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

So far, 34 states (including Washington, D.C.) have expanded Medicaid coverage to low-income adults under the Affordable Care Act (ACA). Three more states — Idaho, Nebraska, and Utah — will expand in 2020 as a result of voter-approved ballot initiatives.

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.

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
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.

**Coverage Gains Are Greater in Expansion States**

Percent uninsured among people with incomes below 200% of poverty line

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expansion states</td>
<td>22.4</td>
<td>10.9</td>
</tr>
<tr>
<td>Non-expansion states</td>
<td>27.9</td>
<td>20.6</td>
</tr>
</tbody>
</table>

Note: Medicaid expansion refers to extending coverage to low-income adults under the Affordable Care Act.
Source: CBPP analysis using Census Bureau data

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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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

- 30% increase in share with a personal physician
- 30% increase in share who got a check-up in the last year
- 14% increase in share with a usual source of care
- 21% increase in share getting regular care for chronic conditions

Kentucky

- 26% increase in share with a personal physician
- 30% increase in share who got a check-up in the last year
- 54% increase in share reporting excellent health
- 13% increase in share getting regular care for chronic conditions

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

<table>
<thead>
<tr>
<th>Service</th>
<th>Adults chosen in state's lottery for Medicaid</th>
<th>Adults eligible for Medicaid but not chosen</th>
</tr>
</thead>
<tbody>
<tr>
<td>Received cholesterol screen</td>
<td>27%</td>
<td>42%</td>
</tr>
<tr>
<td>Mammography for women 50 and older</td>
<td>29%</td>
<td>59%</td>
</tr>
<tr>
<td>Prostate cancer screening for men 50 and older</td>
<td>21%</td>
<td>41%</td>
</tr>
<tr>
<td>Had a usual place of care</td>
<td>46%</td>
<td>70%</td>
</tr>
<tr>
<td>Received all needed care in the past year</td>
<td>61%</td>
<td>72%</td>
</tr>
<tr>
<td>Prescribed opioid treatment medication</td>
<td>3.0%</td>
<td>5.7%</td>
</tr>
</tbody>
</table>

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

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More than 476,000 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-September 2019

- **91,886** Outpatient mental health services
- **74,924** Screening or diagnostic breast imaging
- **43,902** Newly diagnosed and treated for hypertension
- **42,143** Colon cancer screening
- **23,287** Inpatient mental health services
- **19,537** Substance use residential services
- **18,100** Substance use outpatient services
- **16,155** Newly diagnosed and now treated for diabetes
- **13,345** Colon polyps removed, cancer averted

**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

<table>
<thead>
<tr>
<th></th>
<th>All children</th>
<th>Children in low-income families*</th>
</tr>
</thead>
<tbody>
<tr>
<td>29%</td>
<td></td>
<td>45%</td>
</tr>
</tbody>
</table>

*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.
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

19,200 lives saved in states that expanded Medicaid

15,600 lives lost in non-expansion states

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.

- **Lives saved by seatbelts in 2017, all ages**: 14,955 lives
- **Lives saved by full Medicaid expansion in 2017, ages 55 to 64**: 13,330 lives

- **7,500** lives were saved in expansion states
- **5,830** lives would have been saved in non-expansion states

*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:**

- People getting regular check-ups
- Prescriptions filled for heart disease and diabetes
- Early-stage cancer diagnoses
- People getting surgical care consistent with clinical guidelines

**Decreases in:**

- People skipping medications due to cost
- One-year mortality among patients diagnosed with end-stage renal disease
- People screening positive for depression
- People without a personal physician or usual source of care

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.

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.
Affordable Care Act’s Medicaid Expansion Improving Low-Income People’s Financial Security in Arkansas and Kentucky

Estimated effect through 2016

**Arkansas**

- 40% decrease in share delaying care due to cost
- 60% decrease in share using the ER as their usual source of care
- 32% decrease in share having trouble paying medical bills
- 30% decrease in share skipping medications due to cost

**Kentucky**

- 42% decrease in share delaying care due to cost
- 30% decrease in share with ER visit in past year
- 23% decrease in share having trouble paying medical bills
- 25% decrease in share skipping medications due to cost

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](chart)

**Evictions Fell Sharply in Medicaid Expansion States**

Evictions per 1,000 renter-occupied households

![Graph showing eviction rates](chart)

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

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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.

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

<table>
<thead>
<tr>
<th>Share of non-working adults saying coverage made it easier to look for work</th>
<th>Share of working adults saying coverage made it easier to work or made them better at their job</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ohio</td>
<td>Michigan</td>
</tr>
<tr>
<td>75%</td>
<td>55%</td>
</tr>
<tr>
<td>52%</td>
<td>69%</td>
</tr>
</tbody>
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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
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 2016 those costs fell by 55 percent in expansion states, compared to only 18 percent in non-expansion states.

Uncompensated Care Costs Fall With Drop in Uninsured Rate
Percent change, 2013 to 2016

Source: CBPP analysis using Medicaid and CHIP Payment and Access Commission data on uncompensated care costs and Census Bureau data on uninsured rates by state.
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.
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