



The ACA's Medicaid Expansion: Impacts on Health Care & Health

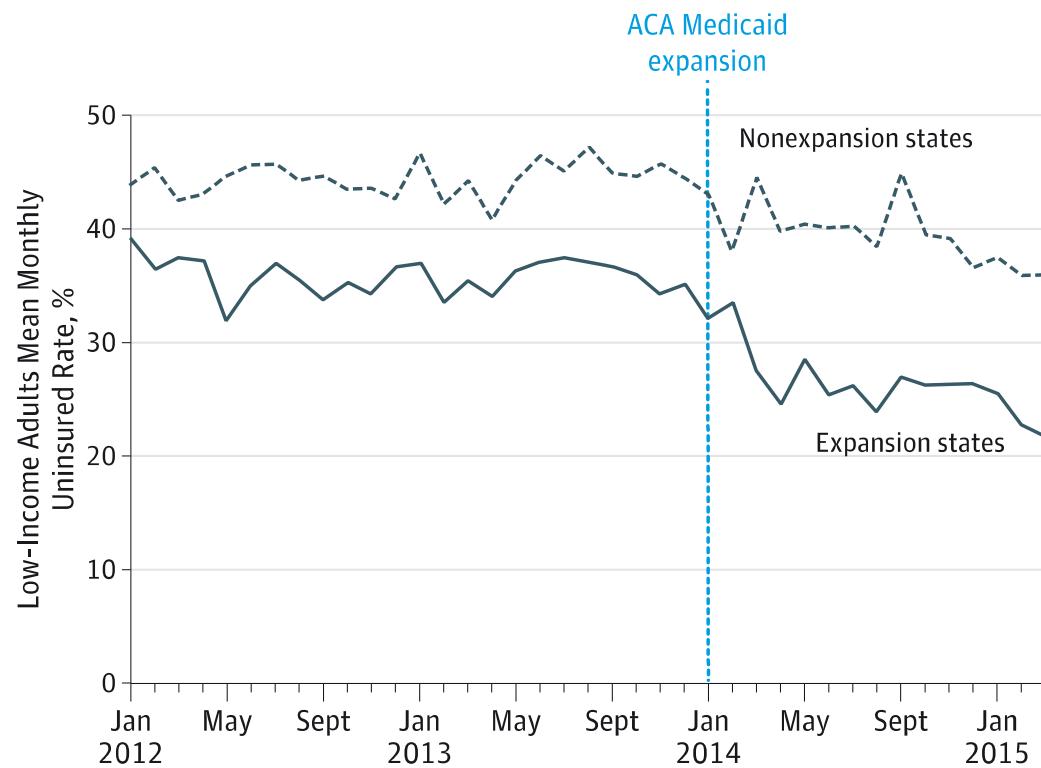
Benjamin D. Sommers, M.D., Ph.D.
Harvard T.H. Chan School of Public Health

September 2016



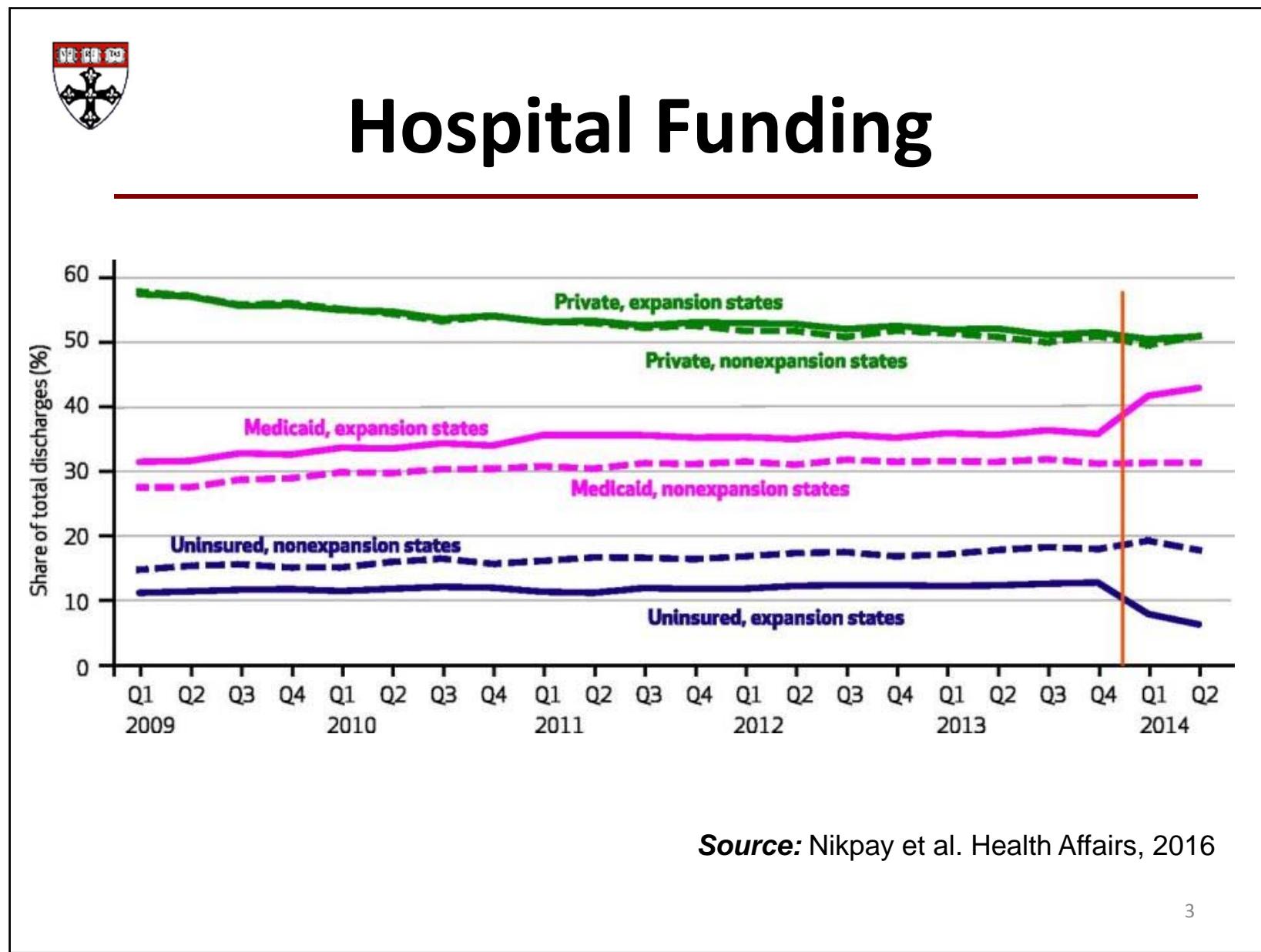
Coverage

Figure 3. Uninsured Rates for Low-Income Adults in Medicaid Expansion vs Nonexpansion States



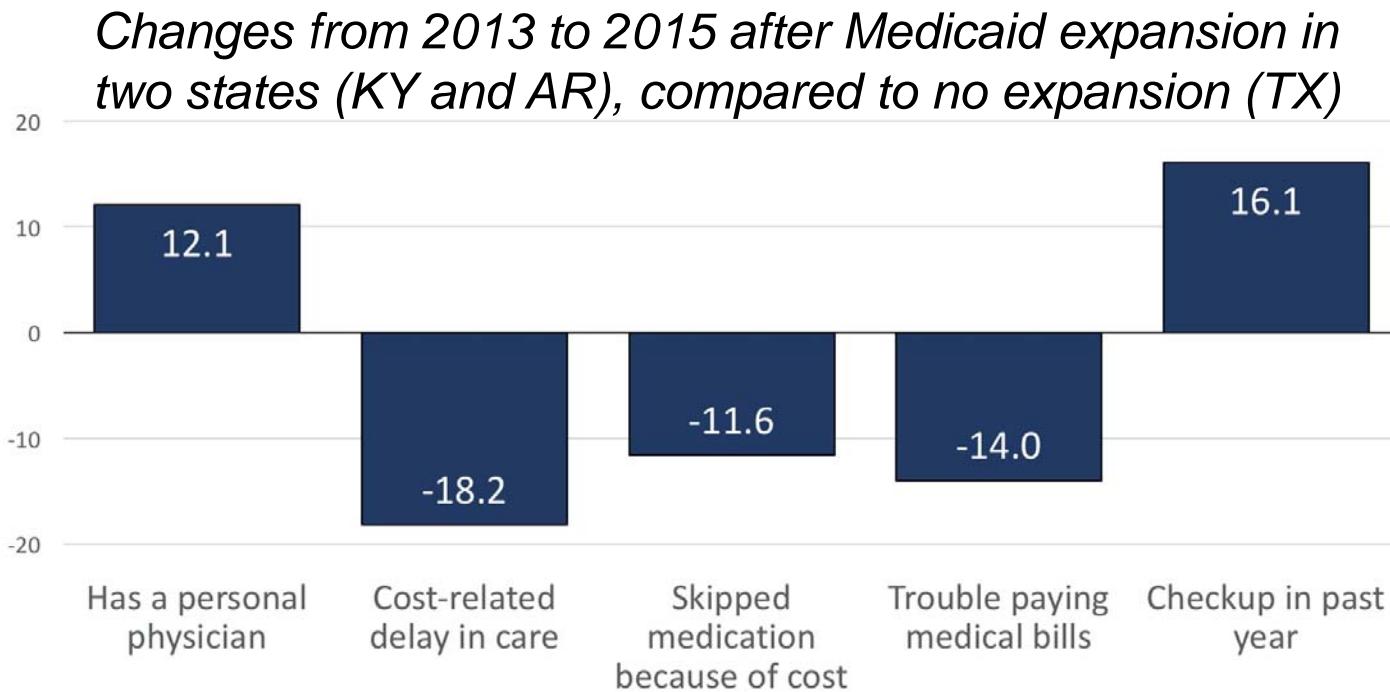
Source:
Sommers,
Gunga et al.,
JAMA 2015

2





Access & Affordability



Source: Commonwealth Fund, "In the Literature,"
Adapted from Sommers et al., JAMA Int Med 2016

4

Glucose check in past year	43.0	2.3 (-5.2 to 9.8)	.54	6.3 (0.0 to 12.6)	.05
Glucose check among those with diabetes ^f	86.2	4.3 (-7.5 to 16.1)	.47	10.7 (1.2 to 20.2)	.03
Regular care for chronic condition ^g	65.7	11.6 (2.0 to 21.2)	.02	12.0 (3.1 to 21.0)	.008

Source: Sommers et al., JAMA Int Med 2016 5



Quality of Care and Health

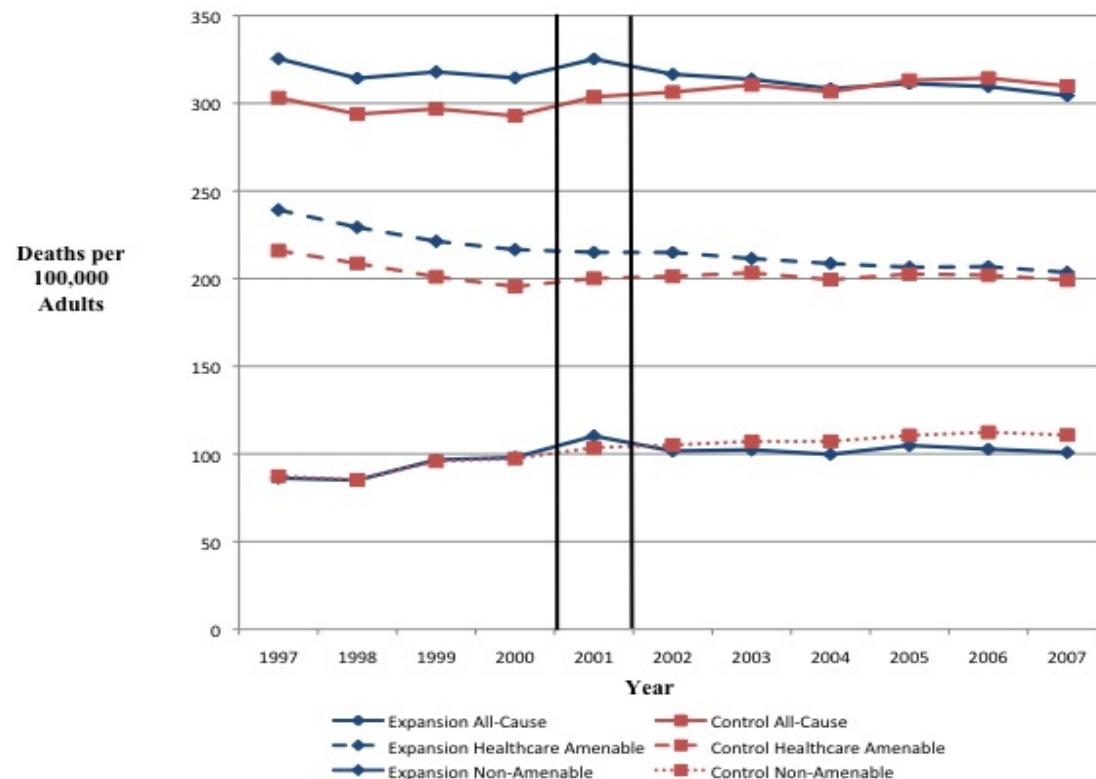
Table 2. Changes in Coverage, Access to Care, Utilization, and Health after the ACA Medicaid Expansion^a

Outcome	Mean in Expansion States, 2013	Net Change After Expansion (Arkansas and Kentucky vs Texas) ^b		
		2014 Net Change, vs 2013 % (95% CI)	P Value	2015 Net Change, vs 2013 % (95% CI)
Health status				
Excellent self-reported health	12.2	2.4 (-2.3 to 7.1)	.32	4.8 (0.3 to 9.3) .04
Fair/poor self-reported health	39.6	0.9 (-6.7 to 8.4)	.82	-3.2 (-11.1 to 4.7) .43
Positive depression screen, PHQ2 score ≥2	47.5	2.0 (-5.5 to 9.4)	.60	-6.9 (-14.6 to 0.8) .08

Source: Sommers et al., JAMA Int Med 2016 6



Long-Term: Mortality?



Source: Sommers AJHE 2016 (in press) 7



Questions & Comments?

Ben Sommers
bsommers@hsph.harvard.edu