

Health Benefits of Medicaid Expansion 2.0

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September 9, 2019

Introduction

Florida relies on tourism as a major source of revenue and employs over 1 million people in jobs described as “Accommodation and Food Service”. (Florida Jobs) Many of these are low wage service jobs that do not offer subsidized health insurance or paid time off. People employed in the service industry are among the estimated 715,608 uninsured adults in Florida who would be eligible for Medicaid expansion. An additional 675,000 who are currently purchasing coverage through the Federal Marketplace or employer plans would also be eligible for Medicaid, which would make their insurance coverage more affordable. (EDR)

Florida is one of only 14 states not expanding Medicaid. This has deprived the state and its citizens of both the financial and health benefits of expansion. (Dimperio) This lack of coverage for a substantial portion of our citizens has not gone unnoticed. US News and World Reports publishes an annual review of health care resources. The 2019 report ranked Florida 48th in the nation for access to care and 34th in quality of care. (US News) The Agency for Healthcare Research and Quality is a prestigious professional organization that establishes standards for quality in health care. It publishes a National Healthcare Quality and Disparities report which uses 82 measures to rank the quality of care offered by states. In the most recent Florida ranking Florida was third from the bottom. (AHRQ)

The purpose of the Affordable Care Act is to improve the health of Americans. A major strategy is reducing financial barriers to health care, which in America, means providing affordable health insurance. The fact that expanded Medicaid coverage (hereafter referred to as Medicaid) been accepted in several states and not in others provides an opportunity to study the impact of the program.

Research provides answers to three important questions. The first is: will low-income adults enroll in Medicaid? It requires time, reporting personal information, and, if enrollment is “on-line”, requires a skill not all adults have. There is also the possibility of a stigma associated with Medicaid. The second question is: will people, who may have little history of going to the doctor unless they are sick, who may have barriers such as transportation and child care and, may not have paid sick leave, go to the doctor when they are well? The third question is: if they do go for regular check ups, does it matter i.e. will it promote better health?

Medicaid has been in place in some states for several years, which allows us to begin to answer these important questions. The results of multiple studies demonstrate that eligible adults **do** enroll in Medicaid. Data on enrollment are widely available and clearly answer the first question in the affirmative but are not reviewed in this paper. This paper will review only a few of the existing studies which clearly demonstrate Medicaid enrollees use, value and benefit from affordable health care

Primary care

The cornerstone of the comprehensive health care covered by Medicaid is primary care. Primary care provides screening, assessment, treatment and when needed, referral to specialty services. Screening of an apparently healthy person is designed to reveal health issues before they become a problem. The earlier health concerns are discovered, the easier they are to treat. Early intervention will reduce morbidity and mortality and is cheaper than discovering the

condition later in the disease progress. For example, identifying and managing high blood pressure is better than treating a stroke.

People without insurance have less access to primary care than people who are insured. Studies repeatedly demonstrate that the uninsured are less likely than those with insurance to receive preventive care and screening for major health conditions and chronic diseases. (KFF) After enrollment in Medicaid beneficiaries were more likely to report “having a usual source of care” (Sommers 2017) and not having to put off regular health care. (Ohio) Beneficiaries in expansion states were less likely to report they “needed health care but could not afford it” or that they took less medication to save money. (Miller) Enrollment in Medicaid expansion was associated with an increase in receipt of flu shots, preventive dental care (Clark) and screening for HIV. (Simon)

A study of three southern states, two of which expanded Medicaid and one that did not, found Medicaid enrollees were more likely to have a regular provider, to engage in preventive care, to go to outpatient office visits, and annual check ups. (Sommers 2016) Studies document Medicaid enrollees were more likely than uninsured in other states to be screened for diabetes, cancer and obesity (Sommers 2016, Amal). A multi-state study found states that expanded Medicaid demonstrated a significant increase in the overall rate of cancer diagnosis, and especially in identification of early stage cancer. (Soni)

In Ohio 27% of new enrollees were newly diagnosed as having one or more chronic health condition for which they could receive early and appropriate care. Chart reviews documented enrollees experienced reductions in blood pressure and high blood cholesterol. (Ohio) Most of the studies reviewed included a question about how people perceived their health and in all studies a substantial number of people reported their health had improved since enrolling in Medicare. Although this question seems to be too simplistic to mention, it is considered an excellent indicator of health. A peer reviewed article found the answer to this question to be highly correlated with mortality. (DeSalvo)

The evaluation of the Michigan program documented a decrease in use of the emergency room (ER). The enrollees who participated in primary care and those who agreed to participate in risk reduction also showed more improvements in ER use than others. (Clark) Other studies also report reduced use of the ER. (Ohio)

Enrollees appreciated having affordable access to health care. For example a man in the 19-34 year age range who was enrolled in the Michigan program said, “With moving around, you know, climbing a ladder (for work) and doing all that stuff, it helped a lot with my back and all that.” (Tipirneni)

Mental Health

In addition to screening for medical problems, primary care includes screening for mental health and substance abuse. Almost 36% of those enrolled in Ohio’s expansion suffered from undiagnosed depression and, once enrolled in Medicaid, were able to access appropriate treatment, including medication. The medications used in treating substance abuse were consistent with best practices, as they were less likely to become addictive and result in deaths from overdose. (Ohio)

In Oregon enrollment of adults in Medicaid “reduce(d) the prevalence of undiagnosed depression by almost 50% and reduced untreated depression by more than 60%”. Medicaid

enrollment was associated with a significant increase in access to prescribed medications. (Baicker)

A quote from a man between 19-34 years old enrolled in Healthy Michigan who was receiving mental health services: “ I have actually changed my life around from what I used to be. Instead of sitting around the house all day I can actually get out..... I am actually getting my life together and trying to work on getting my daughter back...” (Tipirnneni)

Oral Health

Dental care is so expensive many low-income adults cannot afford it. Florida's Medicaid program offers very limited dental services for adults but other states offer a richer benefit package. After enrollment almost 40% of Ohio beneficiaries reported improved dental health. (Ohio) The enrollees in Oregon reported significantly fewer unmet needs for dental services and were able to obtain needed medication for dental infections (Baicker).

A Michigan man between the age of 51-64 said: “My teeth were pretty bad...and they fixed it up fine....and I feel better when I look for a job. I feel better because my appearance has changed a lot. This has helped me a lot, physically and mentally.” (Tipirnneni)

Specialty/Hospital Care

Although primary care and disease management will prevent unnecessary use of specialty care and hospital services there are occasions when these services are needed. Trauma is the leading cause of morbidity and mortality among young adults (19-44 years). Post hospital discharge to rehabilitation can be a key factor in regaining full capacity. A multi-state study found that young people who lived in states that expanded Medicaid were more likely to be insured and more likely to receive post injury rehabilitation. (Akande)

Another study compared surgery outcomes in states that accepted and those not accepting Medicaid. Data were collected on patients who needed one of five common surgeries (e.g. appendectomy). The adults in states that expanded Medicaid were significantly more likely to have an early and uncomplicated presentation and increased probability of receiving optimal management. (Loeher)

A study compared outcomes of patients who had cardiac surgery in Virginia, which did not expand Medicaid to those who had surgery in Michigan, which did. The patients who had surgery in Michigan had a significantly lower risk of post-operative major morbidity e.g. stroke, kidney failure. (Charles)

One-year mortality among patients with end stage renal disease who began dialysis and lived in expansion states was compared to that of patients who lived in states that did not expand Medicaid. The rate of death within 12 months was significantly lower in states that expanded Medicaid. (Shailender)

Disparities

Disparities in health outcomes are well documented i.e. identifiable populations have consistently worse outcomes than the mean. One disparity is income and this is what the expansion of Medicaid addresses. Other factors are associated with poor health and research has looked at the impact of Medicaid on some high-risk groups.

Rural Communities

Rural residents have few local providers, long distances to travel to obtain health care and higher death rates than those living in metropolitan areas (Moy). Fortunately, Community Health

Centers (CHC) are often found in rural areas and offer care regardless of ability to pay. Typically a large percent of their patients are uninsured, which can strain resources. A review of CHCs located in states that did and did not expand Medicaid found CHCs in expansion states improved quality of care. Research found improved treatment of asthma, more screening and treatment for obesity, better management of hypertension and increased follow-up care for issues such as mammograms, abnormal breast findings and substance abuse. (Cole)

In Oregon Medicaid beneficiaries were more likely to report that their health care needs were addressed. Rural participants reported improvements in access to primary care, receipt of preventive screenings, and continuity of care. They also reported feelings of greater financial security, better overall health and happiness. Despite the travel required getting to specialty care and some concern about the quality of available providers, rural Medicaid recipients reported satisfaction with their care. (Allen)

Medicaid expansion in Arkansas and Kentucky resulted in increased participation in medical check-ups and disease management as well as improvements in quality of care even in areas designated as health care shortage areas. (Sommers 2016)

Race

Minorities, especially blacks, have worse health outcomes than whites. For example, in Florida stroke related mortality is 36.5/100,000 in whites, and 56.0/100,000 in blacks. Hospitalization rate due to congestive heart failure is 205/100,000 in whites and 370/100,000 in blacks. (Florida CHARTS)

The study described above (in specialty/hospital care) on patients with end stage renal disease found the largest decrease in mortality among patients living in expansion states was among black patients. (Shailaender)

Although Florida increased the income limit for Medicaid during pregnancy Florida's infant mortality rate of 6.1/1000 births ranks us 27th in the nation. Among black women the infant mortality is 11.3 deaths/1,000 births and among white women the rate is 4.4/1,000 births. It has recently been recognized that the health of a woman before she conceives is critically important to the health of the pregnancy, which emphasizes the role of primary care in promoting healthy births. A national study comparing infant mortality in states that expanded Medicaid to those which did not, found the decrease in infant mortality was significantly greater in the states that had expanded Medicaid. The greatest improvement in infant mortality was among black mothers in expansion states, where infant mortality was reduced at twice the rate of non-expansion states. The data provide no explanation but the authors suggest primary care resulted in reducing "unintended pregnancies and improved preconception health including better management of maternal chronic disease, and mental health....". (Bhatt)

Chronic conditions

Adults with chronic conditions, like diabetes and high blood pressure, are more likely to suffer morbidity and premature death. As discussed, above, access to primary care increases early identification and management of chronic conditions which will mitigate the disease process.

Among adults with chronic conditions, Medicaid expansion resulted in more frequent use of preventive services (Clark) improved use of medication, and improved perceived health status. (Sommers 2016) People in Medicaid who had asthma, diabetes and other chronic conditions were more likely to engage in disease management, including ongoing monitoring and medication management. (Cole, Ohio).

Although, use of the emergency room of all Medicaid beneficiaries was reduced adults with asthma, diabetes, heart disease, and/or COPD demonstrated “more substantial” reductions than others. (Clark)

Tobacco

Many Floridians who smoke want to quit and many have tried, but nicotine addiction is notoriously difficult to overcome. In Florida, as in other states, income is inversely correlated with smoking. Adults with lower-incomes, the target population for Medicaid, are more likely to smoke than those with higher incomes. Best practices for cessation include use of nicotine replacement products and other medications. Medicaid expansion was found to increase access to medication recommended for tobacco cessation by 36%. (Macclean) A multi-state study concluded low-income adults living in expansion states reported higher rates of smoking cessation than those living in states that did not expand Medicaid. (Koma)

Substance Use

Widespread opioid addiction is destroying families and communities in Florida, and has been declared a public health emergency. In 2017, there were 3,245 opioid related-deaths in Florida—a rate of 16.3 deaths per 100,000 persons, which is higher than the national rate of 14.6 deaths per 100,000 persons. (NIDA)

Medicaid is the largest funder of behavioral health services and the most significant source of funding for treating substance in the country. In spite of the fact that the expansion population has a higher rate of substance abuse disorders than those enrolled in regular Medicaid, Florida funds limited substance abuse treatment services to this population using state dollars whereas expansion states use federal dollars to provide and comprehensive in-patient services, outpatient treatment and medication. (Bachrach)

A study of death files from the Center for Disease Control and Prevention found expansion states experienced 30% fewer heroine deaths and a 26% reduction from other narcotics related deaths. (McInerney)

Treatment of substance abuse can be effective but requires professional services and prescription medication which are not affordable by most uninsured. Substance abuse treatment is one of the essential health care services included in Medicaid. A multi-state study compared drug utilization files from the Center for Medicare and Medicaid services found that expansion states had a 70% increase in the number of filled prescriptions for buprenorphine, a key medication for treatment of opioid addiction. (Hefei)

West Virginia and Kentucky are two of the states with the highest rate of drug overdose deaths in the country. Both states expanded Medicaid and were able to offer their citizens effective treatment for opioid addiction. In the first year of operation West Virginia Medicaid enrolled a little over 4,400 adults diagnosed with Opioid Use Disorder (OUD) and the number rose to over 8,300 by the third program year. In the first year the about 15% of clinical services each month were provided to patients with OUD which after three years rose to about 30%. The total monthly number of clinical services plus prescriptions tripled over the first three years. The percent of patients who filled prescriptions increased from about 30% in year one to 75% in the third year. (Saloner)

Kentucky also began Medicaid expansion in 2014. In the first three months they provided 1,500 substance abuse services. In the second quarter of 2016 they offered over 11,000 services. Doses of buprenorphine, increased from 2 million in the first quarter of 2013 to 3.5 million in the

second quarter of 2016. In-patient admissions for substance use treatment, which had been almost 23,000 in 2005, had declined to only a little over 19,005 in 2015. (FHK)

These studies demonstrate that Medicaid is a valuable resource for states to offer effective, affordable treatment to residents with OUD. Addressing the opioid crises through Medicaid expansion is the best option Florida has to offer comprehensive treatment for this debilitating condition.

Summary

The purpose of Medicaid Expansion is to improve the health of Americans and the data we have after a few years of experience suggest the program is meeting this goal. The expansion population is:

- Engaging in primary care - they are:
 - Going for routine health checks
 - Being screened for chronic conditions such as diabetes, hypertension and depression
 - Receiving referrals for dental care, mental health services and specialty care
 - Participating in disease management
 - Accessing and using needed medications
 - Improving health related behaviors
- Reporting
 - Improved health
 - Fewer unmet needs for health care
 - Fewer unmet needs for dental care
 - Appreciation for improved health, including dental and mental health
- Experiencing
 - Reductions in hypertension and high cholesterol
 - Earlier diagnosis and referral for cancer, surgery and dialysis
 - Decreased use of emergency rooms
 - Diagnosis and treatment of opioid addiction
 - Decreased in-patient admissions for substance use

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