

10 Reasons the Medicaid Expansion Helps to Address Health Disparities

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- 1. People of color are more likely to be low-income, uninsured, and without access to employer-based health insurance.** The Medicaid Expansion, which will cover individuals with incomes below 133% of the federal poverty level (FPL) (\$30,657 for a family of four), will disproportionately benefit people of color. Nearly 70% of nonelderly whites hold employer-based insurance compared to only 40% of Hispanics, 48% of African Americans, and 43% of Native Americans/Native Alaskans.¹ In 2008, racial and ethnic minorities comprised about 52% of all uninsured childless adults with incomes at or below 133% FPL.²
- 2. The Medicaid Expansion includes coverage for mental health and substance use services.** Serious mental disorders (SMD) are especially prevalent among adults living in poverty (9.1%) compared to wealthier individuals (3.7 %).³
- 3. The Medicaid Expansion will help to improve a glaring health disparity that particularly impacts low-income men of color.** African American men have a higher incidence of and death rate from prostate cancer than white men. Uninsured and low-income men of color with incomes below 200% FPL are especially at risk for undetected and untreated prostate cancer.⁴ Expanded Medicaid coverage will provide low-income men with incomes below 133% FPL access to primary care providers, cancer screenings, and patient education.⁵
- 4. The Medicaid Expansion will improve birth outcomes for uninsured women. Lack of insurance is linked to delayed prenatal care, increased infant mortality, and complicated deliveries.**⁶ In 2010, 29.2% of American Indians and Alaska Natives (AI/AN) were uninsured. AI/AN infants have a 60% higher death rate than their non-Hispanic white counterparts.⁷ The Expansion would provide maternity and newborn care as well as preventive and wellness services.⁸
- 5. The Medicaid Expansion will help women of color with HIV/AIDS with early access to treatment.** Latinas represented 19% of new AIDS diagnoses among all Latinos (men and women combined) in 2010 and Black women represented 34% of new diagnoses among Blacks.⁹ The Expansion extends coverage to individuals below 133% FPL without first requiring them to be unable to work.¹⁰
- 6. The Medicaid Expansion will help more than 1.2 million low-income, uninsured older (55 – 64 year old) women.** Fourteen percent of near- elderly women are uninsured including a significant number of Latinas and African Americans. They have higher health needs than younger women including the health effects of menopause, a greater likelihood of pre-existing conditions, and heightened risk for cancers.¹¹
- 7. The Medicaid Expansion would help to improve access to a usual source of care.** A UCLA study found that moderate and low-income uninsured populations are only about half as likely as their insured counterparts to have visited a physician in the past year. For example, in Tampa, Florida 47% of the moderate and low-income uninsured had no physician visit compared to 24% of those with insurance.¹²
- 8. The Medicaid Expansion will help women of color access care. Currently, many women of color avoid doctors' visits due to the cost.**¹³ The Medicaid Expansion provides cost-sharing protections for all Medicaid enrollees that minimize the cost barrier. Family planning and other preventive health services such as screening for diabetes, obesity and depression - all linked to chronic conditions - will be available without cost-sharing.

- 9. The Medicaid Expansion would result in improvements in coverage and care to people in rural areas.** Rural dwellers tend to experience higher rates of poverty than their urban counterparts.¹⁴ Twenty-four percent of people living in rural counties that are not adjacent to urban counties are uninsured. Moreover, racial and ethnic minorities in rural counties are three times more likely to live in poverty than whites in rural areas.¹⁵
- 10. The Medicaid Expansion supports the viability of safety-net and public hospitals that provide care to underserved communities.** Ninety percent of patients served in medical home programs offered by safety-net hospitals are racial and ethnic minorities, including significant numbers of low-income and uninsured populations. Medical home programs focus on chronic disease management, coordinating access to specialty care services, reducing overutilization of emergency departments, and providing culturally competent and linguistically appropriate care.¹⁶

¹ AM. C. PHYSICIANS, RACIAL AND ETHNIC DISPARITIES IN HEALTH CARE – UPDATED 2010 5 (2010).

² Kaiser Family Foundation, *Expanding Medicaid Under Health Reform: A Look At Childless Adults At or Below 133% of Poverty* (April 2010), available at <http://tinyurl.com/9x5qny9>.

³ DEP'T. OF HEALTH & HUM. SERV., SUBSTANCE ABUSE & MENTAL HEALTH SERV. ADMIN., MENTAL HEALTH, UNITED STATES 2010 10 (2010).

⁴ David Miller, M.D., M.P.H., et al, *Prostate Cancer Severity Among Low-Income Uninsured Men* (May 9, 2009), available at <http://tinyurl.com/8uaqnua>.

⁵ See Ina Wu, M.D., *Disparities in Prostate Cancer in African American Men: What Primary Care Physicians Can Do*, 79 CLEVELAND CLINIC J. OF MED. 313 (May 2012).

⁶ Institute of Medicine, *Uninsurance Facts & Figures* (2004), available at <http://tinyurl.com/c9ynxhb>.

⁷ Dep't. of Health & Hum. Serv., Office of Minority Health, *Infant Mortality/SIDS Data and Statistics* (July 5, 2012), available at <http://tinyurl.com/cp8m6jd>.

⁸ ACA, Pub. L. No. 111-148, § 1302 (2010).

⁹ Kaiser Fam. Found., *HIV/AIDS Policy – Fact Sheet: Latinos and HIV/AIDS* (July 2012), available at <http://tinyurl.com/7ps3esd>.

¹⁰ National Health Law Program, *10 Reasons Medicaid Expansion Benefits Women Living with HIV* (Aug. 17, 2012), available at <http://www.healthlaw.org>.

¹¹ LDI Health Economist, *Near-Elderly Women and A New Medicaid Disparity* (June 2012), available at <http://tinyurl.com/98nc52e>.

¹² E. Richard Brown, et al., *Disparities in Health Insurance and Access to Care for Residents Across U.S. Cities* (August 2000), available at <http://tinyurl.com/9ky9otd>.

¹³ AM. C. PHYSICIANS, RACIAL AND ETHNIC DISPARITIES IN HEALTH CARE—UPDATED 2010 (2010).

¹⁴ Rural Assistance Center, *Medicaid Frequently Asked Questions* (May 21, 2012), available at <http://tinyurl.com/8g629q6>.

¹⁵ KAISER FAM. FOUND., HEALTH INSURANCE COVERAGE IN RURAL AMERICA (Sept. 2003).

¹⁶ Sari Siegel-Spieler, Ph.D. et al, National Public Health and Hospital Institute, *Medical Homes at Safety Net Hospitals Improve Access to Culturally Competent Care and Reduce ER Overcrowding* (June 26, 2010), available at <http://tinyurl.com/d2llfdc>.