

Impact of Medicaid Expansion in Red States

The table below includes highlights of some of the research to date. Not all areas have been researched in each state.

Impact	Arizona	Kentucky	Indiana	Louisiana	Michigan	Ohio	West Virginia
Reduced infant mortality.	Infant mortality rate decline was greater in Medicaid expansion states, with greater declines among African American infants. ⁱ						
Improved hospital stability.	Improved hospital financial performance, including a reduction in uncompensated care and increased excess margins and Medicaid revenues. ⁱⁱ						
Increased access to treatment for people with opioid use disorder and fewer opioid overdose deaths.	In Medicaid expansion states, the uninsured rate for opioid-related hospitalizations plummeted by 79%, from 13.4 % in 2013 (the year before expansion implementation) to 2.9 %in 2015. ⁱⁱⁱ						
	84% drop in the uninsured rate for opioid-rate hospitalizations. ^{iv}	700% increase in Medicaid substance use disorder treatment use after expanding Medicaid. ^v 90% drop in the uninsured rate for opioid-related hospitalizations. ⁱⁱⁱ	47% drop in the uninsured rate for opioid-related hospitalizations. ⁱⁱⁱ	Over 16,000 people have received substance use outpatient services to date and almost 17,500 people received resident services. ^{vi}	80% drop in the uninsured rate for opioid-related hospitalizations. ⁱⁱⁱ	More than 50% decline in opioid deaths in Dayton, which had one of the highest rates in the nation. ^{vii} 83% drop in the uninsured rate for opioid-related hospitalizations. ⁱⁱⁱ	86% drop in the uninsured rate for opioid-related hospitalization. ⁱⁱⁱ Treatment for opioid abuse rose for those who became newly eligible for Medicaid. By 2016, 3/4 of patients with opioid dependence had been prescribed buprenorphine compared to less than 1/3 in early 2014. ^{viii}
Made it easier to work.					Among out-of-work respondents, 54.5% agreed Michigan's Medicaid plan made them better able to look for a job. Among respondents who changed jobs, 36.9% agreed it helped them get a better job. ^{ix}	83% of employed Medicaid expansion enrollees reported that Medicaid made it easier to work; 60% reported that it made it easier to look for work. ^x	

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Supporting smoking cessation.	In the states that expanded Medicaid, 8.1% of the newly covered low-income adults reported that they'd quit smoking in the prior year, compared with 6% of low-income adults in the states without expansion. ^{xi}						
		Since 2012, Kentucky's adult smoking rate declined a statistically significant 2.3 percentage points, to 26.0% in 2015. ^{xii}			On year after expansion, 56.5 % of respondents said their previously uninsured patients had improved their health-related behaviors. The Plan offers incentives to stop smoking, exercise more and engage in other healthy behaviors. ^{xiii}	In 2018, more than one third of expansion enrollees who quit smoking in the last two years (approximately 26,000 Ohioans) said that Medicaid helped them quit. ^{xiv}	
Better health and access to preventive care.	Expansion was associated with improved glucose monitoring rates for patients with diabetes, better hypertension control, improved rates of prostate cancer screening, and higher rates of Pap testing. ⁱⁱⁱ						
		<p>The number of Medicaid patients in Kentucky to be screened by colon cancer increased by 230% after expansion.^{xv}</p> <p>Between 2012-2015, the percentage of Kentuckians of all ages who reported delaying needed care due to cost dropped from 11.7% to 6.5%.^{xii}</p> <p>Greater than 10 percentage-point decreases</p>	<p>In 2017, the state reported added over 6,700 new providers since expanding. Almost one-third of providers surveyed saw a decline in bad debt.</p> <p>87% of enrollees obtained preventive health care services in the first year of expansion.^{xvii}</p>	<p>Over 486,000 people have received critical services like preventive doctor visits, mammograms, and access to mental health services.^{xviii}</p>	<p>Half (47.8%) of respondents reported better physical health, 38.2% better mental health, and 39.5% better dental health since Healthy Michigan Plan enrollment.^{xiii}</p>	<p>One-third reported improved health, including better access to medical care for high blood pressure and diabetes.^{xiv}</p>	<p>Since West Virginia expanded Medicaid, its adult uninsured rate has fallen by two-thirds, the largest drop in the nation. Studies have found that Medicaid expansion has increased access to primary and preventive care.^{xix}</p>

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		in the proportion of Kentuckians who reported skipping a medication because of the cost or had trouble paying medical bills. ^{xxvi}					
Better access to disease management care.	Medicaid expansion states saw fills for insulin and for newer medications increase by 40% and 39%, respectively. Research suggests that Medicaid expansion can help address gaps in access to diabetes medications, with increasing effects over time. ^{xx}						
State Funding Mechanism	Hospital assessment. ^{xxi}	Work requirements, premiums. ^{xxii}	Tobacco tax revenue and increased provider taxes. ^{xxi}	Tax on HMOs and donations through Baton Rouge Area Foundation. ^{xxi}	Hospital, providers and health plan assessment. ^{xxiii}	Provider tax. ^{xxi}	Provider tax, lottery funds and a Medical Services Trust Fund. ^{xxi}
Impact on State Budget	In the first two years of expansion, researchers found no significant increases in spending from state funds as a result of expansion, nor any significant reductions in spending on education or other programs. ^{xxiv}						
				In the 2017, Medicaid expansion saved \$199 million. For 2018, savings were projected to be \$350 million. ^{xxv}	Net savings from expansion will total more than \$1 billion from 2018-2021 due to increased tax revenue and saving on state mental health programs. ^{xxvi}	In August 2018, Ohio's Department of Medicaid issued a report on the state's Medicaid expansion that concluded, "Medicaid expansion is manageable and affordable now and into the future." Expansion produced a series of savings and offsets to reduce the state's net match in 2021 from 10 percent to 3.2 percent. ^{xxv}	

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- ^{iv} Since the full implementation of the ACA's health insurance coverage provisions at the beginning of 2014, overall uninsured rates have declined significantly both in states that adopted the ACA's Medicaid expansion and those that did not, but expansion states have seen a larger decline: from 12.9 percent in 2013 to 6.5 percent in 2016, versus a drop from 17.0 percent to 11.7 percent in non-expansion states. See Matt Broaddus, "Census Data: States Not Expanding Medicaid Lag Further on Health Coverage," Center on Budget and Policy Priorities, September 12, 2017, <https://www.cbpp.org/blog/census-data-states-not-expanding-medicaid-lag-further-on-health-coverage>.
- ^v "Substance Use and the ACA in Kentucky." Foundation for Healthy Kentucky. 2016. https://www.healthy-ky.org/res/images/resources/Full-Substance-Use-Brief-Final_12_16-002-.pdf
- ^{vi} LDH Medicaid Expansion Dashboard. Louisiana Department of Health. June 13, 2019. <http://www.ldh.la.gov/HealthyLaDashboard/>
- ^{vii} Goodnough, Abby. "This City's Overdose Deaths Have Plunged. Can Others Learn From It?" November 2018. <https://www.nytimes.com/2018/11/25/health/opioid-overdose-deaths-dayton.html>
- ^{viii} Norton, Amy. "Obamacare is Helping West Virginia Fight the Opioid Crisis." US News. April 2019. <https://www.usnews.com/news/health-news/articles/2019-04-01/obamacare-is-helping-west-virginia-fight-the-opioid-crisis>
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- ^x Cross-Call, Jesse. "More Evidence that Medicaid Expansion Improves Health, Supports Employment." August 2018. <https://www.cbpp.org/blog/more-evidence-that-medicaid-expansion-improves-health-supports-employment>
- ^{xi} "Medicaid Expansion Under Affordable Care Act Linked to Higher Rate of Smoking Cessation by Low-Income Adults." <https://www.upmc.com/media/news/komajarlenski-aca-smoking>
- ^{xii} "Final Report: Study of the Impact of the ACA Implementation in Kentucky." State Health Access Data Assistance Center. February 2017. https://www.healthy-ky.org/res/images/resources/Impact-of-the-ACA-in-KY_FINAL-Report.pdf
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- ^{xiv} 2018 Ohio Medicaid Group VIII Assessment: A Follow-Up to the 2016 Ohio Medicaid Group VIII Assessment. August 2018. <https://medicaid.ohio.gov/Portals/0/Resources/Reports/Annual/Group-VIII-Final-Report.pdf>
- ^{xv} Gan, Tong, Heather F. Sinner, Samuel C. Walling, Quan Chen, Bin Huang, Tom C. Tucker, Jitesh A. Patel, B. Marks Evers, and Avinash S. Bhakta. "Impact of the Affordable Care Act on Colorectal Cancer Screening, Incidence, and Survival in Kentucky." Journal of the American College of Surgeons. April 2019. [https://www.journalacs.org/article/S1072-7515\(19\)30046-8/fulltext](https://www.journalacs.org/article/S1072-7515(19)30046-8/fulltext)
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