a state spends on Medicaid expansion, it draws in \$7 to \$8 from the federal government.⁴³
- The influx of federal money reverberates through the state economy. In Kentucky, for example, Medicaid expansion is estimated to contribute to \$30.1 billion to the economy by 2021 and have a net positive impact of \$919.1 million on the state budget.⁴⁴
- On average, expansion states saw job growth at 2.4 percent in 2014 while non-expansion states saw 1.8 percent job growth.⁴⁵ The Bureau of Labor Statistics estimates that Medicaid expansion will spur 22 million jobs by 2022.⁴⁶ In Kentucky alone, expansion created 12,000 new jobs in 2014 and is expected to create 40,000 jobs by 2021.⁴⁷ In 2016, Michigan's Medicaid expansion generated over 39,000 jobs,⁴⁸ and in Colorado, the economy supports over 31,000 additional jobs due to Medicaid expansion.⁴⁹
- Research has shown that Medicaid expansion has not resulted in significant negative changes in employment, job switching, or full- versus part-time status.⁵⁰ Another study published in Health Affairs similarly found that Medicaid expansion did not have a negative effect on employment.⁵¹

Medicaid expansion saves state budget dollars.

- Montana's Medicaid expansion program has saved the state health department more than \$30 million since its start in January 2016. The Montana Department of Public Health and Human Services told the Medicaid Expansion Oversight Committee that even as the state continues to pay a share of the costs for recipients under Medicaid expansion, Montana is still ahead of the game. "Our current budget crisis would be worse today in the absence of Medicaid expansion."⁵²
- According to the Kaiser Family Foundation's annual survey of Medicaid directors, twelve states reported that revenues had increased in 2015 or 2016 due to Medicaid expansion.⁵³ In New Mexico, for example, Medicaid expansion generated over \$300 million to the state's general fund.⁵⁴
- The decline in uncompensated care costs incurred by hospitals allows states to invest fewer resources into charity funding programs. Arkansas saved \$17.2 million in state funding; California saved \$1.4 billion; Kentucky saved \$13.5 million; and New Jersey saved \$74 million.⁵⁵

- An investigation following state decisions to expand Medicaid coverage showed that, while many of the newly eligible individuals for Medicaid are adults at high risk for crime, Medicaid expansions have resulted in significant decreases in annual rates of reported crime by up to 5 percent per 100,000 people. The estimated decrease in reported crime amounts to an annual cost savings of nearly \$400 million.⁵⁶
- Fifteen states have realized savings because federal funds may now be used in lieu of state funds to pay for inmates' care.⁵⁷ Colorado, Michigan, and Ohio, for example, have saved between \$5 and \$13 million since 2014.⁵⁸ Continuity in health care coverage may reduce recidivism by enabling access to substance use and mental health treatment services after prisoners are released.⁵⁹
- Thirteen states reported budget savings related to behavioral health because individuals who previously received state-funded behavioral health services may now receive those services under Medicaid.⁶⁰ Michigan, for example, attributed \$180 million in savings in 2014 to a drop in demand for state-funded community mental health programs after Medicaid expansion.⁶¹
- In expansion states, state general fund spending on Medicaid increased on average by 3.4 percent in 2015 compared to 6.9 percent in non-expansion states.⁶² The Kaiser Family Foundation attributed the slower growth of general fund spending to the 100 percent federal match for the expansion population.⁶³ Over two-thirds of expansion states reported that the average per-member-per-month costs were at or below projections for the newly eligible population.⁶⁴

Medicaid expansion protects hospitals.

- Across hospitals in states that expanded Medicaid, charity care provided by hospitals declined 30 percent on average during the first year of Medicaid expansion.⁶⁵ In non-expansion states, the average amount of charity care over the same period increased 10 percent.⁶⁶ Admissions of uninsured patients plummeted 48 percent in expansion states and only two percent in non-expansion states.⁶⁷
- Many rural hospitals are the largest employers in their county and report they are facing layoffs or even closure because of revenue declines.⁶⁸ The closure of the sole hospital in the community reduces per-capita income by \$703 or 4 percent and increases the unemployment rate by 1.6 percentage points.⁶⁹ Research found that Medicaid expansion was associated with improved hospital financial performance and substantially lower likelihoods of closure, especially in rural markets and counties with large numbers of uninsured adults before Medicaid expansion.
- The estimated savings in uncompensated care across all hospitals in Medicaid expansion states totaled \$6.2 billion. Legislation that scales back or eliminates Medicaid expansion is likely to expose hospitals that care for the highest proportion of low-income and uninsured patients to large cost increases. The same savings results are estimated for the 19 states that chose not to expand Medicaid should they adopt expansion.⁷⁰

Medicaid expansion helps lower insurance premiums in the Marketplace

- Marketplace premiums are about 7 percent lower in states that expanded Medicaid compared to non-expansion states.⁷¹

- Compared to families in non-expansion states, low-income families in states that expanded Medicaid saved an average of \$382 in annual spending on health care, including premiums. These low-income families were less likely to report *any* out-of-pocket spending on insurance premiums or medical care than were similar families in non-expansion states.⁷²

For families with some out-of-pocket spending, spending levels (including premiums) were lower in states that expanded Medicaid. Low-income families in Medicaid expansion states were much less likely to have catastrophically high spending levels.⁷³

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