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Thirty-three states and the District of Columbia have expanded Medicaid since 2014. As experience with Medicaid expansion grows, states and independent researchers are generating studies that evaluate its impacts at both the state and national levels. This resource highlights articles published since January 2018 that report on those impacts, organized by health access and outcomes, economic impacts, and coverage impacts. For additional expansion resources, visit shvs.org.

Health Access and Outcomes

In this section, we review studies that show the impact of Medicaid expansion on access to and the use of health care services, including the use of preventive care, prescriptions, and earlier treatment for certain health conditions, as well as improved health outcomes, such as reductions in infant mortality.

Medicaid Expansion and Infant Mortality in the United States

The infant mortality rate declined in Medicaid expansion states (5.9 to 5.6 deaths per 1,000 live births) from 2014 to 2016; the rate rose in non-expansion states (6.4 to 6.5 deaths per 1,000 live births) during the same time period. In examining declines by race/ethnicity, declines were most striking among African American infants. The infant mortality rate decline in African American infants in Medicaid expansion states was more than twice the decline in African American infants in non-Medicaid expansion states.

Bhatt C and Beck-Sague C, "Medicaid expansion and infant mortality in the United States." *Am J Public Health*. 2018; 108(4): e1–e3. <http://ajph.aphapublications.org/doi/pdf/10.2105/AJPH.2017.304218>. Published April 2018. Accessed August 27, 2018.

Racial/Ethnic Differential Effects of Medicaid Expansion on Health Care Access

Among low-income, nonelderly adults, Medicaid expansion was associated with gains in health insurance coverage, enrollees having personal doctors, and affordability. The expansion had differential effects among racial/ethnic groups, with Hispanics seeing the fewest benefits.

Yue D, Rasmussen P, and Ponce N, "Racial/ethnic differential effects of Medicaid expansion on health care access," *Health Serv Res*. 2018, abstract only. <http://onlinelibrary.wiley.com/doi/10.1111/1475-6773.12834/abstract>. Published February 2018. Accessed August 27, 2018.

Association of the Affordable Care Act Medicaid Expansion with Access to and Quality of Care for Surgical Conditions

Medicaid expansion was associated with a 7.5 percentage point increase in insurance coverage for patients with one of five common surgical conditions; earlier presentation of common diagnoses; and earlier obtainment of care in the disease course, with an increased probability of patients receiving optimal care for those conditions.

Loehrer A, Chang DC, Scott JW, et al., "Association of the Affordable Care Act Medicaid expansion with access to and quality of care for surgical conditions," *JAMA Surg*. 2018; 153(3), abstract only. <https://jamanetwork.com/journals/jamasurgery/article-abstract/2670459?redirect=true>. Published March 2018. Accessed August 27, 2018.

Community Health Centers: Growing Importance in a Changing Health Care System

In Medicaid expansion states, community health centers were found to have higher average revenue than community health centers in non-expansion states, with Medicaid serving as a more important source of revenue in expansion states. That higher revenue translates into expansion state health centers serving a higher average number of patients. These health centers were also more likely to provide substance use disorder services, mental health services, and vision care services than health centers in non-expansion states.

Rosenbaum S, et al., “Community health centers: Growing importance in a changing health care system,” *Henry J. Kaiser Family Foundation*. 2018. <https://www.kff.org/report-section/community-health-centers-growing-importance-in-a-changing-health-care-system-issue-brief/>. Published March 2018. Accessed August 27, 2018.

The Effects of Medicaid Expansion Under the ACA: A Systematic Review

Expansion was associated with increases in: insurance coverage among potentially eligible individuals; primary care, mental health and preventive visit service use; and quality of care related to improved glucose monitoring for patients with diabetes, better controlled hypertension, improved rates of prostate cancer screening, and higher rates of Pap testing.

This study analyzed 77 published studies. In addition to increases in service use and quality of care, it also found that Medicaid expansion was associated with increases in coverage and Medicaid expenditures, and improved hospital financial performance.

Mazurenko O, et al., “The effects of Medicaid expansion under the ACA: A systematic review,” *Health Affairs*. 2018; 37(6), abstract only. <https://www.healthaffairs.org/doi/abs/10.1377/hlthaff.2017.1491>. Published June 2018. Accessed August 27, 2018.

The Role of Health Insurance on Treatment for Opioid Use Disorders: Evidence From the Affordable Care Act Medicaid Expansion

Opioid admissions to specialty treatment facilities increased 18 percent in expansion states, most of which involved outpatient medication-assisted treatment (MAT). Medicaid opioid admissions increased 113 percent without crowding out non-Medicaid admissions. These effects were largest in expansion states with comprehensive MAT coverage.

Meinhofer A and Witman A, “The role of health insurance on treatment for opioid use disorders: Evidence from the Affordable Care Act Medicaid expansion,” *J Health Econ*. 2018; 60:177–197, abstract only. <https://www.sciencedirect.com/science/article/abs/pii/S0167629617311530>. Published July 2018. Accessed August 27, 2018.

Medicaid Eligibility Expansions May Address Gaps in Access to Diabetes Medications

Medicaid expansion was associated with 30 additional diabetes prescriptions filled per 1,000 population among adults ages 20 to 64 in 2014 and 2015, relative to experience in states that did not expand Medicaid eligibility. Overall, prescription fills for insulin and for newer medications (e.g., rapid- and long-acting insulin analogues) increased 40 percent and 39 percent respectively among Medicaid adults in expansion states.

Myerson R, Lu T, Tonnu-Mihara I, and Huang E, “Medicaid eligibility expansions may address gaps in access to diabetes medications,” *Health Affairs*. 2018; 37(8), abstract only. <https://www.healthaffairs.org/doi/abs/10.1377/hlthaff.2018.0154>. Published August 2018. Accessed August 27, 2018.

2018 Ohio Medicaid Group VIII Assessment: A Follow-Up to the 2016 Ohio Medicaid Group VIII Assessment

Among Ohio's Medicaid expansion enrollees, use of primary care as a usual source of care increased from 71.2 percent in 2016 to 78.7 percent in 2018. Emergency department utilization decreased by nearly 17 percent after two years of continuous enrollment in Medicaid expansion. The percentage of expansion enrollees with a primary opioid use disorder diagnosis receiving treatment increased from 93.8 percent in 2015 to 95.6 percent in 2017. Ohio's expansion enrollees also were more than three times as likely to report that their physical and mental health had improved since enrolling in Medicaid.

In addition to impacts on health access and outcomes, the study also reported that more than 80 percent of employed Medicaid expansion enrollees reported that Medicaid made it easier to work, while 60 percent of unemployed expansion enrollees reported that Medicaid made it easier to look for work. The study also reported that the uninsured rate among Ohio's adults fell by 50 percent after Ohio expanded Medicaid.

"2018 Ohio Medicaid Group VIII assessment: A follow-up to the 2016 Ohio Medicaid Group VIII assessment," *Ohio Department of Medicaid*. 2018. <http://medicaid.ohio.gov/Portals/0/Resources/Reports/Annual/Group-VIII-Final-Report.pdf>. Published August 2018. Accessed August 27, 2018.

Association of Access to Family Planning Services with Medicaid Expansion Among Female Enrollees in Michigan

More than one-third of low-income women of reproductive age in Michigan reported increased access to birth control and family planning services after enrollment in the Healthy Michigan Plan, Michigan's Section 1115 Medicaid Expansion waiver program.

Moniz MH, et al. "Association of access to family planning services with Medicaid expansion among female enrollees in Michigan," *JAMA Network Open*. 2018; 1(4). <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2698636>. Published August 31, 2018. Accessed September 4, 2018.

Economic Impacts

The studies that follow review the impact of Medicaid expansion on state budgets, including resulting budget savings and additional revenue; job creation and increased employment; and hospital closures.

Understanding the Relationship Between Medicaid Expansions and Hospital Closures

Medicaid expansion was associated with substantially lower likelihoods of hospital closures, particularly in rural markets and counties with large numbers of uninsured adults before Medicaid expansion.

Lindrooth R, Perrailon M, Hardy R, and Tung G, "Understanding the relationship between Medicaid expansions and hospital closures," *Health Affairs*. 2018; 37(1), abstract only <https://www.healthaffairs.org/doi/abs/10.1377/hlthaff.2017.0976>. Published January 2018. Accessed August 27, 2018.

Medicaid Expansion and the Louisiana Economy

As of March 2018, Medicaid expansion has created nearly 19,200 jobs, enhanced state revenues by more than \$100 million, and enhanced local revenues by nearly \$75 million across Louisiana and political subdivisions.

Richardson JA, Llorens JJ, and Heidelberg RL, "Medicaid expansion and the Louisiana economy," *LSU*. 2018. <http://gov.louisiana.gov/assets/MedicaidExpansion/MedicaidExpansionStudy.pdf>. Published March 2018. Accessed August 27, 2018.

Medicaid Expansion: How It Affects Montana's State Budget, Economy, and Residents

Montana's state budget savings through state fiscal year 2017 exceeded \$36 million as a result of Medicaid expansion. Medicaid expansion also helped to reduce hospitals' uncompensated care costs by more than \$100 million in 2016.

In addition to economic impacts, this study found that over 65,000 expansion adults accessed preventive services in calendar years 2016 through 2017.

Manatt Health, "Medicaid expansion: How it affects Montana's state budget, economy, and residents," *Montana Healthcare Foundation*. 2018. https://mthcf.org/wp-content/uploads/2018/06/Manatt-MedEx_FINAL_6.1.18.pdf. Published June 2018. Accessed August 27, 2018.

Coverage Impacts

Here we highlight studies that look at the impact of Medicaid expansion on rates of uninsurance among low-income adults generally and specifically with respect to low-income women of reproductive age and individuals with substance use disorders.

Medicaid Versus Marketplace Coverage for Near-Poor Adults: Effects on Out-Of-Pocket Spending and Coverage

For adults with family incomes of 100 percent to 138 percent of the federal poverty level, Medicaid expansion was associated with a 4.5 percentage point reduction in the probability of being uninsured as well as reduced out-of-pocket spending. Relative to marketplace coverage, Medicaid expansion reduced average total out-of-pocket spending by \$344, and compared to marketplace coverage in non-expansion states, Medicaid expansion was associated with a 4.1 percentage point reduction in the probability of having a high out-of-pocket premium spending burden (i.e., spending more than 10% of income), and a 7.7 percentage point reduction in the probability of having any out-of-pocket spending.

Blavin F, Karpman M, Kenney G, and Sommers B, "Medicaid versus Marketplace coverage for near-poor adults: Effects on out-of-pocket spending and coverage," *Health Affairs*. 2018; 37(2), abstract only <https://www.healthaffairs.org/doi/abs/10.1377/hlthaff.2017.1166>. Published January 2018. Accessed August 27, 2018.

Impacts of the Affordable Care Act's Medicaid Expansion on Women of Reproductive Age: Differences by Parental Status and State Policies

Medicaid expansion decreased uninsurance among low-income women of reproductive age (19 to 44 years old) by 13.2 percentage points. The greatest effects were experienced by women without dependent children and women residing in states with relatively lower pre-ACA Medicaid eligibility levels, or with no family planning waiver before the ACA.

Johnston E, Strahan A, Joski P, Dunlop A, and Adams EK, "Impacts of the Affordable Care Act's Medicaid expansion on women of reproductive age: Differences by parental status and state policies," *Women's Health Issues*. 2018; 28(2):122–129. [http://www.whijournal.com/article/S1049-3867\(17\)30242-6/pdf](http://www.whijournal.com/article/S1049-3867(17)30242-6/pdf). Published February 2018. Accessed August 27, 2018.

Medicaid Expansion Dramatically Increased Coverage for People with Opioid-Use Disorders, Latest Data Show

The share of hospitalizations in which patients with opioid-use disorders (OUDs) were uninsured fell dramatically in states that expanded Medicaid (13.4% in 2013 versus 2.9% in 2015) as many uninsured people coping with OUDs gained coverage through Medicaid expansion. Opioid-related hospitalizations were higher in expansion than non-expansion states as early as 2011 and have been growing at roughly the same rate in expansion and non-expansion states since expansion took effect, rebutting the claim that Medicaid expansion has contributed to the opioid crisis.

Broaddus M, Bailey P, and Aron-Dine A, “Medicaid expansion dramatically increased coverage for people with opioid-use disorders, latest data show,” *Center on Budget and Policy Priorities*. 2018. <https://www.cbpp.org/research/health/medicaid-expansion-dramatically-increased-coverage-for-people-with-opioid-use>. Published February 2018. Accessed August 27, 2018.

ACA Medicaid Expansion: Benefit for Women with Gynecologic Cancers

A greater percentage of women with gynecologic cancers (i.e., cervical, uterine or ovarian cancer) were uninsured in non-expansion states compared to expansion states (11.5% versus 5.6%). Overall, the number of uninsured dropped by 56 percent in states that participated in Medicaid expansion and by 14 percent in those that did not. The benefits of Medicaid expansion were most dramatic among African American patients, who saw a 65 percent decline in uninsured status in Medicaid expansion states versus a 13 percent relative decrease in non-expansion states.

Furlow B, “ACA Medicaid expansion: Benefit for women with gynecologic cancers,” *SGO*. 2018. <http://www.cancernetwork.com/sgo/aca-medicaid-expansion-benefit-women-gynecologic-cancers>. Published March 2018. Accessed August 27, 2018.

Louisiana Health Insurance Survey, 2017

Medicaid expansion has contributed to a drop in the uninsured rate among nonelderly adults in Louisiana. In 2017, the uninsured rate among this population was 11.4 percent, compared to 22.7 percent in 2015. Among Medicaid-eligible children, 2.6 percent remain uninsured.

Barnes SR, Henderson M, Terrell D, and Virgets S, “Louisiana health insurance survey, 2017,” *LSU*. 2018. <http://ldh.la.gov/assets/media/2017-Louisiana-Health-Insurance-Survey-Report.pdf>. Published August 2018. Accessed August 27, 2018.

Impact of Medicaid Expansion on Coverage and Treatment of Low-Income Adults with Substance Use Disorders

The percentage of low-income expansion state residents with substance use disorders who were uninsured decreased from 34.4 percent in 2012–2013 to 20.4 percent in 2014–2015, while the corresponding decrease among residents of non-expansion states was from 45.2 percent to 38.6 percent. There was no corresponding increase in overall substance use disorder treatment in either expansion or non-expansion states.

Olfson M, Wall M, Barry CL, Mauro C, and Mojtabai R, “Impact of Medicaid expansion on coverage and treatment of low-income adults with substance use disorders,” *Health Affairs*. 2018; 37(8), abstract only. <https://www.healthaffairs.org/doi/10.1377/hlthaff.2018.0124>. Published August 2018. Accessed August 27, 2018.

Comparison of Insurance Status and Diagnosis Stage among Patients with Newly Diagnosed Cancer Before vs After Implementation of the Patient Protection and Affordable Care Act

Almost all states experienced a reduction in the percentage of uninsured patients in 2014, with greater decreases in expansion than non-expansion states. In states that expanded Medicaid, individuals were diagnosed with cancer at a slightly earlier stage for most cancer types.

Han X, Yabroff KR, Ward E, Brawley OW, and Jemal A, "Comparison of insurance status and diagnosis stage among patients with newly diagnosed cancer before vs after implementation of the Patient Protection and Affordable Care Act," *J Clin Oncol*. 2018. <https://jamanetwork.com/journals/jamaoncology/article-abstract/2697226>. Published online August 23, 2018. Accessed September 5, 2018.

Association of State Medicaid Expansion with Rate of Uninsured Hospitalizations for Major Cardiovascular Events, 2009–2014

States that expanded Medicaid saw a 5.8 percentage point decrease in the proportion of uninsured hospitalizations for major cardiovascular events compared with non-expansion states. Expansion states also had an 8.4 percentage point increase in the proportion of Medicaid hospitalizations after Medicaid expansion relative to non-expansion states.

Akhabue E, Pool LR, Yancy CW, et al. "Association of state Medicaid expansion with rate of uninsured hospitalizations for major cardiovascular events, 2009–2014," *JAMA Network Open*. 2018; 1(4). <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2698077>. Published August 24, 2018. Accessed September 4, 2018.

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ABOUT MANATT HEALTH

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