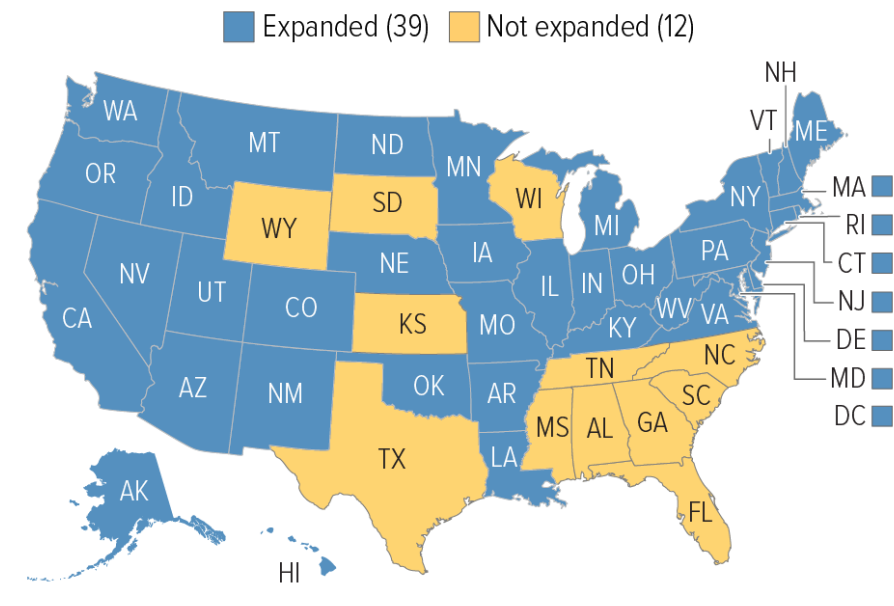


Updated October 21, 2020

Chart Book: The Far-Reaching Benefits of the Affordable Care Act's Medicaid Expansion

So far, 39 states (including Washington, D.C.) have expanded Medicaid coverage to low-income adults under the Affordable Care Act (ACA).

Status of State Medicaid Expansion in 2021



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A growing body of research shows that Medicaid expansion is yielding significant benefits for those gaining coverage, their families, and their communities. This infographic highlights a number of the studies.

ACA Medicaid Expansion Improving Access to Care, Health, and Financial Security, Research Finds



Access to care: More low-income adults with a **personal physician**, getting **check-ups and other preventive care**, and getting regular care for **chronic conditions**; increases in number of people getting **medication-assisted treatment** for opioid use disorders; greater access to **mental health care**.



Health outcomes: Fewer **premature deaths** among older adults, with **at least 19,000 lives saved**; improvements in overall **self-reported health**; reductions in share of low-income adults screening positive for **depression**; improved **diabetes and hypertension control**; increases in **early-stage cancer diagnoses**; decreases in share of patients receiving **surgical care inconsistent with medical guidelines**.



Financial security: Reductions in share of low-income adults **struggling to pay medical bills**; \$1,140 reduction in **medical debt per person** gaining coverage through expansion; reductions in **evictions** among low-income renters.



Economic mobility: Better access to **credit**, including **lower-interest mortgages, auto, and other loans**, with annual interest savings amounting to \$280 per adult gaining coverage; majorities of adults gaining coverage through expansion in Michigan and Ohio report coverage makes it **easier for them to work or look for work**.



Reducing uncompensated care: 55 percent drop in **hospital uncompensated care costs** (\$17.9 billion in 2016) in expansion states, compared to 18 percent in non-expansion states; improvements in **hospital budgets**, especially for rural hospitals.

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The charts below show how Medicaid expansion leads to:

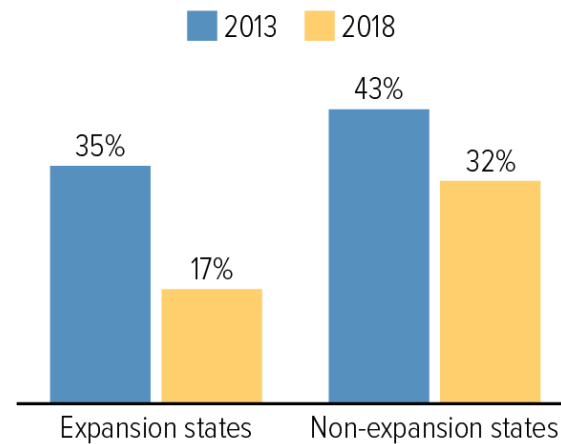
- Increased health coverage
- Better access to health care
- Better health outcomes, including fewer premature deaths
- More financial security and opportunities for economic mobility
- Lower uncompensated care costs
- A stronger response to COVID-19

Increased Health Coverage

While all states saw coverage gains after the ACA's major coverage provisions took effect in 2014, expansion states saw much larger drops in uninsured rates for low-income people.

Expansion States Saw Large Drop in Uninsured Rates

Uninsured rate among non-elderly adults with incomes below 200% of poverty line



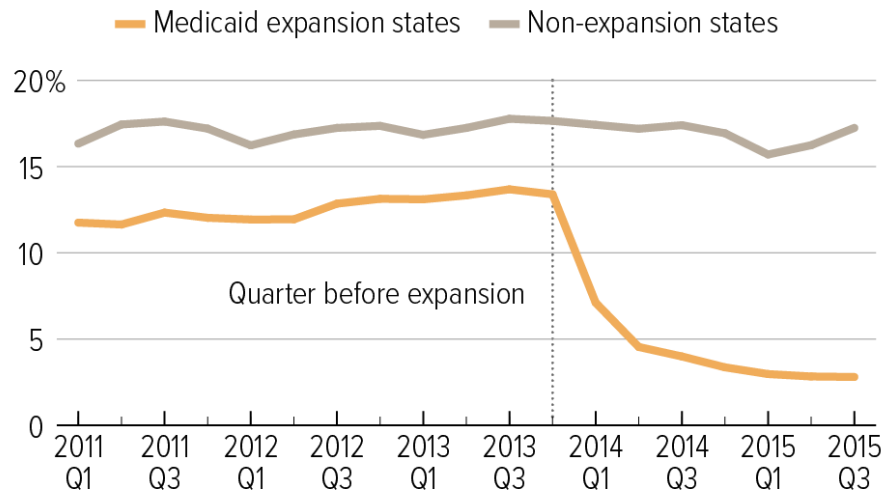
Note: States can expand their Medicaid program to low-income adults under the Affordable Care Act. Expansion took effect in 2014.

Source: CBPP analysis of Census Bureau data

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Medicaid expansion has been especially critical for expanding coverage to those with opioid-use disorders. There's an acute need for treatment for opioid-use disorders and other substance use disorders; a record *63,000 people* died of drug overdoses in 2016, with 42,200 due to opioid use. Since Medicaid expansion took effect, the share of opioid-related hospitalizations in which the patient was uninsured has plummeted 79 percent in expansion states, compared to just 5 percent in non-expansion states.

Medicaid Expansion Sharply Reduced Share of Opioid-Related Hospitalizations in Which Patient Was Uninsured



Medicaid expansion refers to extending coverage to low-income adults under the Affordable Care Act.

Source: CBPP analysis of Healthcare Cost and Utilization Project data from the Agency for Healthcare Research and Quality. Analysis includes 26 states for which data are available for all of 2011-2015 and which either expanded Medicaid in January 2014, or had not expanded as of October 2015

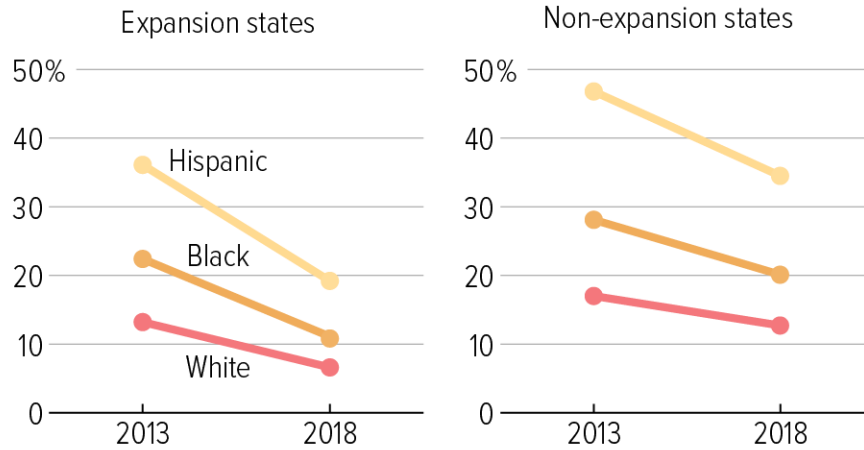
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Longstanding racial disparities in health coverage and access to care — the product of factors such as racism, economic and health system inequities, and immigrants’ restricted eligibility for public health coverage — are still significant but have narrowed since the ACA’s major coverage provisions took effect in 2014.

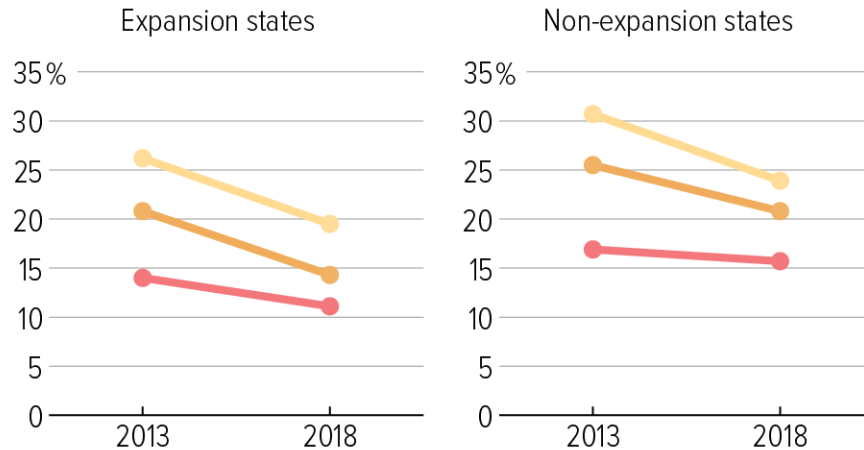
The gap in uninsured rates between white and Black adults shrank by 51 percent in expansion states (versus 33 percent in non-expansion states), while the gap between white and Hispanic adults shrank by 45 percent in expansion states (27 percent in non-expansion states). The ACA, particularly Medicaid expansion, also helped narrow racial disparities in those not seeking care due to cost.

Medicaid Expansion Reduced Racial and Ethnic Disparities in Both Coverage and Access to Care

Uninsured rate, adults (ages 18-64)



Share of adults avoiding medical care due to cost



Note: ACA = Affordable Care Act. Black and white racial categories exclude those identifying as Hispanic; Hispanic can include any race.

Source: Census' 2013 and 2018 American Community Surveys (uninsured rate), and Commonwealth Fund (share avoiding care)

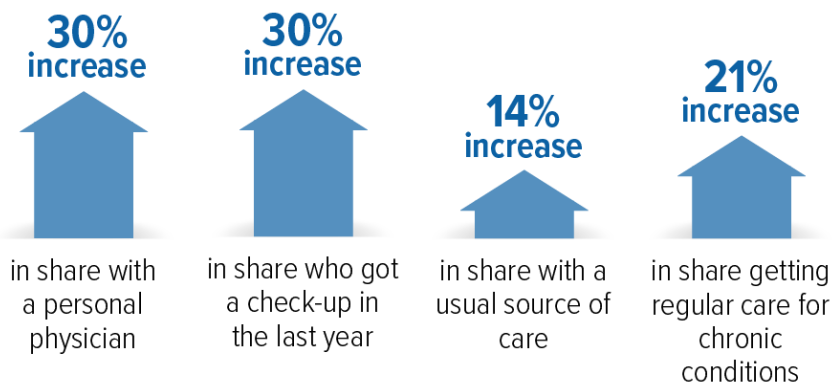
Better Access to Health Care

Harvard University researchers periodically surveyed poor adults in Arkansas, Kentucky, and Texas about their access to care and their health. After Arkansas and Kentucky adopted the expansion, adults there were likelier to have a personal physician, receive care for chronic conditions, and receive an annual check-up — improvements not seen in Texas, which hasn't expanded.

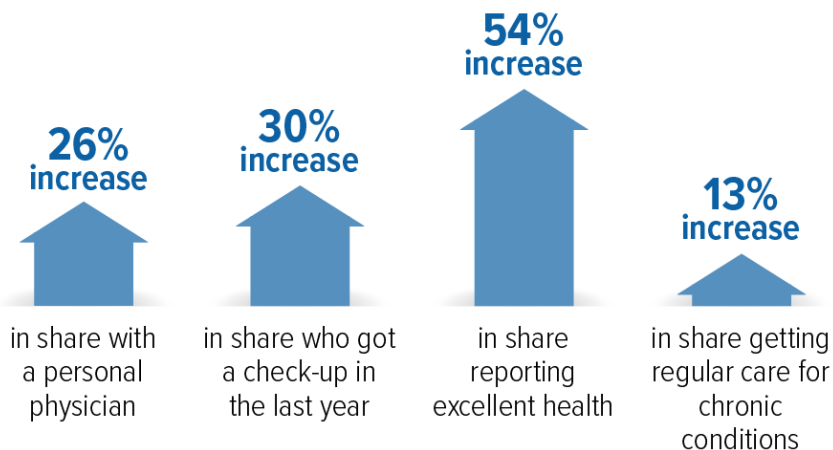
Affordable Care Act's Medicaid Expansion Increasing Low-Income People's Access to Health Care in Arkansas and Kentucky

Estimated effect through 2016

Arkansas



Kentucky

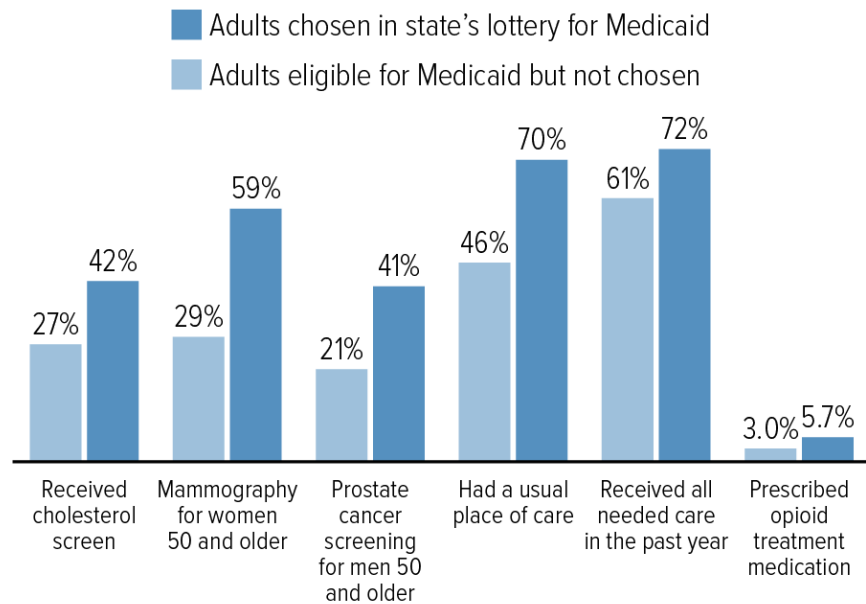


Note: Medicaid expansion refers to extending coverage to low-income adults under the Affordable Care Act. The study estimated changes in outcomes in Kentucky and Arkansas relative to changes in Texas, which did not expand Medicaid.

Source: CBPP calculations from Sommers, et al., Health Affairs, 2017

In 2008, Oregon expanded Medicaid to a limited number of low-income adults chosen in a lottery from among those eligible. This approach enabled researchers to compare outcomes for those selected through the lottery to otherwise-similar adults not selected. Researchers found that those enrolled in this limited Medicaid expansion had greater access to health care (including treatment for opioid-use disorders), more regular diagnostic and preventive screenings, and higher-quality care.

Oregon Adults in Medicaid Have Better Health Care Access and Quality

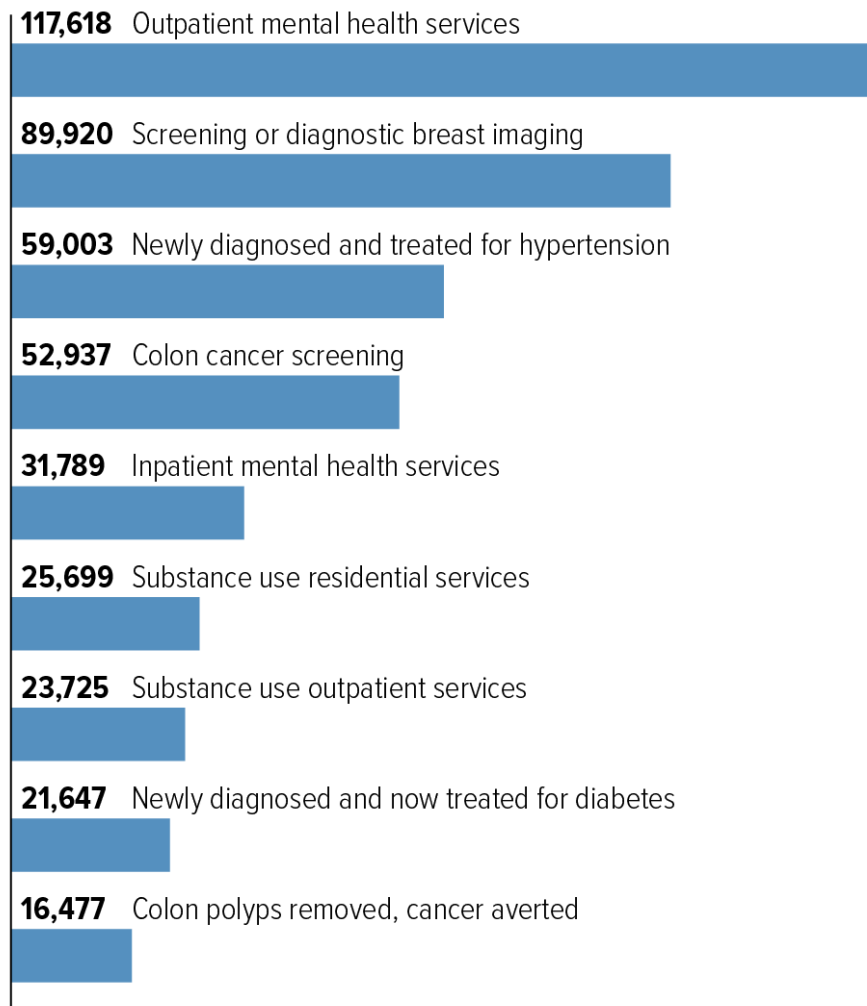


Sources: Katherine Baicker, Sarah L. Taubman, et al., May 2013 and Katherine Baicker, Heidi L. Allen, et al., December, 2017

More than 550,000 Louisianans have enrolled in expansion coverage since the state adopted the expansion in 2016. These low-income adults are receiving critical mental health services and substance use disorder care, as well as diagnosis and treatment for diabetes, hypertension, and cancer.

Medicaid Expansion Enrollees in Louisiana Receiving Important Health Services

Adult expansion enrollees receiving select services, July 2016 - August 31, 2020

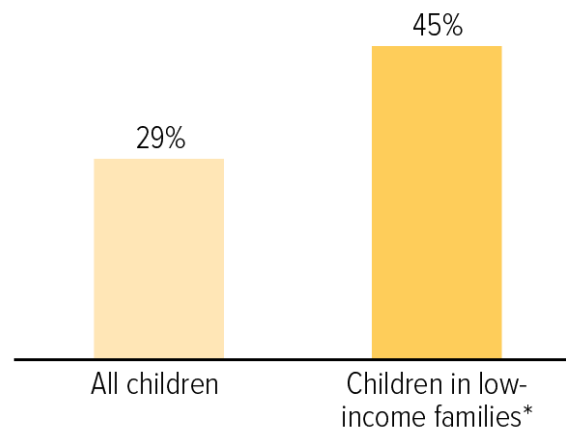


Note: States have the option to expand their Medicaid programs under the Affordable Care Act
Source: Louisiana Department of Health

The American Academy of Pediatrics recommends that children adhere to a regular schedule of well-child visits with their primary care physician. Researchers find that children, especially low-income children, are more likely to receive an annual well-child visit when their parent is enrolled in Medicaid. Having their own coverage likely helps parents navigate the health care system for both themselves and their children.

Children Likelier to Have a Well-Child Visit if Parent Enrolled in Medicaid

Increased likelihood of well-child visit if parent enrolled in Medicaid



*Family incomes between 100 percent and 200 percent of federal poverty line

Source: Analysis using Medical Expenditure Panel Survey data on well-child visits and Kaiser Family Foundation survey findings on Medicaid eligibility.

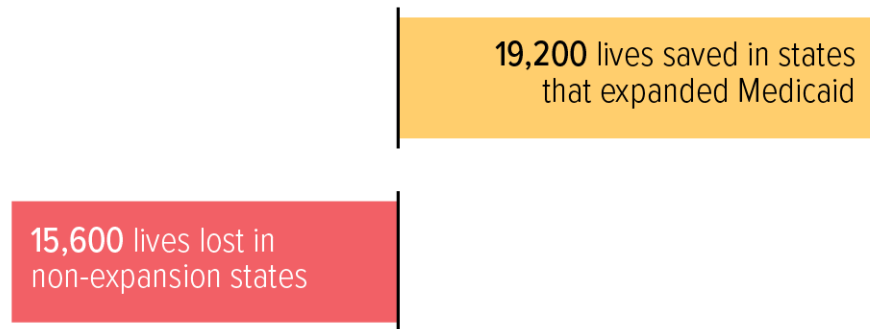
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Better Health Outcomes, Including Fewer Premature Deaths

Medicaid expansion saved the lives of at least 19,200 adults aged 55 to 64 between 2014 and 2017, a landmark study finds. Conversely, more than 15,600 older adults died prematurely because of state decisions not to expand Medicaid.

State Decisions to Expand Medicaid a Matter of Life and Death, New Research Shows

Cumulative impact on mortality among older adults, 2014-2017



Note: Older adults are those aged 55 to 64 at the onset of the study period, 2014.

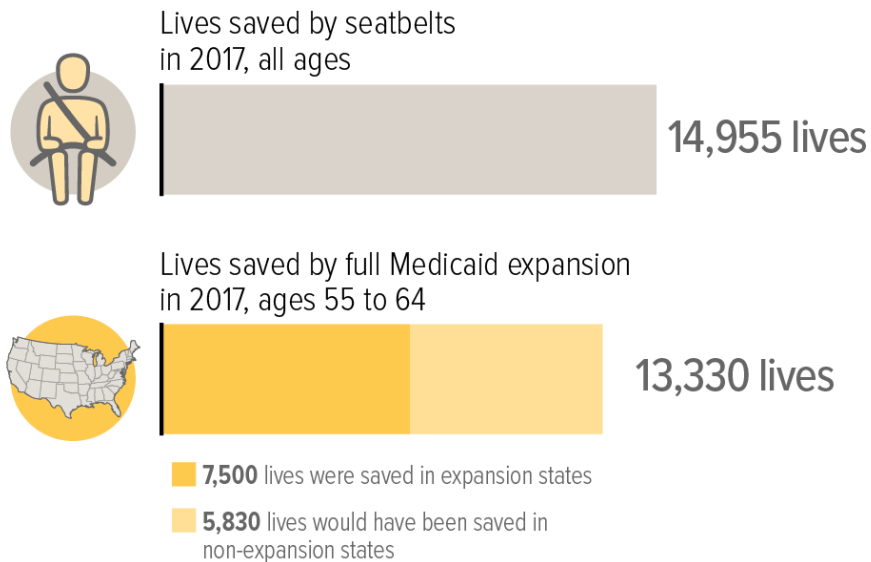
Source: Miller et al, "Medicaid and Mortality," 2019

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Medicaid expansion ranks with other major public health interventions in terms of saving lives, the same landmark study shows. If all states had expanded Medicaid, the number of lives saved just among older adults in 2017 would nearly equal the number of lives saved by seatbelts among people of all ages.

Medicaid Expansion Could Save as Many Lives as Seatbelts

If all states expanded Medicaid, the lives saved each year among older adults would nearly equal those of all ages saved by seatbelts.



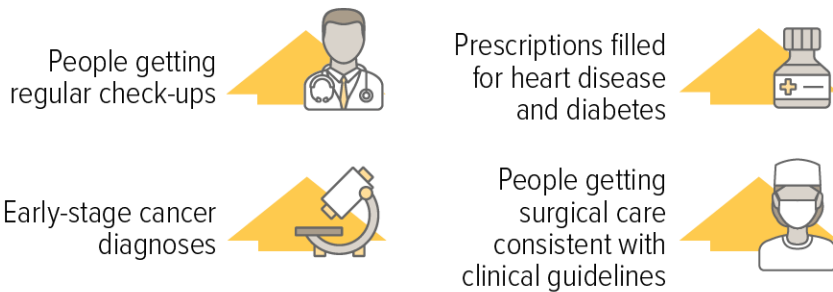
Note: Older people are those aged 55 to 64 at the onset of the study period, 2014.
Source: National Highway and Transportation Safety Administration and Miller et al., "Medicaid and Mortality," 2019

The study's findings are striking but not surprising. A large body of research has already documented how Medicaid expansion is improving access to care and health outcomes in ways that can help prevent premature deaths.

Medicaid Expansion Has Saved 19,200 Lives Over Four Years, New Study Shows

The life-saving effects of expansion are no surprise, since earlier studies find that expansion leads to:

Increases in:



Decreases in:



Source: Ghosh et al. 2019, Loehrer et al. 2018, Miller et al. 2019, Sommers et al. 2016, Soni et al. 2017, Swaminathan et al. 2018

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More Financial Security and Opportunities for Economic Mobility

Medicaid expansion has made it easier for people to afford needed health care, studies find — reducing medical debt, problems paying bills, and evictions.

Studies: Medicaid Coverage Improves Financial Security

Medical debt



Medicaid expansion reduces total debt sent to third-party collection agencies by an estimated \$1,140 per enrollee.



By reducing enrollees' unpaid medical bills, expansion improves their credit, leading to lower-interest mortgage, auto, and credit card loans that save them an estimated \$280 per year in interest.



Low-income adults selected by lottery to enroll in Oregon's capped pre-ACA Medicaid expansion were 40 percent less likely to borrow money or skip paying bills to pay for health care and 25 percent less likely to have an unpaid medical bill sent to a collection agency, compared to those not selected.



Evictions of low-income renters fell sharply in expansion compared to non-expansion states after expansion.

Note: Medicaid expansion refers to extending coverage to low-income adults under the Affordable Care Act

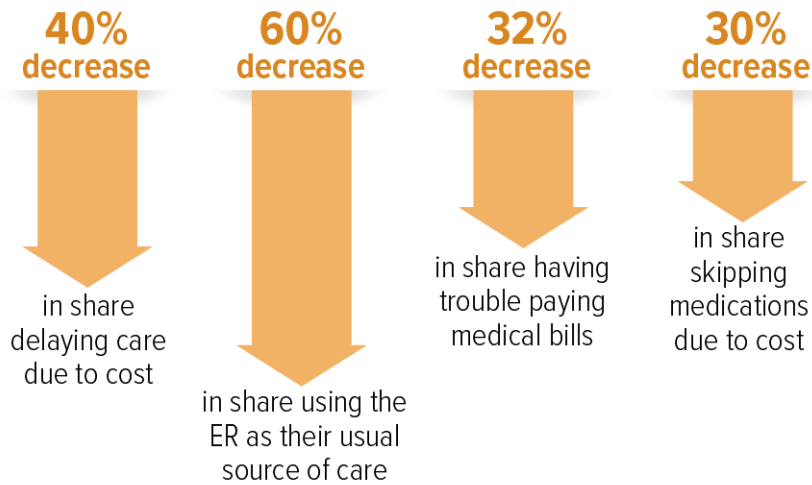
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The above-mentioned survey in Arkansas, Kentucky, and Texas found that in the expansion states of Arkansas and Kentucky, the shares of poor adults delaying health care due to cost, using the emergency room as a usual source of care, or having trouble paying medical bills fell relative to the non-expansion state of Texas.

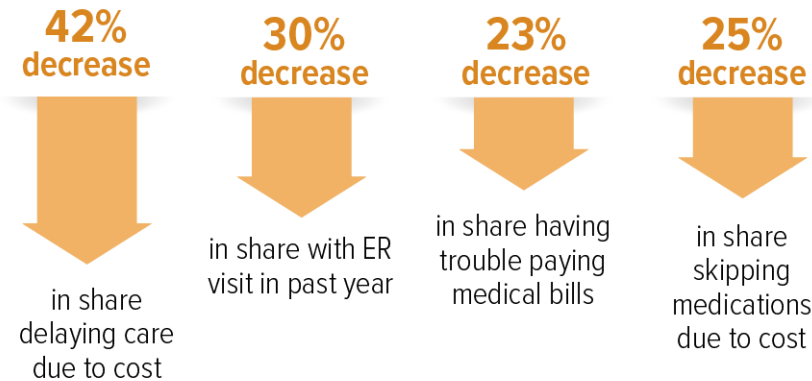
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Estimated effect through 2016

Arkansas



Kentucky



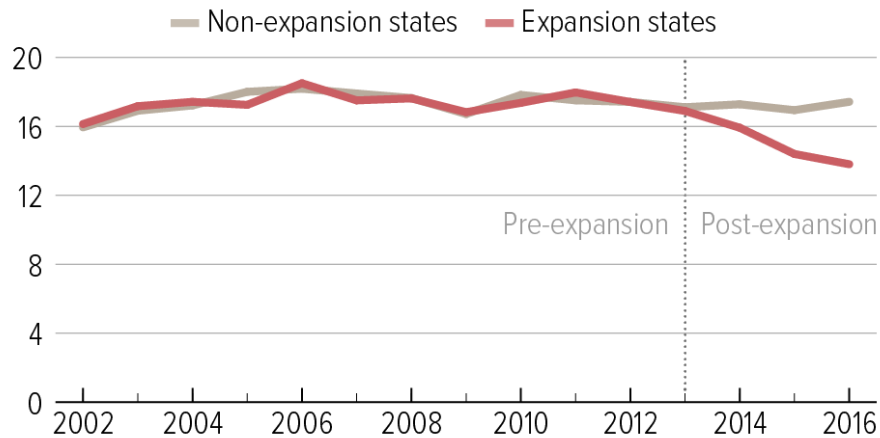
Note: Medicaid expansion refers to extending coverage to low-income adults under the Affordable Care Act. The study estimated changes in outcomes in Kentucky and Arkansas relative to changes in Texas, which did not expand Medicaid.

Source: CBPP calculations from Sommers, et al., Health Affairs, 2017

Evictions fell about 20 percent in expansion states compared to non-expansion states after expansion took effect, a new study finds. By improving financial security, Medicaid expansion appears to be helping low-income renters avoid one of the most harmful consequences of financial stress. After eviction, renters often end up in homeless shelters, extremely poor-quality housing, or dangerous neighborhoods, or they must move frequently among homes of family and friends. All of these outcomes can cause long-term harm, especially for children.

Evictions Fell Sharply in Medicaid Expansion States

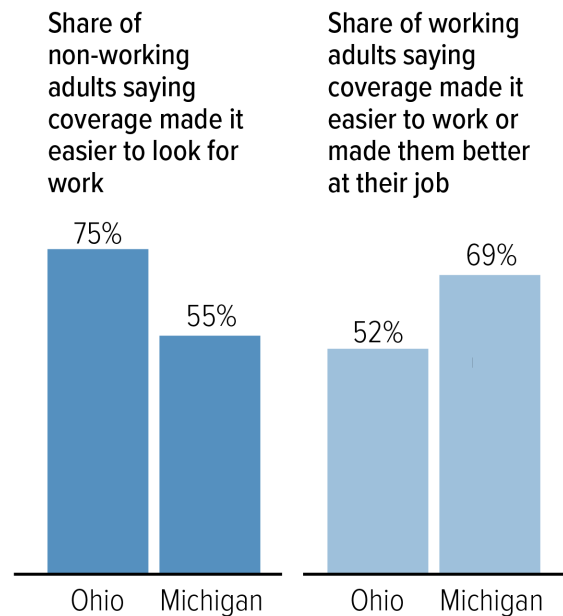
Evictions per 1,000 renter-occupied households



Source: Zewde et al, "The Effect of the ACA Medicaid Expansion on Nationwide Home Evictions and Eviction-Court Initiations," 2019

Most low-income adults with Medicaid expansion coverage in Ohio and Michigan find that Medicaid makes it easier to look for work and easier to work once they have a job. Health coverage helps low-income adults address health problems such as diabetes or depression, which are a common reason why some people lose their job or cannot find one. These employment benefits are on top of the health benefits that Medicaid expansion enrollees in these states also cited.

Medicaid Expansion Enrollees Report Coverage Helps Them Work and Look for Work



Note: Under the Affordable Care Act, states have the option to expand their Medicaid programs to provide coverage for more low-income adults.

Source: Ohio Department of Medicaid and University of Michigan Institute for Healthcare Policy and Innovation, 2017

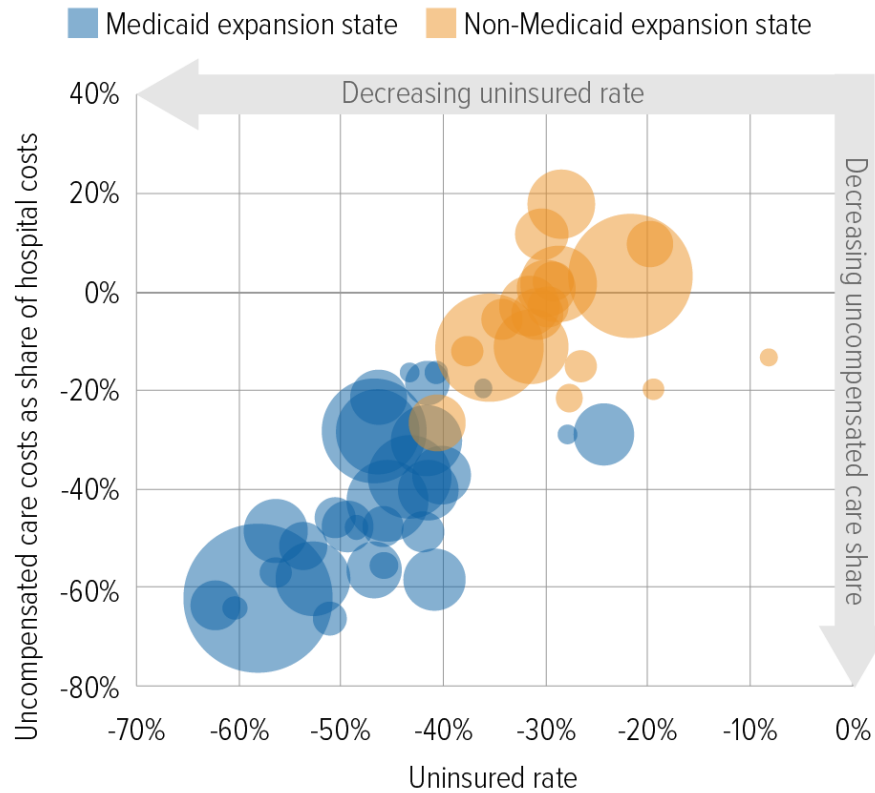
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Lower Uncompensated Care Costs

When a state's uninsured rate falls, hospitals' uncompensated care costs fall at roughly the same rate. Medicaid expansion states have seen larger reductions in both uninsured rates and uncompensated care costs. From 2013 to 2017 those costs fell by 45 percent in expansion states, compared to only 2 percent in non-expansion states.

When Uninsured Rate Falls, So Do Uncompensated Care Costs

Percent change, 2013 to 2017



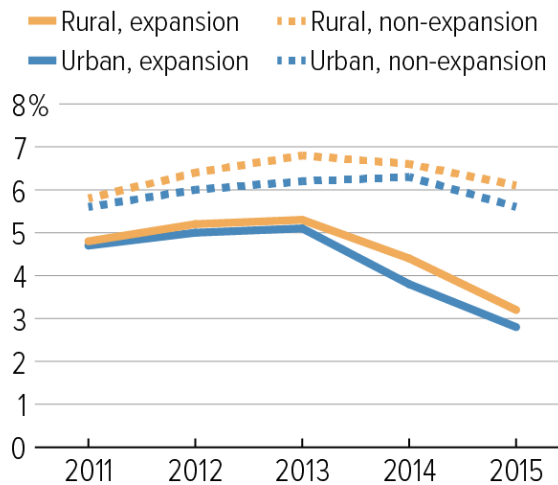
Note: The Affordable Care Act allows states to expand their Medicaid programs. Each bubble represents a state with the size of the bubble based on state population.

Source: CBPP analysis using MACPAC data on uncompensated care costs and Census Bureau data on uninsured rates by state. Note, each bubble represents a state with the size of the bubble based on state population.

Rural hospitals have seen large reductions in uncompensated care costs due to Medicaid expansion. Rural hospitals' uncompensated care costs fell 43 percent in expansion states between 2013 and 2015, compared to 16 percent in non-expansion states.

Medicaid Expansion Reduces Hospitals' Uncompensated Care Burden

Uncompensated care as share of total hospital expenses, by state Medicaid expansion status



Note: States have the option to expand their Medicaid programs under the Affordable Care Act.

Source: Unpublished Urban institute data

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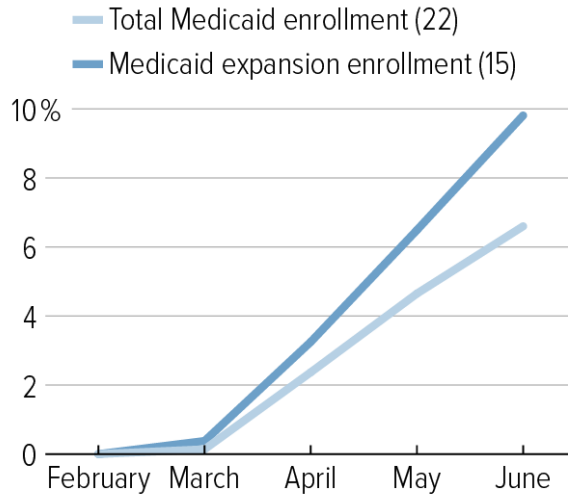
Stronger Response to COVID-19

Medicaid expansion states were better positioned to respond to the COVID-19 public health emergency and prevent the resulting economic downturn from worsening access to care, financial security, health outcomes, and health disparities. Unfortunately, the remaining states' refusal to expand has left hundreds of thousands of essential workers without health coverage. It also has worsened health disparities by race and ethnicity, leaving more Black and Hispanic people and American Indians and Alaska Natives uninsured during a pandemic in which they have seen especially high rates of infections and deaths. By adopting expansion quickly, these states could provide coverage and more financial security to millions of people.

Medicaid expansion is serving as a safety net for millions of adults who have lost jobs or income due to the pandemic. Among the 15 states with publicly available enrollment data for February-June 2020, expansion enrollment rose by 3.3 percent for February-April, 6.5 percent for February-May, and 9.8 percent for February-June.

Medicaid Expansion Enrollment Is Growing Especially Rapidly

Enrollment growth since February, states with June data



Note: Figures in parentheses indicate the number of states with available data. States can expand Medicaid coverage to low-income adults under the Affordable Care Act.

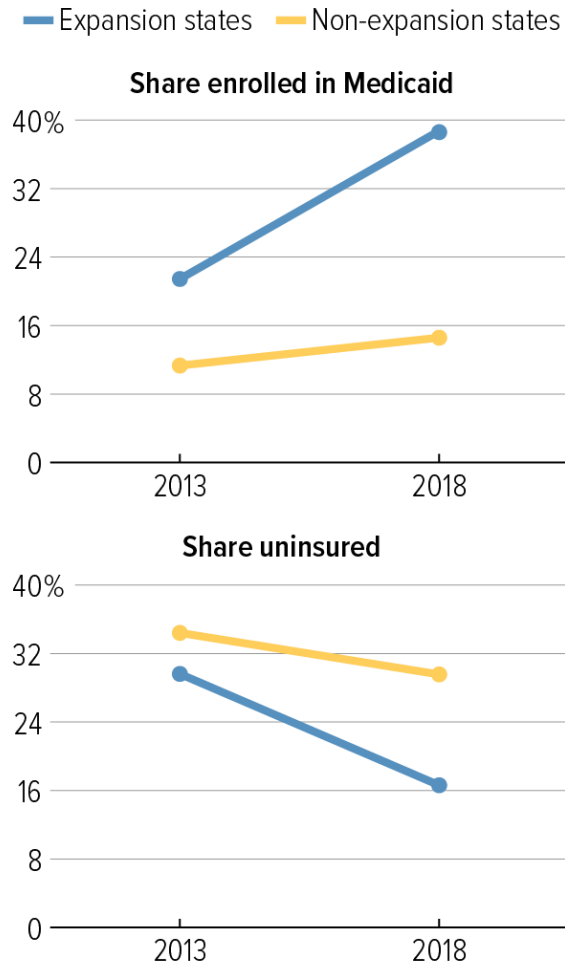
Source: CBPP analysis based on Medicaid enrollment data gathered from state agency websites.

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Medicaid is a crucial source of health coverage for workers whose jobs may require them to show up for work during the pandemic regardless of public health restrictions, such as hospital workers, home health aides, food manufacturers, grocery store workers, farm workers, pharmaceutical manufacturer and pharmacy workers, bus drivers and truck drivers, and warehouse workers.

Many low-income workers in these jobs are not offered job-based coverage or can't afford the premiums for it. But Medicaid expansion has enabled many of them to get coverage: the uninsured rate for low-income workers in these jobs was a little over half as high in expansion states as in non-expansion states.

Medicaid Expansion Boosts Coverage for Low-Income Essential Workers



Note: "Low-income essential workers" refers to essential or front-line workers – those likely required to go to work despite stay-at-home orders – with incomes up to 200 percent of poverty. States can expand Medicaid coverage to low-income adults under the Affordable Care Act. Expansion took effect in 2014.

Source: CBPP analysis of Census Bureau data

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An estimated 5 million people in essential or front-line industries are enrolled in Medicaid, including nearly 1.8 million workers in front-line health care services and 1.6 million in other front-line and essential services including transportation, waste management, and child care. Nationwide, 10 percent of essential or front-line workers are enrolled in Medicaid, as are nearly 1 in 3 essential or front-line workers who have low incomes.

5 Million Essential Workers Get Health Coverage Through Medicaid

Health care workers



Transportation, waste management, & other services



Grocery store workers, other retail



Food production



Other essential workers



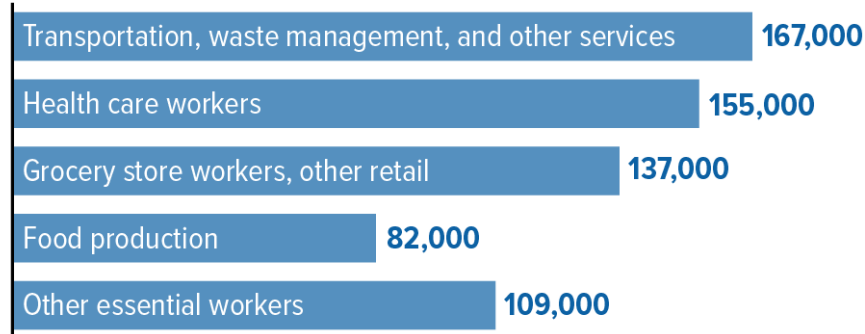
Note: "Essential workers" refers to workers in essential or front-line industries, people whose jobs may require them to be physically present at work despite stay-home orders or other restrictions.

Source: CBPP analysis of Census Bureau data

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If the remaining states expanded Medicaid, an estimated 650,000 essential or front-line workers who are now uninsured would become eligible for Medicaid.

Over 650,000 Uninsured Essential Workers Could Gain Medicaid Coverage if Holdout States Adopted Expansion



Note: “Essential workers” refers to essential or front-line workers likely required to go to work despite stay-at-home orders. Fifteen states have not implemented the Affordable Care Act’s option to expand their Medicaid program to cover low-income adults.

Source: CBPP analysis of Census Bureau data

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Medicaid expansion also narrows health disparities and could help keep the downturn from widening them.

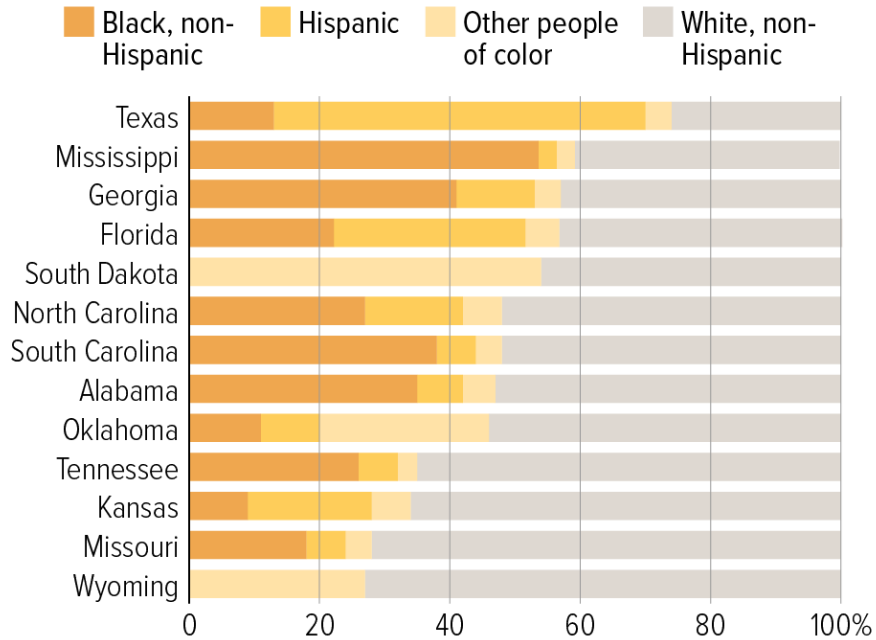
COVID-19 infection rates and deaths in most states are higher among Black and Hispanic people and American Indians and Alaska Natives, available data show. Overall, Black people are more than twice as likely to die from the disease as most other groups, and death rates for Indigenous people are also particularly high.

Expansion does not eliminate these disparities, which reflect longstanding racial, economic, and health system inequities. But it allows people to access treatment for COVID-19, as well as for underlying health conditions that may worsen its effects.

People of color would see especially large gains if the remaining states expanded: 29 percent of uninsured people who would become eligible for Medicaid are Hispanic and 23 percent are Black, the Kaiser Family Foundation estimates.

Many Black, Hispanic People Would Benefit From Further State Medicaid Expansions

Share of uninsured adults who would become eligible for Medicaid, by race and ethnicity



Note: Estimates by subgroup are not available for South Dakota and Wyoming, so the “other people of color” category represents all people of color, including Black and Hispanic people.

Source: Kaiser Family Foundation based on 2018 Census Bureau data