



Medicaid: Real Insurance with Real Results

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Millions of Americans rely on Medicaid for their health insurance coverage, including 36 million children and 16 million people with disabilities and older adults. Medicaid is a successful program that has been providing lifesaving benefits to covered beneficiaries for half a century. Recent reports provide new evidence of this success. While there are access problems for some services in some part of the countries, Medicaid access far outpaces that of the uninsured and is comparable to private insurance in many ways.

The Medicaid Expansion Population

Research confirms that the Medicaid expansion has improved access to care, utilization of services, the affordability of care, and financial security among the low-income population. Recent systemic reviews of academic literature by the Henry J. Kaiser Family Foundation and the U.S. Department of Health and Human Services show that Medicaid beneficiaries enrolled as a result of the Affordable Care Act's expansion of eligibility have had better access to care and, as a result, have increased use of health care services and seen improved health outcomes.¹

- **Preventive Services:** Medicaid expansion beneficiaries as a group had significantly more annual checkups, blood pressure screenings, and flu shots than those without insurance. For example, 26% of those who gained Medicaid coverage went from having no annual checkup in 2013 to having one in 2014, compared with 14% of those who remain uninsured. These improvements in access were about the same as those associated with gaining Marketplace coverage.²
- **Use of Care:** Evidence shows that states that expanded Medicaid saw significantly more primary care visits, concluding that coverage led to the formation of new physician-patient relationships that could lead over time to better care and outcomes for those enrolled.³ Low-income adults with chronic conditions in the expansion states of Arkansas and Kentucky who got regular care increased by nearly 12% more than those in Texas, which did not expand Medicaid.⁴

- **Prescription drugs:** Medicaid expansion provided beneficiaries with expanded access to prescription drugs for preventable health conditions. Expansion beneficiaries had, on average, 13.3 more prescription fills compared to when they were uninsured, a 79% increase. It also reduced their out of pocket spending on prescription drugs by more than half. Many of these prescriptions were for chronic conditions, including diabetes, depression, asthma/chronic obstructive pulmonary disease, and high cholesterol, which means that more serious and expensive health care conditions were likely averted.⁵

Medicaid Beneficiaries in General

Generally, Medicaid beneficiaries have robust access to care, particularly to primary and preventive care. Even before the ACA was enacted, studies showed that Medicaid beneficiaries had dramatically higher rates of access to care than the uninsured, including doctor visits, preventive reproductive health services, and dental visits.⁶

- **Usual Source of Care:** The vast majority of Medicaid enrollees have a usual access to care that is not the emergency department. In fact, in 2013, the Kaiser Family Foundation reported that in 2013, 97% of children enrolled in Medicaid had a usual source of care, compared to 98% of children covered by employer sponsored insurance and 75% of uninsured children. Figures for adults are similar – 87% of adult Medicaid enrollees had a usual source of care, while 90% of those enrolled in employer sponsored insurance and 47% of those uninsured had one.⁷
- **Health Outcomes:** As the Georgetown University Center for Children and Families recently reported, multiple academic studies have shown that children who have Medicaid coverage in early childhood show better health overall, as measured by prevalence of high blood pressure, adult diabetes, heart disease, and obesity. A number of studies even associate access to Medicaid in childhood with reduced mortality.⁸ Moreover, studies show that children of women who have Medicaid coverage when pregnant have better outcomes for their children during adulthood – lower rates of obesity and fewer hospitalizations.⁹ Some studies suggested that some of the reduction of mortality was due to prevention of treatable illnesses. Other studies have shown that the Medicaid expansion resulted in significant increases in the number of adults reporting improved health – even in a relatively short time after obtaining access to Medicaid.¹⁰
- **Financial Well Being:** A recent study focusing on states that expanded Medicaid in 2014 found that expansion enrollees significantly reduced the numbers of unpaid non-medical bills and non-medical debt referred to collection agencies.

The study estimated that this reduced expansion beneficiaries' overall debt burden per person.¹¹

- **Medicaid spending:** The fact that Medicaid services expenditures are billions of dollars each year – the federal and state governments spent more than \$532 billion spent on services in 2015 - indicates that it is covering services for millions of people.¹²

Conclusion: While critics try to claim that the program does not really provide access, the evidence shows otherwise. In fact, Medicaid is a crucial program that provides coverage and access to health care for millions of Americans.

ENDNOTES

¹ Lara Antoniss et al., *The Effects of Medicaid Expansion under the ACA: Updated Findings from a Literature Review* at 2-3, (The Henry J. Kaiser Family Foundation) (Feb. 2017); U.S. Dep't of Health & Human Servs., Offices of the Assistant Secretary for Planning and Evaluation (ASPE), *Impacts of the Affordable Care Act's Medicaid Expansion on Insurance Coverage and Access to Care* at 2, 4-7 (June 20, 2016).

² Twenty-two percent of people who gained Medicaid coverage went from not having a blood pressure screening in 2013 to having one in 2014, compared to 13% of those who remained uninsured. 17% of people who gained Medicaid coverage went from not having a flu shot in 2013 to having one in 2014, compared to 6% of those who remained uninsured.

James Kirby and Jessica Vistnes, "[Access to Care Improved for People Who Gained Medicaid or Marketplace Coverage in 2014](#)," 35 *HEALTH AFFAIRS* 1830 (October 2016). See generally Antoniss et al. at 2 (*supra* n. 1).

³ Josh Gray et al., *Effects of the Affordable Care Act Through 2015*, (athenaResearch and Robert Wood Johnson Foundation ACA View Report, March 2016).

⁴ ASPE at 5 (*supra* n. 1); Benjamin Sommers et al., *Changes in Self-reported Insurance Coverage, Access to Care, and Health Under the Affordable Care Act*, 314 *J. AM. MED. ASS'N* 366 (2015).

⁵ Previously uninsured individuals who gained Medicaid coverage paid 58% less out-of-pocket per prescription in 2014 compared to 2013. Beneficiaries with one of the chronic conditions included in the study

who gained Medicaid coverage benefited from larger reductions in out-of-pocket spending (\$279) compared to those without a study chronic condition who gained coverage (\$152). Reductions in out-of-pocket spending among people with chronic conditions were larger for those who gained Medicaid than those who gained private coverage. Expansion beneficiaries had on average, a \$205 reduction in annual out-of-pocket spending in 2014. Antoniss et al. at 3, citing Andrew Mulcahy et al., *Gaining Coverage Through Medicaid Or Private Insurance Increased Prescription Use and Lowered Out-Of-Pocket Spending*, 35 *HEALTH AFFAIRS* 1725 (September 2016); Ausmita Ghosh et al., *The Effect of State Medicaid Expansions on Prescription Drug Use: Evidence from the Affordable Care Act* (Working Paper No. 23044, National Bureau of Economic Research, January 2017).

⁶ Sharon K. Long and Teresa A. Coughlin, [Assessing the Gains from Coverage: Evidence for the Nation and 13 States](#), HEALTH POLICY ONLINE: TIMELY ANALYSES OF CURRENT TRENDS AND POLICY OPTIONS NO. 13 (Urban Institute) (undated, reviewing data from 1999-2002),

⁷ Julia Paradise, [Medicaid Moving Forward](#) (Mar. 2015).

⁸ Karina Wagnerman et al., [Medicaid is a Smart Investment in Children](#) (Georgetown University Health Policy Institute, Center for Children and Families) (March 2017).

⁹ Wagnerman et al (*supra*, n. 8).

¹⁰ Benjamin Sommers et al., *Changes in Utilization and Health Among Low-Income Adults After Medicaid Expansion or Expanded Private Insurance*, 176 *J. AM. MED. ASS'N* 1501 (Oct. 2016) (Kentucky and Arkansas); The Ohio Department of Medicaid, [Ohio Medicaid Group VIII Assessment: A Report to the Ohio General Assembly](#) (The Ohio Department of Medicaid, January 2017), (Ohio); Kosali Simon et al., [The Impact of Health Insurance on Preventive Care and Health Behaviors: Evidence from the 2014 ACA Medicaid Expansions](#) (Working Paper 22265, National Bureau of Economic Research, May 2016).

¹¹ Luoja Hu et al., [The Effect of the Patient Protection and Affordable Care Act Medicaid Expansions on Financial Well-Being](#), (Working Paper 22170, National Bureau of Economic Research (April 2016)).

¹² The Henry J. Kaiser Family Foundation, *State Health Facts*, "[State Spending by Service: FY 2015](#)," (last visited March 21, 2017).