



# Health Impact of Medicaid Expansion

Medicaid expansion has the potential to significantly improve health outcomes while contributing to the financial health of individuals and health care systems.



## Improving Health Outcomes

**By broadening access to essential health services, Medicaid expansion helps reduce barriers to care, improves preventive health measures and addresses disparities in health outcomes.**

- Medicaid expansion has been associated with improved health outcomes for low-income residents across a broad range of acute and chronic conditions.<sup>i</sup>
- Coverage expansion is associated with decreases in mortality. After Massachusetts implemented coverage expansion through both Medicaid and private coverage, the all-cause mortality rate in the state declined significantly.<sup>ii</sup>



## Increasing Access to Care

**By extending eligibility and coverage, it helps remove financial barriers to care, ensuring that more people can receive timely and necessary medical services. Expanding Medicaid enables individuals to access preventive care, chronic disease management and emergency services.**

- Medicaid expansion was associated with greater receipt of high-quality care compared with non-expansion states.<sup>iii</sup>
- Low-income adults in Medicaid expansion states showed significant increases in outpatient healthcare utilization, preventive care and health care quality as well as reductions in emergency department use.<sup>iv</sup>
- Across all states that closed their coverage gaps, appointment availability for Medicaid beneficiaries increased by 5.4 percentage points.<sup>v</sup>
- Low-income individuals who gained insurance coverage during the first three years of Medicaid expansion were 41% more likely to have a usual source of care and 23% more likely to self-report being in excellent health compared to those in a non-expansion state.<sup>vi</sup>
- Medicaid expansion states have seen patients seeking care earlier and increased access to behavioral health services and primary care appointments.<sup>vii</sup>
- More individuals in expansion states may have quit smoking due to greater access to preventive care, including evidence-based smoking cessation services.<sup>viii</sup>



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Medicaid expansion has the potential to significantly improve health outcomes while contributing to the financial health of individuals and health care systems.



## Reducing Health Disparities

**By extending coverage to more individuals, particularly in underserved communities, Medicaid helps address gaps in care, ensuring equitable access to preventive services, treatment, and resources.**

- Medicaid expansion has had a significant impact on reducing health disparities.
- Health outcomes improved significantly for people of color in states who have expanded Medicaid coverage.<sup>ix</sup>
- Medicaid expansions decreased disparities in preventable hospitalizations and emergency department visits between Black and White non-elderly adults by 10% or more.<sup>x</sup>
- Medicaid expansion was associated with a decrease in Black and Hispanic infant mortality.<sup>xi</sup>



## Improving Financial Health

**By reducing out-of-pocket medical expenses and preventing catastrophic health costs, Medicaid expansion helps alleviate financial strain and enhances economic stability. Expanding Medicaid not only ensures that people can access necessary care without the burden of high medical bills but also supports broader economic well-being by improving workforce productivity and reducing reliance on emergency care.**

- Low-income individuals in expansion states were less likely to report that they could not afford needed medical care or that they delayed medical care due to cost.<sup>xii</sup>
- In Oregon, individuals who gained Medicaid coverage were 13 percentage points less likely to have medical debt and approximately 80 percent less likely to have experienced catastrophic medical expenses, compared to a control group.<sup>xiii</sup>
- Compared to states that have not participated in the Affordable Care Act's Medicaid expansion, expansion states have seen larger decreases in uncompensated costs and lower rates of hospital closures.<sup>xiv xv</sup>
- Hospitals, particularly rural hospitals, in states that expanded Medicaid experienced improved financial performance and were less likely to close.<sup>xvi xviii</sup>

- <sup>i</sup> Allen, H., and Sommers, B.D. "Medicaid Expansion and Health: Assessing the Evidence After 5 Years." *JAMA*, vol. 322, no. 13, pp. 1253-1254, 2019, <https://doi.org/10.1001/jama.2019.12345>.
- <sup>ii</sup> Sommers, B.D., Long, S.K., and Baicker, K. "Changes in mortality after Massachusetts health care reform: A quasi-experimental study." *Annals of Internal Medicine*, vol. 160, no. 9, pp. 585-593, 2014, <https://doi.org/10.7326/M13-2275>.
- <sup>iii</sup> Olufunmilola, A., Mahoney, J.R., Amadi, C.S., and Olatunde, O.O. "The impact of Medicaid expansion under the Affordable Care Act on pharmacists' participation in Medicare Part D services in expansion versus non-expansion states." *BMC Health Services Research*, vol. 23, no. 1, p. 982, 2023, <https://doi.org/10.1186/s12913-023-0982-1>.
- <sup>iv</sup> Warraich, H.J., Reynolds, A.C., and Kapoor, A. "The Impact of Medicaid Expansion on Cardiovascular Disease and Cancer Care." *Current Oncology*, vol. 30, no. 7, p. 469, 2023, <https://doi.org/10.3390/curroncol3007469>.
- <sup>v</sup> Polsky, D., Candon, M., Saloner, B., et al. "Changes in Primary Care Access Between 2012 and 2016 for New Patients with Medicaid and Private Coverage." *JAMA Internal Medicine*, vol. 177, no. 4, pp. 588-590, 2017, <https://doi.org/10.1001/jamainternmed.2016.9684>.
- <sup>vi</sup> Sommers, B.D., Maylone, B., Blendon, R.J., et al. "Three-Year Impacts Of The Affordable Care Act: Improved Medical Care And Health Among Low-Income Adults." *Health Affairs*, vol. 36, no. 6, pp. 1119-1128, 2017, <https://doi.org/10.1377/hlthaff.2017.0003>.
- <sup>vii</sup> Antonisse, L., Garfield, R., Rudowitz, R., and Artiga, S. "The Effects of Medicaid Expansion under the ACA: Updated Findings from a Literature Review." Kaiser Family Foundation, 2018, [www.kff.org](http://www.kff.org).
- <sup>viii</sup> Koma, J.W., Donohue, J.M., Barry, C.L., et al. "Medicaid Coverage Expansions and Cigarette Smoking Cessation Among Low-income Adults." *Medical Care*, vol. 55, no. 12, pp. 1023-1029, 2017, <https://doi.org/10.1097/MLR.0000000000000815>.
- <sup>ix</sup> "Medicaid Expansion: Frequently Asked Questions." Center on Budget and Policy Priorities, Dec. 13, 2023, [www.cbpp.org](http://www.cbpp.org).
- <sup>x</sup> Branham, D.K., Conmy, A.B., DeLeire, T., et al. "Access To Marketplace Plans With Low Premiums On The Federal Platform, Part II: Availability Among Uninsured Non-TEA Adults And HealthCare.gov Enrollees." *Health Affairs*, vol. 41, no. 9, pp. 1273-1282, 2022, <https://doi.org/10.1377/hlthaff.2022.0009>.
- <sup>xi</sup> Griffith, K.N., Jones, D.K., Basu, S., et al. "Changes in healthcare access, utilization, and employment after Medicaid expansion." *American Journal of Preventive Medicine*, vol. 64, no. 4, pp. 516-524, 2023, <https://doi.org/10.1016/j.amepre.2022.09.003>.
- <sup>xii</sup> "Four Years Later: Insurance Coverage and Access to Care Continue to Diverge Between ACA Medicaid Expansion and Non-Expansion States." *AEA Papers and Proceedings*, vol. 109, pp. 327-33, n.d., [www.aeaweb.org](http://www.aeaweb.org).
- <sup>xiii</sup> Baicker, K., Taubman, S.L., Allen, H.L., et al. "The Oregon experiment—effects of Medicaid on clinical outcomes." *New England Journal of Medicine*, vol. 368, no. 18, pp. 1713-1722, 2013, <https://doi.org/10.1056/NEJMs1212321>.
- <sup>xiv</sup> Dranove, D., Garthwaite, C., and Ody, C. "The Impact of the ACA's Medicaid Expansion on Hospitals' Uncompensated Care Burden and the Potential Effects of Repeal." *The Commonwealth Fund*, May 2017, [www.commonwealthfund.org](http://www.commonwealthfund.org).
- <sup>xv</sup> Lindrooth, R.C., Perrailon, M.C., Hardy, R.Y., and Tung, G.J. "Understanding The Relationship Between Medicaid Expansions And Hospital Closures." *Health Affairs*, vol. 37, no. 1, pp. 111-120, 2018, <https://doi.org/10.1377/hlthaff.2017.1055>.
- <sup>xvi</sup> Lindrooth, R.C., Perrailon, M.C., Hardy, R.Y., and Tung, G.J. "Understanding The Relationship Between Medicaid Expansions And Hospital Closures." *Health Affairs*, vol. 37, no. 1, pp. 111-120, 2018, <https://doi.org/10.1377/hlthaff.2017.1055>.
- <sup>xvii</sup> "Rural Hospital Closures: Number and Characteristics of Affected Hospitals and Contributing Factors." GAO, August 2018, [www.gao.gov](http://www.gao.gov).