

The Evidence on Medicaid Expansion

Forty states and the District of Columbia have opted to expand Medicaid coverage to certain low-income adults with incomes up to 133 percent of the federal poverty level under the Affordable Care Act (ACA). This document reviews research on the impact of Medicaid expansion in those states.

Expanding Medicaid increases access to care

Medicaid expansion improves beneficiaries' ability to access needed healthcare services.

- Medicaid beneficiaries in expansion states have been able to access preventative care more frequently than those in non-expansion states.
 - Beneficiaries in expansion states experienced a 4.9 percentage point increase in the share of low-income adults with a regular source of care.¹
 - Appointment availability for Medicaid beneficiaries increased 5.4 percent, with no impact on appointment availability for those privately insured.²
 - Research demonstrated 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.³
 - Research found a 5.1 percentage point drop in use of the emergency department as a primary source of care as a result of Medicaid expansion.⁴
- In expansion states, Medicaid beneficiaries are more likely to be able to access specialty care and appointments for chronic health conditions.
 - Low-income adults with chronic conditions received regular healthcare 11.6 percentage points more often in expansion states when compared to non-expansion states.⁵
 - Expansion states are associated with increased visits to physicians in general practice (6.6 percentage points), overnight hospital stays (2.4 percentage points), as well as rates of diagnosis of diabetes (5.2 percentage points) and high cholesterol (5.7 percentage points).⁶
 - Research found that expansion promotes stability of postpartum coverage and increases the use of postpartum outpatient care in the Medicaid program.⁷

STATE HIGHLIGHT: Arkansas, Kentucky, Oregon, & Michigan

- Medicaid expansion in **Arkansas and Kentucky** led to a 16.1 and 10.7 percentage point increase, respectively, in likelihood of having a checkup and, among patients with diabetes, of glucose monitoring.⁸
- In **Oregon and Michigan**, as a result of better access to primary care, emergency department utilization decreased both for emergent and primary care.⁹

Medicaid expansion has drastically reduced the number of uninsured individuals and the amount of uncompensated care.

- Rates of uninsured individuals in non-expansion states are about double the rate of uninsured individuals in expansion states (7.6 percent in expansion states versus 14.1 percent in non-expansion states in 2023).¹⁰
 - In 2014, its initial year, expansion states saw a 38 percent decline in uninsurance rates compared to only a 9 percent decline in non-expansion states, with some states cutting uninsured rates in half.¹¹

- By 2020, uninsured rates among adults in all 5 states that expanded Medicaid in 2019-2020 had declined, including an 8.4 percentage point decline in Idaho, a 7.2 percentage point decline in Virginia, and a 4.9 percentage point decline in Maine.¹²
- Medicaid expansion has shown to be particularly impactful in reducing the uninsured rates for special populations, including pregnant/postpartum people, veterans, people with disabilities, immigrants, and people with chronic health conditions.¹³
- Coverage gaps between lower and higher income households were reduced in expansion states, meaning that income was no longer a deciding factor as to whether an individual has access to health insurance.¹⁴
- Hospitals in expansion states reported providing less than half the amount of uncompensated care compared to hospitals in non-expansion states.¹⁵
 - In expansion states uncompensated care made up approximately 2.8 percent of hospital operating costs. In non-expansion states, uncompensated care made up approximately 7.1 percent of hospital operating costs.¹⁶
 - In states that opted to expand Medicaid, rural hospitals reported a 43 percent decrease in uncompensated care.¹⁷
 - Federally Qualified Health Centers in Medicaid expansion states were 28 percentage points more likely to report financial stability.¹⁸

STATE HIGHLIGHT: Utah & Ohio

- Before **Utah** expanded coverage, new mothers during the six months of postpartum had higher rates of Medicaid coverage loss and accessed fewer Medicaid-financed outpatient visits compared to similarly situated mothers in Colorado, an expanded state.¹⁹
- **Ohio's** Medicaid expansion provided coverage to over 700,000 low-income Ohioans. A majority were previously uninsured either because they had no prior insurance at all or they had lost employer-based insurance. Gains in ease of access to medical care were largest for those who were previously uninsured.²⁰

Medicaid expansion has increased access to treatment for individuals with opioid use disorder and decreased overall opioid overdose deaths.

- Across all states, nearly half of all non-elderly adults with opioid use disorder (OUD) access health insurance through Medicaid, a rate that is even higher in expansion states. This coverage allows individuals with OUD to access treatment, medication, and peer support.²¹
 - Medicaid covers over half of those receiving medicated OUD treatment as well as about two-thirds of those receiving outpatient treatment and peer support services.²²
 - Medicaid expansion is associated with significantly improved access to buprenorphine treatment for OUD, especially in states that expanded Medicaid more recently.²³
- Compared to non-expansion states, Medicaid expansion is associated with a 5 percent lower rate of total opioid-related deaths.²⁴
 - Medicaid expansion was also associated with an 11 percent lower rate of death involving heroin and a 10 percent lower rate of death involving synthetic opioids other than methadone.²⁵

STATE HIGHLIGHT: West Virginia

- **West Virginia** experienced increased use of medication treatment for opioid use disorders among individuals enrolled in the Medicaid expansion program.²⁶
 - The ratio of individuals filing buprenorphine prescriptions to the number of individuals diagnosed with OUD was approximately one in three in early 2014, and by late 2017 rose to greater than 75 percent, indicating that more individuals were receiving additional treatment services needed.²⁷

Expanding Medicaid improves the lives of Americans

Medicaid expansion helps working Americans afford healthcare.

- The majority of Medicaid expansion beneficiaries are working families or individuals. Nearly half of beneficiaries work for small employers that are not required to offer health insurance. Medicaid beneficiaries are more likely than the general public to be either employed or looking for employment.²⁸
- Medicaid expansion has been tied to reductions in both unpaid bills and medical debt, which both have led to improved overall financial health, such as better credit scores and bankruptcy reductions.²⁹
 - States with Medicaid expansion have shown a decrease in medical debt by 12 percent compared to a decrease of only one percent in non-expansion states.
 - Estimates show that approximately half of the decrease in bankruptcy declarations between 2014-2018 were a direct result of individuals accessing Medicaid coverage through state expansions.³⁰
- Adults in expansion states reporting unmet healthcare needs due to cost declined 10.5 percent since the implementation of Medicaid expansion.³¹
- Low-income adults in Medicaid expansion states reported an approximately 10 percent decrease in challenges with paying family medical bills.³²
- Seventy percent of adults enrolled in Medicaid said they would not have been able to access or afford their healthcare prior to the expansion coverage.³³

STATE HIGHLIGHT: California, Ohio, Arkansas, Kentucky, & Michigan

- Correlational data from **California** demonstrates an 11 percent drop in the use of payday loans, unique borrowers, and overall payday loan debt.³⁴
- A majority of **Ohio** Medicaid beneficiaries reported that it was easier to both look for and maintain employment after expansion. Across enrollees medical debt was cut nearly in half.³⁵
- In **Arkansas and Kentucky**, the number of individuals that report skipping medications due to cost or having trouble paying medical bills dropped nearly 10 percent after expansion.³⁶
- Within three years, medical debt collections in **Louisiana** declined by 8.1 percent and medical debt balances decreased by 46.3 percent (approximately \$1000, on average) for individuals who gained coverage under the state's Medicaid expansion.³⁷

Medicaid expansion helps reduce disparities across communities.

- Individuals in expansion states have greater access to care across racial groups and diminished differences in access to care between minority groups and white individuals.³⁸
 - In expansion states, the healthcare access disparities gap decreased by 4.1 percent for Black adults and 9.4 percent for Hispanic adults compared to white adults.³⁹
 - In Medicaid expansion states, Black adults reported coverage rates and access to care equal or greater than white adults in non-expansion states.⁴⁰
- Expansion states have increased behavioral health treatment availability compared to non-expansion states. US Department of Health and Human Services (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-2015.⁴¹

- People with disabilities in expansion states are more likely to have access to healthcare insurance, receive preventative/primary care services, and reduce their out-of-pocket spending on healthcare.⁴²
- Approximately half of all adult women under the age of 65 covered by Medicaid are enrolled via expansion. Since women are more likely to face poverty, Medicaid has been shown to be a protective factor from unexpected or catastrophic healthcare costs.⁴³
- Medicaid covers at least 41 percent of all births nationwide and has been linked to better maternal and infant outcomes. These benefits follow infants into childhood and even into adulthood often resulting in not only better childhood and adult health but also improvements in educational and employment outcomes.⁴⁴

Medicaid expansion improves the health of low-income patients.

- Medicaid expansion lowers mortality among older and younger enrollees and saves lives. Between 2010 and 2022, Medicaid expansions reduced mortality by 2.5 percent, saving an estimated 27,400 lives.⁴⁵
- Low-income adults in states that expanded Medicaid face a 6.1 percent decrease in mortality (19.6 deaths per 100,000 adults.) It is estimated that between 7,115 and 17,104 deaths are attributable to the lack of Medicaid expansion in non-expansion states.^{46,47}
- The post-ACA period saw a decrease in the number of uninsured patients with newly diagnosed cancer. This decrease was the largest for low-income patients who resided in expansion states.⁴⁸
- 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.)⁴⁹
- 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 2013.⁵⁰
- Medicaid expansion is associated with slowed rates of health decline for low-income adults in Southern states.⁵¹

Expanding Medicaid makes good economic sense

Medicaid expansion saves states money, grows their economies, and creates jobs.

- Increased federal revenue to states via Medicaid expansion has allowed healthcare providers and facilities to bolster economies by providing more and higher paying jobs and increasing vendor purchasing which in turn bolsters consumer economies and tax revenue.⁵²
 - States that have expanded Medicaid demonstrated a reduction in funding just below five percent when compared to states that have not expanded Medicaid. The majority of these savings come from traditional Medicaid, mental health, substance use disorder treatment, and correctional care spending reductions as well as decreases in uncompensated care.⁵³
 - Non-expansion states are estimated to miss out on more than \$420 billion federal dollars. From 2017 through 2026, for every \$1 a state spends on Medicaid expansion, it draws in \$7 to \$8 from the federal government.^{54,55}
 - Medicaid expansion does not reduce the number of beneficiaries who are employed. In fact, expanding Medicaid has been tied with higher employment rates and the creation of new jobs.⁵⁶

- The majority, 61 percent, of Medicaid beneficiaries are employed with an additional 30 percent acting as caregivers, attending school, or having a disability that impacts their ability to work. Meaning the vast majority of people enrolled in Medicaid expansion who are able to work are employed.⁵⁷
- During the pre-Covid era (2015-2019), Medicaid expansion was not found to be associated with substantial state spending increases, and despite increased Medicaid enrollment this continued during the COVID pandemic, between 2020-2022. An increase in federal spending may have protected state budgets so that state Medicaid expenditures did not, in fact, impact total state spending or crowd out other budget categories, like K-12 education.⁵⁸

STATE HIGHLIGHT: New Mexico, Michigan, Louisiana, Idaho, Montana, & North Carolina

- In **New Mexico**, Medicaid expansion was tied to an additional \$300 million in state funds.⁵⁹
- **Michigan** added over 39,000 new jobs in a single year and increased their rate of employment for Medicaid beneficiaries by 6 percent while the rest of the states' population employment rates remained flat.⁶⁰
- In **Louisiana**, Medicaid expansion has not only saved the state millions of dollars annually, but it has also generated billions in revenue and directly led to the creation of 1,000+ new jobs.⁶¹
- Recent estimates from **Idaho** demonstrated that Medicaid expansion not only saved the state money but for every federal dollar the state saw \$1.82 in economic activity as well as the creation of over 9,000 new jobs and a combined nearly \$47 million in tax revenue.⁶²
- **Montana** public health leaders reported that their state's budget crisis would be "worse today in the absence of Medicaid expansion" and the millions of dollars the program has saved the state.⁶³
- **North Carolina**, which qualified for a two-year, five percentage point increase in their FMAP when the state expanded Medicaid incurred savings because of the extra federal funds, allowing the state to fund rural healthcare centers and behavioral health services.⁶⁴

Medicaid expansion protects hospitals, clinics, and physicians.

- Hospitals in expansion states face not only lower rates of uncompensated care, but also higher payment and reimbursement rates. For hospitals in expansion states that did not provide maternity care, this also led to significant drops in hospital closures.⁶⁵
- In states that expanded Medicaid, hospitals had a 30 percent drop in the financial assistance (sometimes referred to as "charity care") necessary to be provided to their patients. In the same time period, hospitals in non-expansion states reported a 10 percent increase in the amount of financial assistance needed.⁶⁶
- When compared to hospitals in non-expansion states, hospitals in expansion states reported significantly lower spending, resulting in savings of over \$1.5 million annually.⁶⁷
- Rural hospitals in expansion states reported higher median operating margins than rural hospitals in non-expansion states. This difference becomes even more stark when aid related to the COVID-19 pandemic was controlled for.⁶⁸
 - Many rural hospitals are the largest employers in their county and report they are facing layoffs or even closure because of revenue declines. 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 shows that rural hospitals in expansion states are significantly less likely to face closure.⁷⁰
- Federally qualified health centers and community health centers in expansion states reported significant jumps in revenue after their state expanded Medicaid.⁷¹

- Primary care physicians practicing in expansion states reported higher salary growth when compared to those practicing in non-expansion states. Further, primary care physicians practicing in rural settings in expansion states reported anticipating more attractive compensation packages.⁷²

Medicaid expansion protects patients.

- Marketplace premiums are about 7 percent lower in states that expanded Medicaid compared to non-expansion states. Further, estimates show that marketplace premiums are increasing about 8 percent faster in non-expansion states.⁷³
- Families in expansion states were more likely to report affordable out-of-pocket spending on healthcare expenses, 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.⁷⁴
- The expansion of Medicaid has been linked to lessening of personal debt by over \$1000 and reductions in evictions among low-income renters when compared to states that did not expand Medicaid.⁷⁵
- Medicaid expansion has been tied to reductions in overall state crime rates, with reported crimes decreasing by up to 5 percent per 100,000 people, also resulting in annual cost savings of almost \$400 million.⁷⁶

Please contact Annalia Michelman, Senior Attorney in the AMA Advocacy Resource Center, at annalia.michelman@ama-assn.org for assistance with Medicaid expansion in your state.

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⁷⁴Sherry Glied, Ougni Chakraborty & Therese Russo, How Medicaid Expansion Affected Out-of-Pocket Health Care Spending for Low-Income Families, Commonwealth Fund (Aug 2017), <https://pubmed.ncbi.nlm.nih.gov/28829534>.

⁷⁵Ortaliza, *supra* note 73.

⁷⁶Jacob Vogler, Access to Health Care and Criminal Behavior: Short-Run Evidence from the ACA Medicaid Expansions, 39 *J Policy Analysis & Management* 4, 1166-1213 (July 2020), available at <https://doi.org/10.1002/pam.22239>.