



KANSAS HEALTH INSTITUTE

# EXPLORING MEDICAID EXPANSION: EXPERIENCE IN OTHER STATES

February 29, 2024

Kansas Health Institute

# Who We Are

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- Nonprofit, nonpartisan educational organization based in Topeka.
- Established in 1995 with a multi-year grant by the Kansas Health Foundation.
- Committed to convening meaningful conversations around tough topics related to health.



# Hello!

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**Kari M. Bruffett**

President and CEO  
Kansas Health Institute

Email: [kbruffett@khi.org](mailto:kbruffett@khi.org)



# Hello!

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**Sheena L. Schmidt, M.P.P**

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# Acknowledgments

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We recognize the following individuals for their contributions:



**Kari Bruffett**  
*President & CEO*



**Emma Uridge**  
*Analyst*



**Cathy McNorton**  
*Senior Communication  
Specialist &  
Publications Strategist*



**Lyndsey Burkhart**  
*Event Coordinator/  
Communication  
Assistant*



**Shelby Rowell**  
*Analyst*



**Kaci Cink**  
*Analyst*



# Agenda

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## Exploring Medicaid Expansion: Experiences in Other States

- **Welcome**
- **Medicaid Expansion in Kansas: Updated Estimates and Characteristics of the Expansion**
- **National Context Around Medicaid Expansion**
  - Cindy Mann, J.D., Partner at Manatt, Phelps & Phillips, LLP
- **Panel Discussion**
  - Jay Ludlam, J.D., Deputy Secretary for North Carolina Medicaid, NCDHHS
  - Grant Thomas, Deputy Commissioner, Georgia Dept. of Community Health
  - Cindy Mann, J.D., Partner at Manatt, Phelps & Phillips, LLP
- **Final Remarks**



# Today's Panelists

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We recognize the following individuals for participating on our expert panel:



**Cindy Mann, J.D.**  
*Partner at Manatt,  
Phelps & Phillips,  
LLP*



**Jay Ludlam, J.D.**  
*Deputy Secretary for  
North Carolina Medicaid,  
NCDHHS*



**Grant Thomas**  
*Deputy Commissioner,  
Georgia Dept. of  
Community Health*



# Kansas Medicaid and CHIP



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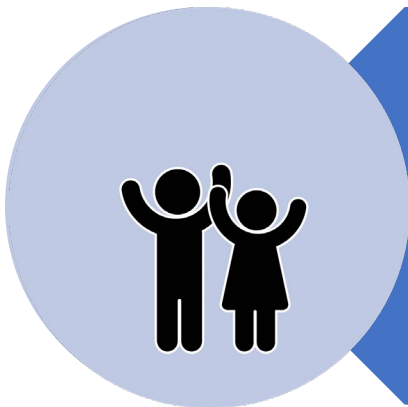


# Background: Kansas Medicaid and CHIP

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**Medicaid:** Enacted in 1965, it provides coverage for health services and long-term care to eligible low-income dependent children, parents, pregnant women, people with disabilities and older adults, as well as some individuals with specific health conditions.



**CHIP:** Adopted in Kansas in 1998 and implemented in 1999. It provides similar coverage to uninsured children of low-income families who are not eligible for Medicaid, but who can't afford private coverage.



# Proposed Medicaid Expansion in Kansas



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# 2024 Medicaid Expansion Proposal

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## Key Provisions:

Expand Medicaid eligibility to adults age 19-64 who earn up to 138 percent FPL

Includes a work requirement with some exceptions

Includes a hospital surcharge beginning in 2027 to offset costs of expansion



# 2024 Federal Poverty Level (FPL) Guidelines

Persons in Family/Household	Annual Income 100 percent FPL
1	\$15,060
2	\$20,440
3	\$25,820
4	\$31,200
5	\$36,580
6	\$41,960
7	\$47,340
8	\$52,720
<b>1 Individual at 138 Percent FPL</b>	<b>\$20,783</b>



# 2024 Medicaid Expansion Proposal: Proposed Exceptions to Work Requirement

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**Full-time students**

**Caregivers of children or adults**

**Those determined unfit for employment, or with pending applications for social security benefits**

**Individuals with permanent partial disabilities**

**Volunteers working at least 20 hours per week**

**Individuals who are homeless**

**Veterans**

**Former foster youth under age 22**

**Individuals experiencing hardship as determined by the KDHE secretary**



# Kansas Medicaid Expansion Enrollment and Cost Estimates 2024



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# Enrollment Estimates

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- Since 2012, most recently in spring 2022, KHI has conducted analysis and produced seven estimates of enrollment and costs associated with Medicaid expansion. Estimates in this paper are primarily based on analysis of 2022 American Community Survey (ACS) data.
- Estimates are provided for:
  - Kansas Adults age 19-64 with income up to 138 percent of the federal poverty level (FPL) who would enroll in Medicaid if expanded.
  - Kansas children affected by Medicaid expansion for adults



# Enrollment Estimates

## 2024 Estimates

A total of 151,898 Kansans, including 106,450 adults and 45,448 children, are estimated to newly enroll in KanCare if Medicaid were to be expanded in January 2025.

106,450

Adults

+

45,448

Children

=

151,898

Kansans





# Enrollment Estimates: Kansas Adults

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## Projected Kansas Adults Age 19-64 in Medicaid Expansion Population Up to 138 Percent FPL

- **Newly Enrolled: 106,450** Kansas adults age 19-64 would newly enroll in Medicaid if it were expanded.
- **Currently Uninsured:** Of the 106,450 new adult enrollees, **68,236** are currently uninsured.
  - Includes **12,819** uninsured adults between 38-138 percent of FPL who were on Medicaid during the pandemic due to the continuous coverage provision being in place but who lost coverage once the continuous coverage provision ended. These individuals would likely re-enroll if their income did not exceed 138 percent of FPL at the time of enrollment.
  - Includes **1,781** currently eligible but uninsured individuals who may be more inclined to enroll in Medicaid due to increased awareness and outreach that would occur because of expansion, sometimes known as the “welcome mat” effect.
- **Currently Insured, New Enrollees:** An estimated **38,214** new enrollees are adults who might switch to KanCare from another insurance source.



# Enrollment Estimates: Kansas Children

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## Projected Kansas Children Affected by Medicaid Expansion for Adults

- **Newly Enrolled: 45,448** Kansas children age 0-18 currently eligible would enroll in KanCare if it were expanded.
  - **Currently Uninsured, Newly Enrolled:** Under expansion, **16,377** children are currently eligible and would likely enroll in Medicaid or CHIP. Currently eligible but uninsured individuals may be more inclined to enroll in Medicaid due to increased awareness and outreach that would occur because of expansion, sometimes known as the “welcome mat” effect.
  - **Currently Insured, Newly Enrolled:** An estimated **29,071** new enrollees are children who might switch to Medicaid or CHIP from another insurance source.



# Cost Estimates

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- Estimated new enrollment represents an increase of approximately 36.6 percent from the average monthly KanCare enrollment pre-pandemic.
- Federal incentives in the American Rescue Plan Act of 2021 would provide an estimated \$509 million in savings to Kansas over two years if Medicaid were expanded to low-income adults under the terms of the Affordable Care Act (ACA) — **offsetting the equivalent of about 8 years' worth of net state expansion costs.**



**Figure 3. Estimated Direct and Indirect Costs Related to Medicaid Expansion, 2025 to 2034, by Calendar Year (in Millions)**

	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034	Total
<b>Combined Federal and State Spending on New Enrollees</b>	\$1,020	\$1,082	\$1,153	\$1,228	\$1,308	\$1,393	\$1,484	\$1,583	\$1,689	\$1,802	\$13,742
<b>State Gross Cost of New Enrollees</b>	\$145	\$154	\$170	\$180	\$191	\$203	\$216	\$230	\$245	\$261	\$1,996
<b>New State Revenues, Offsetting Savings, Administrative Costs</b>	\$(79)	\$(90)	\$(118)	\$(124)	\$(131)	\$(138)	\$(146)	\$(154)	\$(163)	\$(173)	\$(1,316)
<b>State Net Cost of New Enrollees under Expansion</b>	\$66	\$64	\$52	\$56	\$61	\$65	\$70	\$76	\$82	\$88	\$680
<i>State Net Cost of New Adults</i>	\$19	\$14	\$(7)	\$(6)	\$(5)	\$(4)	\$(3)	\$(2)	\$(0)	\$ 1	\$5
<i>State Net Cost of Current Adults</i>	\$8	\$9	\$11	\$11	\$12	\$13	\$14	\$15	\$16	\$17	\$126
<i>State Net Cost of Current Children</i>	\$39	\$41	\$49	\$51	\$54	\$57	\$59	\$63	\$67	\$71	\$549
<b>ARPA Incentive</b>	\$(248)	\$(261)	\$-	\$-	\$-	\$-	\$-	\$-	\$-	\$-	\$(509)
<b>State Net Cost of Expansion After Applying 2-year ARPA Incentive</b>	\$(182)	\$(197)	\$52	\$56	\$61	\$65	\$70	\$76	\$82	\$88	\$171

Note: This analysis presents results by Calendar Year, assuming a Jan. 1, 2025, implementation. Numbers may not sum due to rounding. The total American Rescue Plan Act (ARPA) incentive only includes savings associated with the population currently eligible and enrolled. Costs for new enrollees who are currently eligible were accounted for separately in the two years that the ARPA incentive is applied. Detailed assumptions are available in our technical note. “( )” indicates net savings. New adults indicate adults newly eligible for Medicaid if expanded who would enroll. Current adults and current children indicate adults and children who are currently eligible for Medicaid but would newly enroll if Medicaid is expanded.

Source: Kansas Health Institute analysis of IPUMS USA 2022 American Community Survey data, Fiscal Year 2023 and 2024 Medical Assistance Reports from the Kansas Department of Health and Environment, and the Kansas Department of Corrections.

# Cost Estimates

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## **Estimated Savings, New Revenues and Offsets used to Calculate Costs:**

The estimated savings each year from expansion is associated primarily with enrollees becoming reclassified into different eligibility groups, such as:

- Women who would become pregnant while already enrolled in the expansion group
- Those in the expansion group who would have qualified as Medically Needy
- Those who would have enrolled in the entirely state-funded MediKan program
- Those who may otherwise have applied for Supplemental Security Income
- Inmates who could be eligible for Medicaid in the case of a hospital admission longer than one day

New revenues included:

- Hospital surcharge in Medicaid expansion proposal beginning in 2027
- Increased Managed Care privilege fees, drug rebates and CHIP premiums

Estimate accounts for ARPA incentive, a two-year 5 percentage-point increase to Federal Medical Assistance Percentage (FMAP) for traditional Medicaid offered to states that expand their programs under the terms of the ACA.



# Characteristics of the Expansion Population



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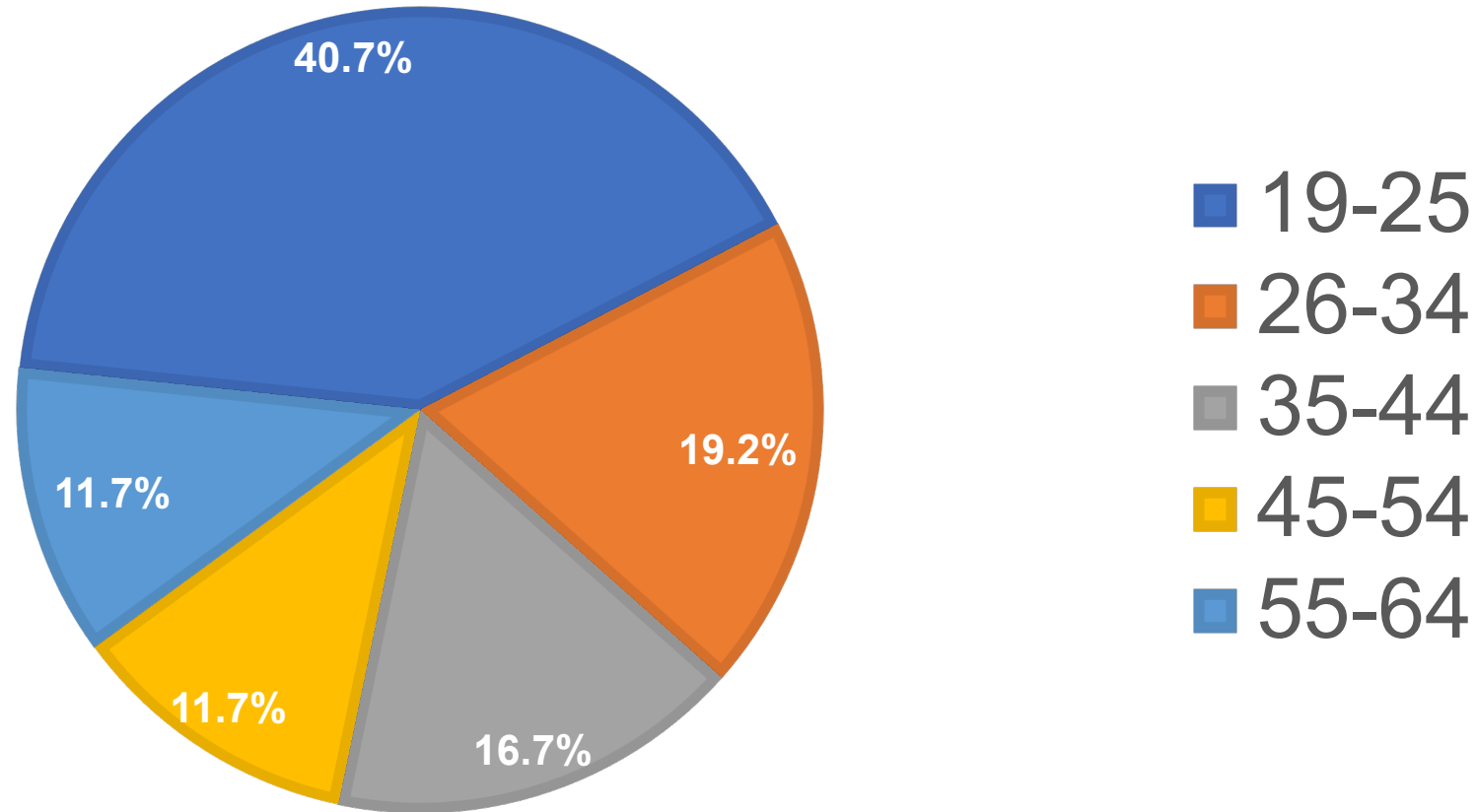
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# Characteristics of Likely Eligible Adults in the Expansion Population



# Adults Age 19-64 ≤ 138% FPL Likely Eligible for Medicaid if Expanded by Age Group, 2022



Note: Total adults age 19-64 ≤ 138% FPL likely eligible for Medicaid if expanded =244,467. Total does not include individuals already enrolled in Medicaid or Medicare.

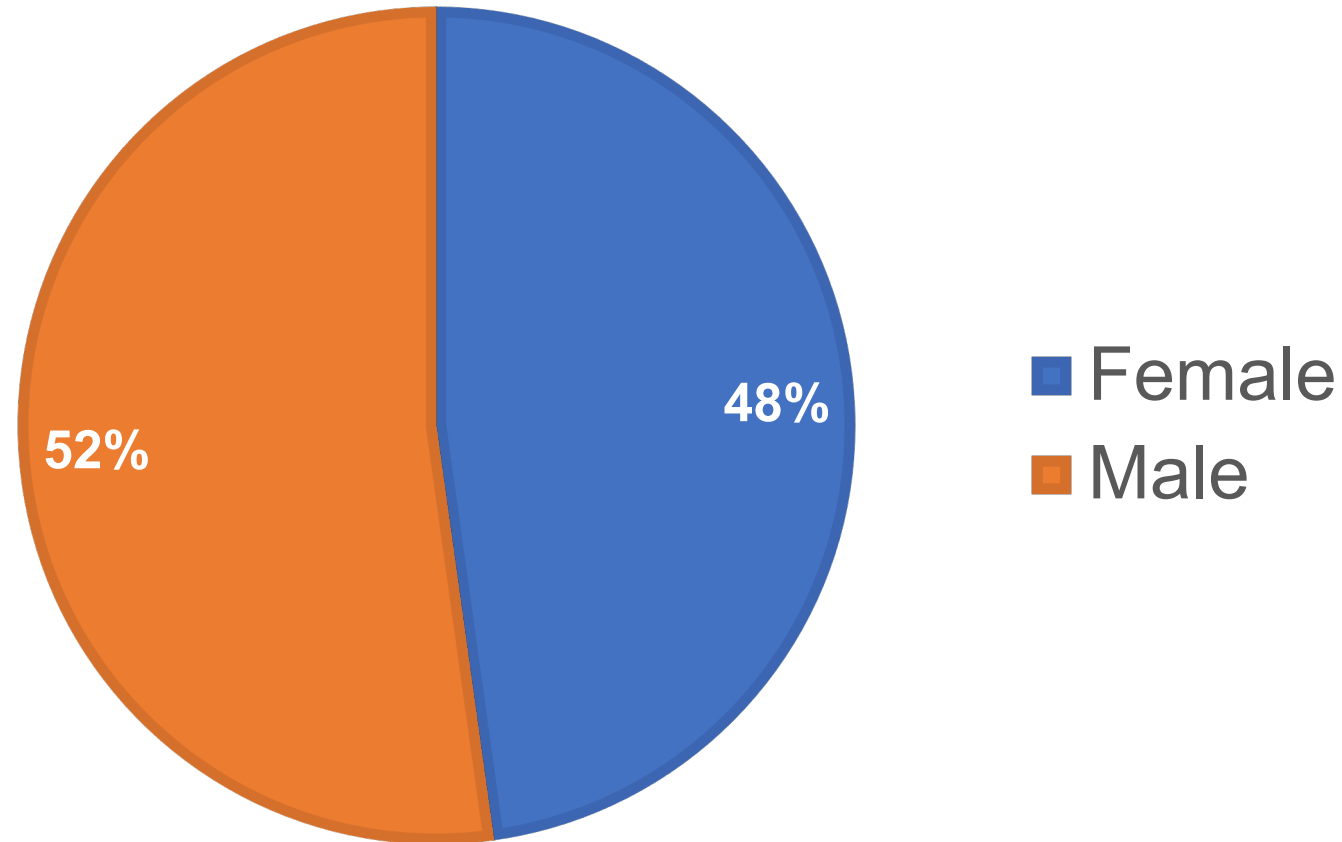
Source: Kansas Health Institute Analysis of IPUMS USA 2022 American Community Survey Data and Estimates of poverty level use SHADAC's Health Insurance Unit (HIU) definition of family (<https://www.shadac.org/publications/SHADAC-HIU>).





# Adults Age 19-64 $\leq$ 138% FPL Likely Eligible for Medicaid if Expanded, by Sex, 2022

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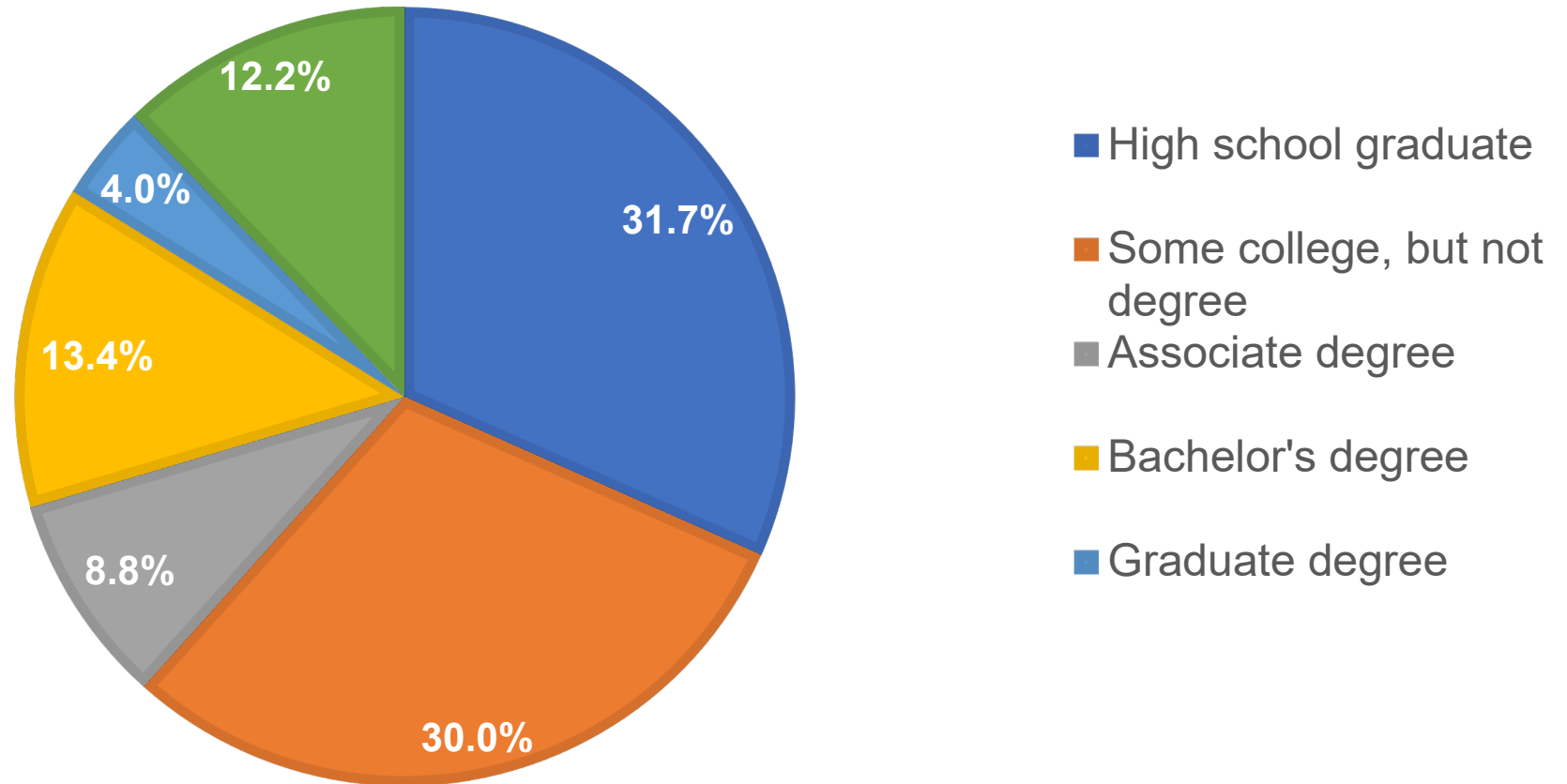


Note: Total adults age 19-64  $\leq$  138% FPL likely eligible for Medicaid if expanded =244,467. Total does not include individuals already enrolled in Medicaid or Medicare.

Source: Kansas Health Institute Analysis of IPUMS USA 2022 American Community Survey Data and Estimates of poverty level use SHADAC's Health Insurance Unit (HIU) definition of family (<https://www.shadac.org/publications/SHADAC-HIU>).



# Adults Age 19-64 ≤ 138% FPL Likely Eligible for Medicaid if Expanded, by Level of Education, 2022

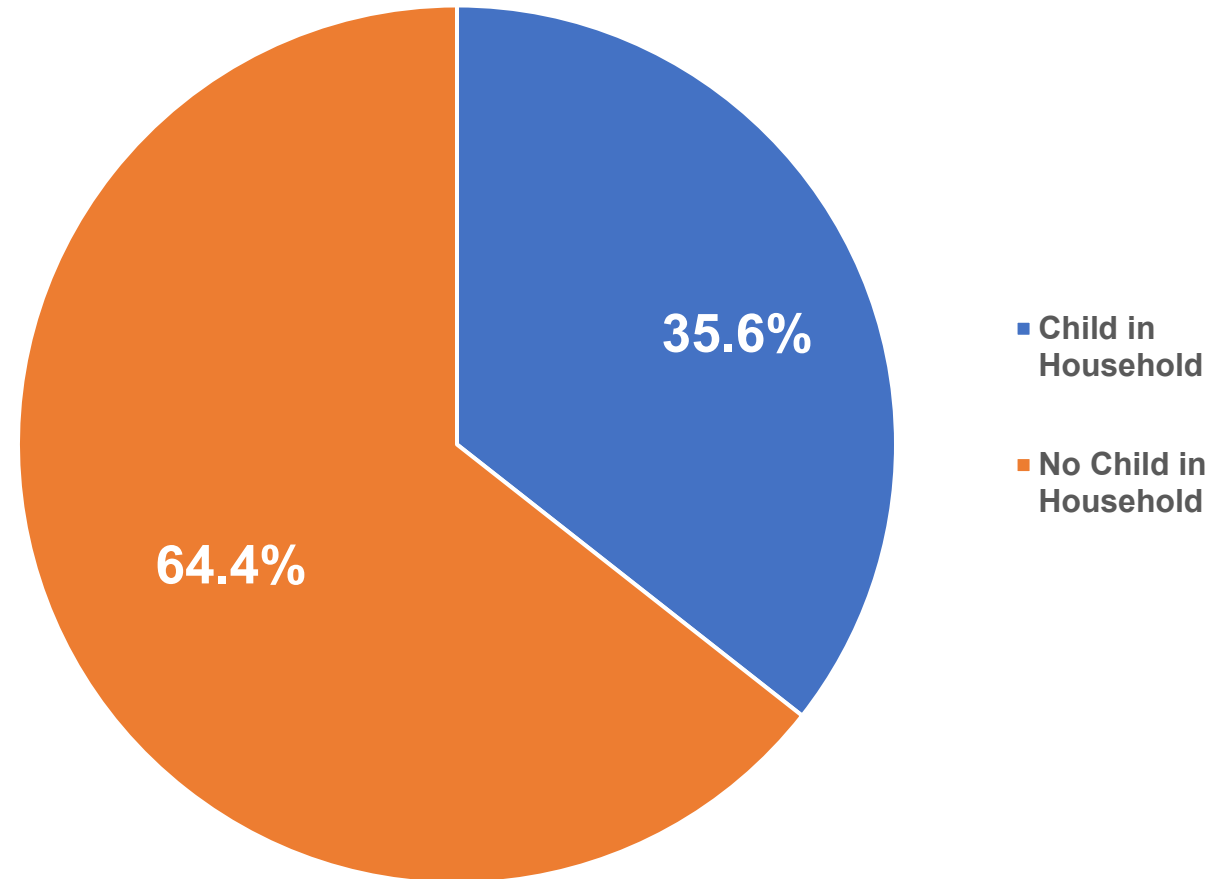


Note: Total adults age 19-64 ≤ 138% FPL likely eligible for Medicaid if expanded =244,467. Total does not include individuals already enrolled in Medicaid or Medicare.

Source: Kansas Health Institute Analysis of IPUMS USA 2022 American Community Survey Data and Estimates of poverty level use SHADAC's Health Insurance Unit (HIU) definition of family (<https://www.shadac.org/publications/SHADAC-HIU>).



# Adults Age 19-64 $\leq$ 138% FPL Likely Eligible for Medicaid if Expanded, by Presence of Child in Household, 2022

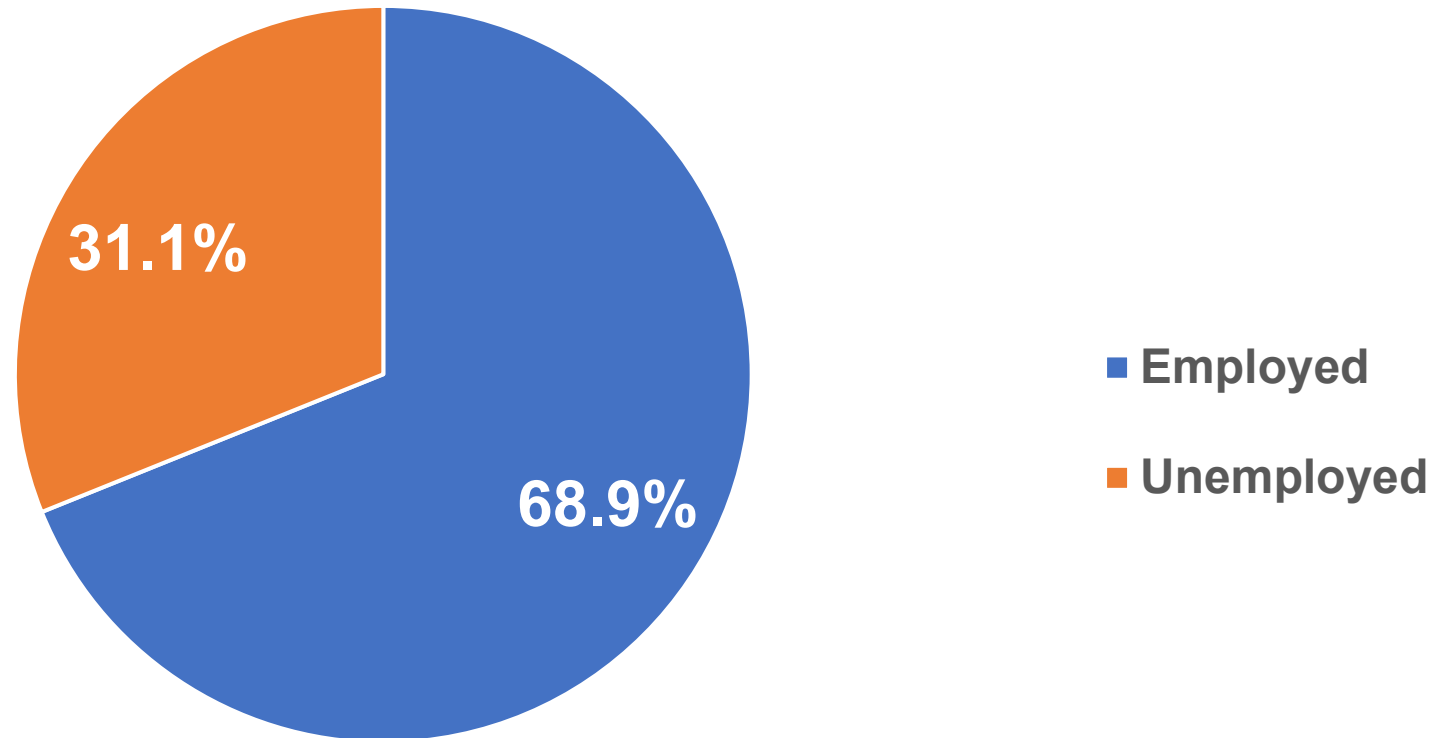


Note: Total adults age 19-64  $\leq$  138% FPL likely eligible for Medicaid if expanded =244,467. Total does not include individuals already enrolled in Medicaid or Medicare.

Source: Kansas Health Institute Analysis of IPUMS USA 2022 American Community Survey Data and Estimates of poverty level use SHADAC's Health Insurance Unit (HIU) definition of family (<https://www.shadac.org/publications/SHADAC-HIU>).



# Adults Age 19-64 $\leq$ 138% FPL Likely Eligible for Medicaid if Expanded, by Employment Status, 2022

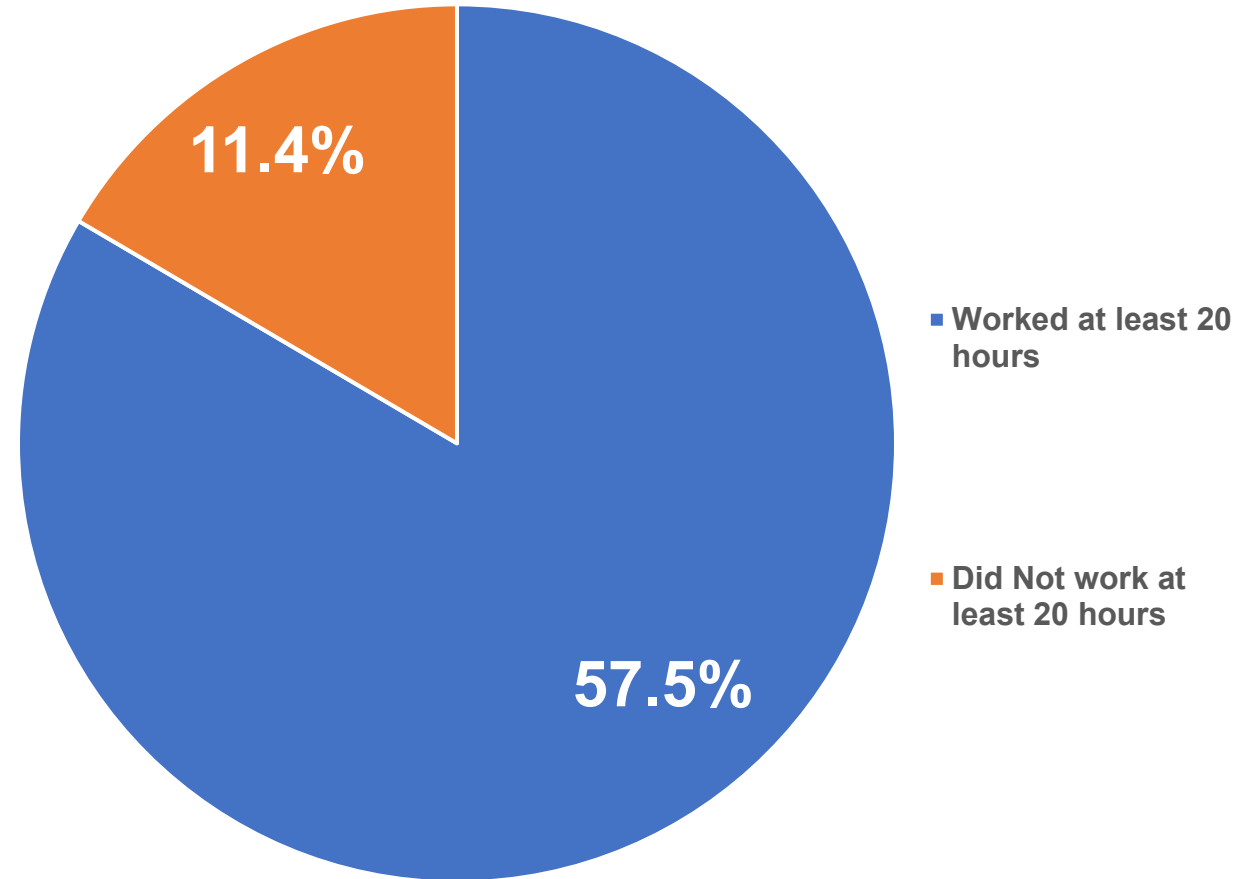


Note: Total adults age 19-64  $\leq$  138% FPL likely eligible for Medicaid if expanded =244,467. Total does not include individuals already enrolled in Medicaid or Medicare.

Source: Kansas Health Institute Analysis of IPUMS USA 2022 American Community Survey Data and Estimates of poverty level use SHADAC's Health Insurance Unit (HIU) definition of family (<https://www.shadac.org/publications/SHADAC-HIU>).



# Adults Age 19-64 $\leq$ 138% FPL Likely Eligible for Medicaid if Expanded, by Hours Worked, 2022



Note: Total adults age 19-64  $\leq$  138% FPL likely eligible for Medicaid if expanded =244,467. Total does not include individuals already enrolled in Medicaid or Medicare.

Source: Kansas Health Institute Analysis of IPUMS USA 2022 American Community Survey Data and Estimates of poverty level use SHADAC's Health Insurance Unit (HIU) definition of family (<https://www.shadac.org/publications/SHADAC-HIU>).

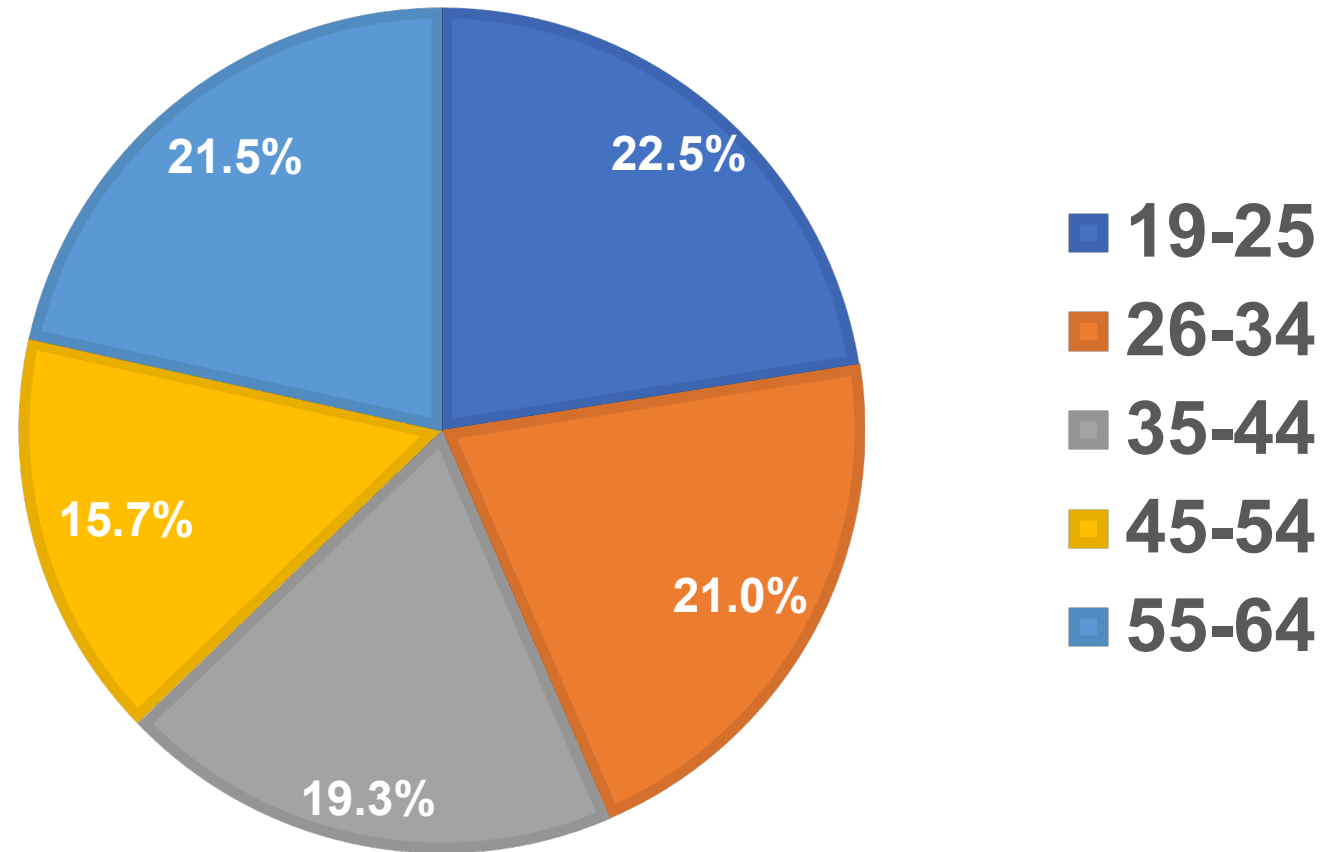


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# Characteristics of Likely Eligible Adults in the Expansion Population who are Not Employed



# Adults Not Employed Age 19-64 $\leq$ 138% FPL Likely Eligible for Medicaid if Expanded, by Age Group, 2022

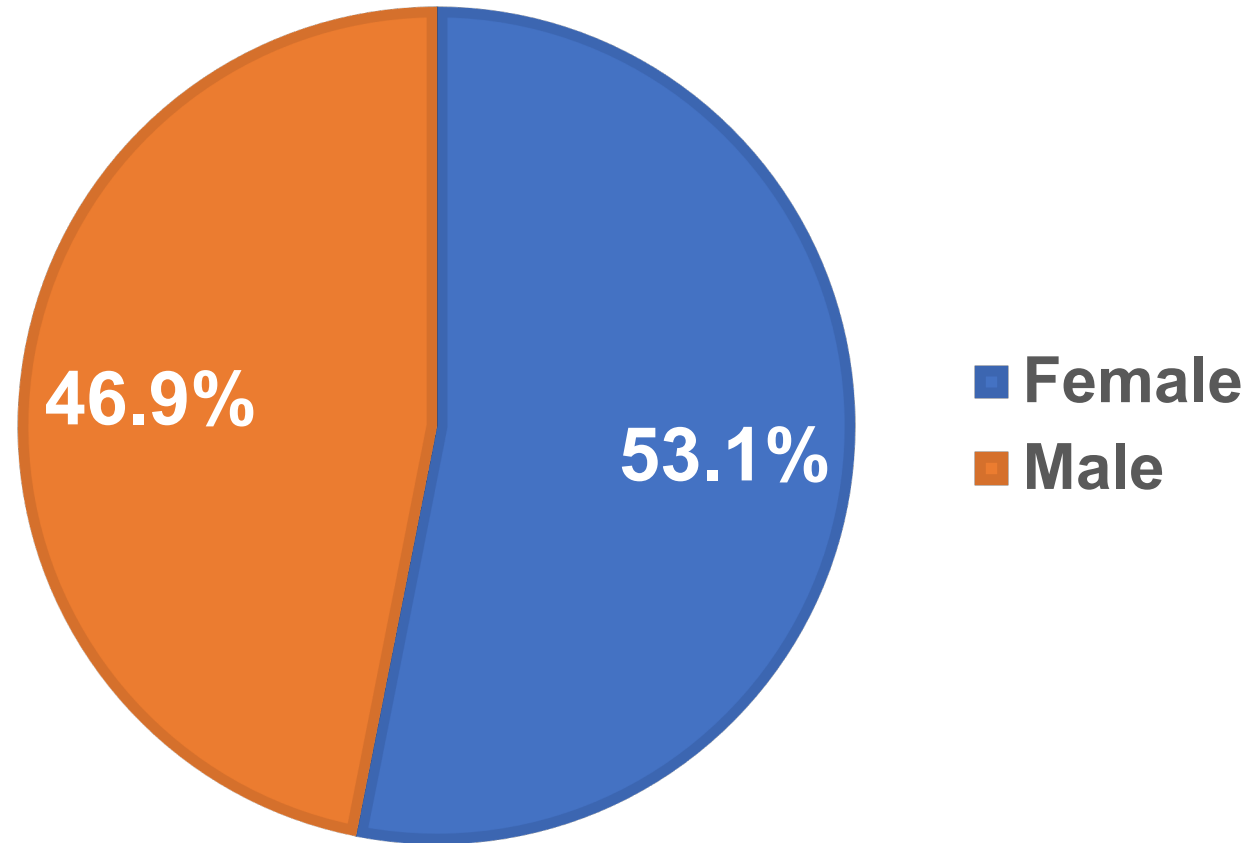


Note: Total Unemployed adults age 19-64  $\leq$  138% FPL likely eligible for Medicaid if expanded = 76,072. Total does not include individuals already enrolled in Medicaid or Medicare.

Source: Kansas Health Institute Analysis of IPUMS USA 2022 American Community Survey Data and Estimates of poverty level use SHADAC's Health Insurance Unit (HIU) definition of family



# Adults Not Employed Age 19-64 $\leq$ 138% FPL Likely Eligible for Medicaid if Expanded, by Sex, 2022



Note: Total Unemployed adults age 19-64  $\leq$  138% FPL likely eligible for Medicaid if expanded = 76,072. Total does not include individuals already enrolled in Medicaid or Medicare.

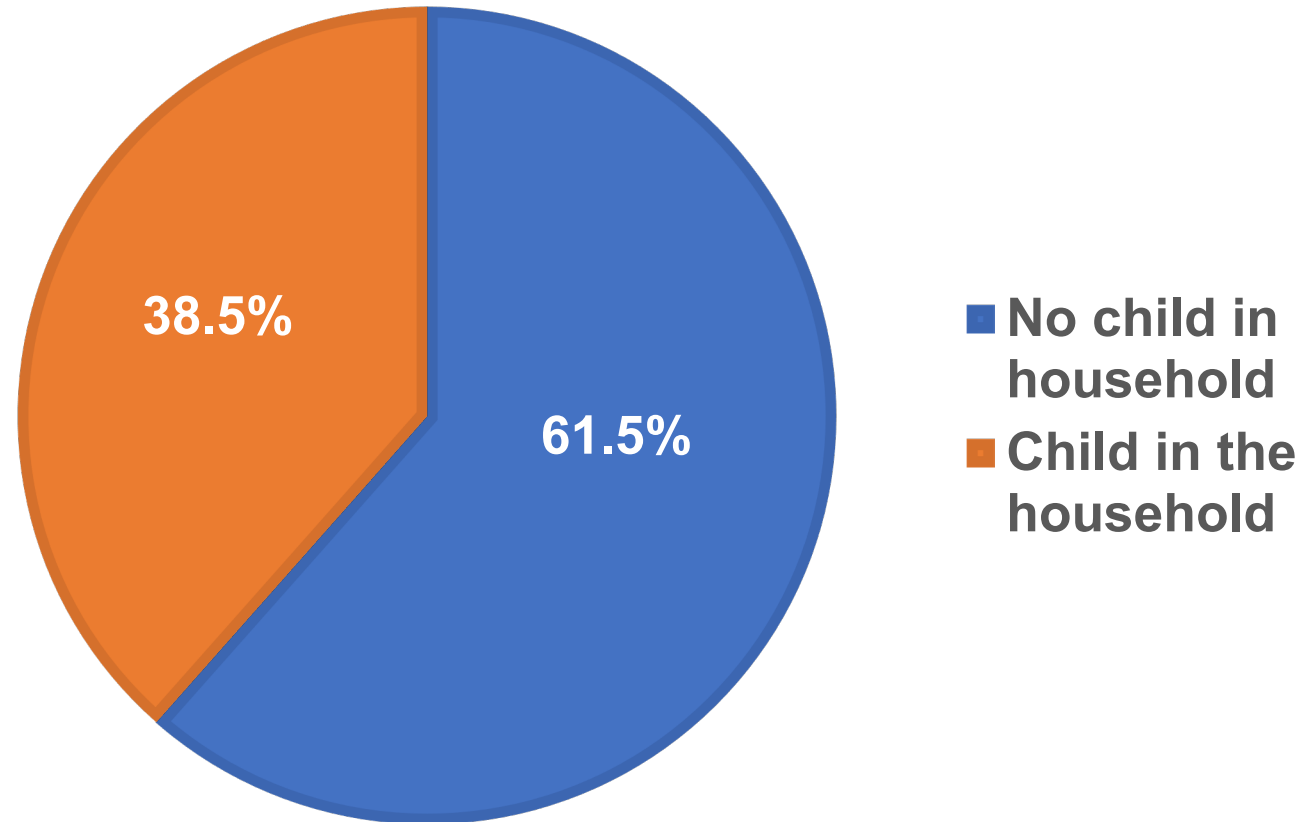
Source: Kansas Health Institute Analysis of IPUMS USA 2022 American Community Survey Data and Estimates of poverty level use SHADAC's Health Insurance Unit (HIU) definition of family





# Adults Not Employed Age 19-64 $\leq$ 138% FPL Likely Eligible for Medicaid if Expanded, by Presence of a Child in Household, 2022

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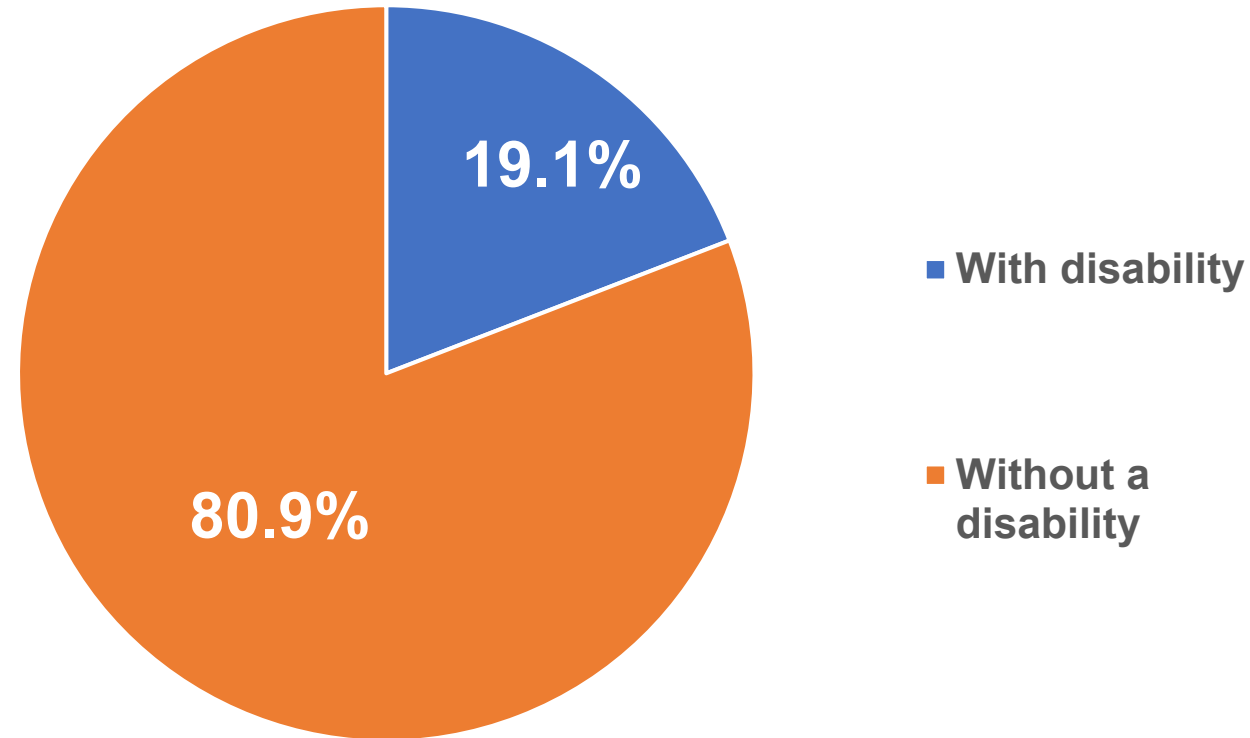


Note: Total Unemployed adults age 19-64  $\leq$  138% FPL likely eligible for Medicaid if expanded = 76,072. Total does not include individuals already enrolled in Medicaid or Medicare.

Source: Kansas Health Institute Analysis of IPUMS USA 2022 American Community Survey Data and Estimates of poverty level use SHADAC's Health Insurance Unit (HIU) definition of family



# Adults Not Employed Age 19-64 $\leq$ 138% FPL Likely Eligible for Medicaid if Expanded, by Disability Status, 2022

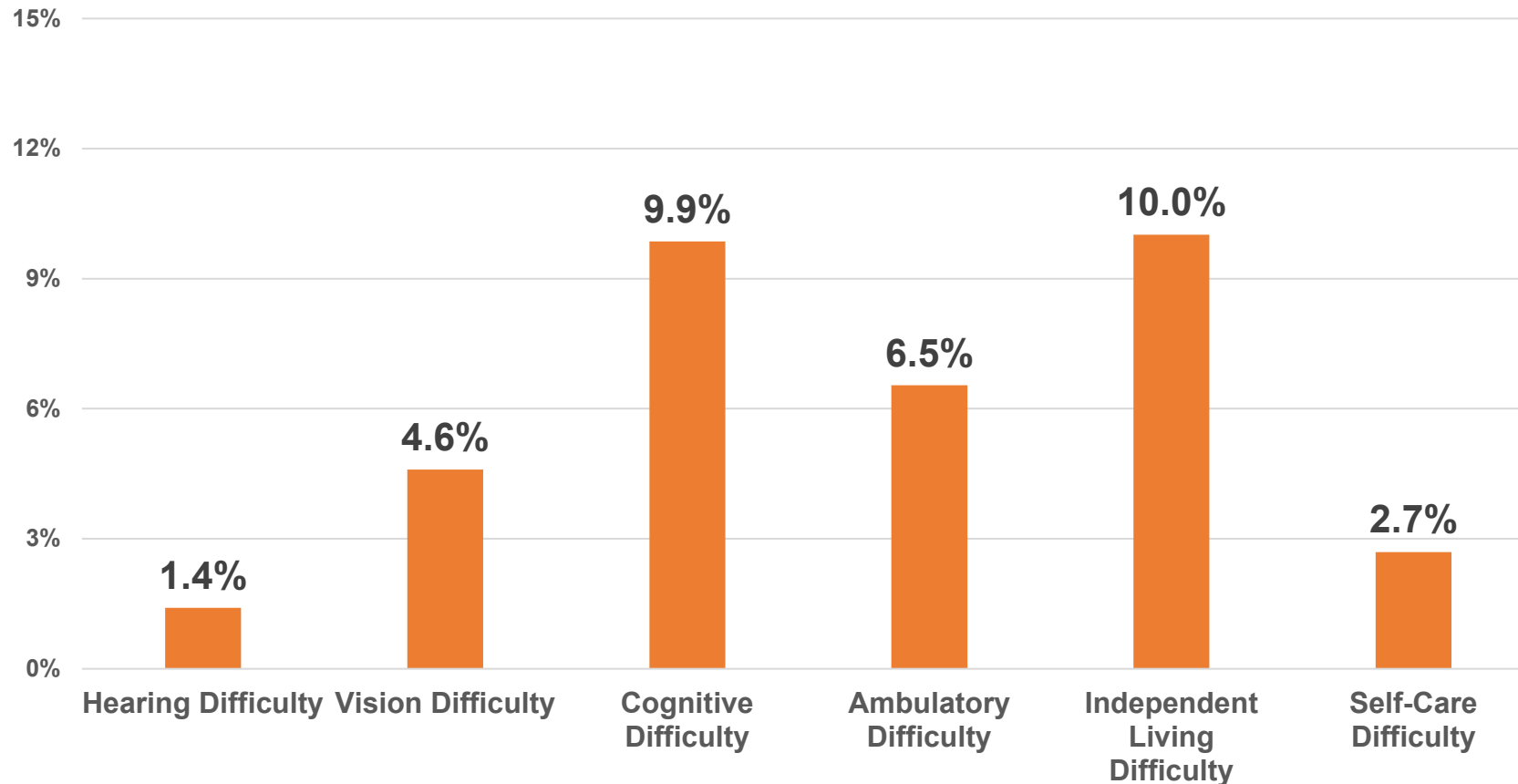


Note: Total Unemployed adults age 19-64  $\leq$  138% FPL likely eligible for Medicaid if expanded = 76,072. Total does not include individuals already enrolled in Medicaid or Medicare.

Source: Kansas Health Institute Analysis of IPUMS USA 2022 American Community Survey Data and Estimates of poverty level use SHADAC's Health Insurance Unit (HIU) definition of family



# Adults Not Employed Age 19-64 $\leq$ 138% FPL Likely Eligible for Medicaid if Expanded, by Disability Type, 2022

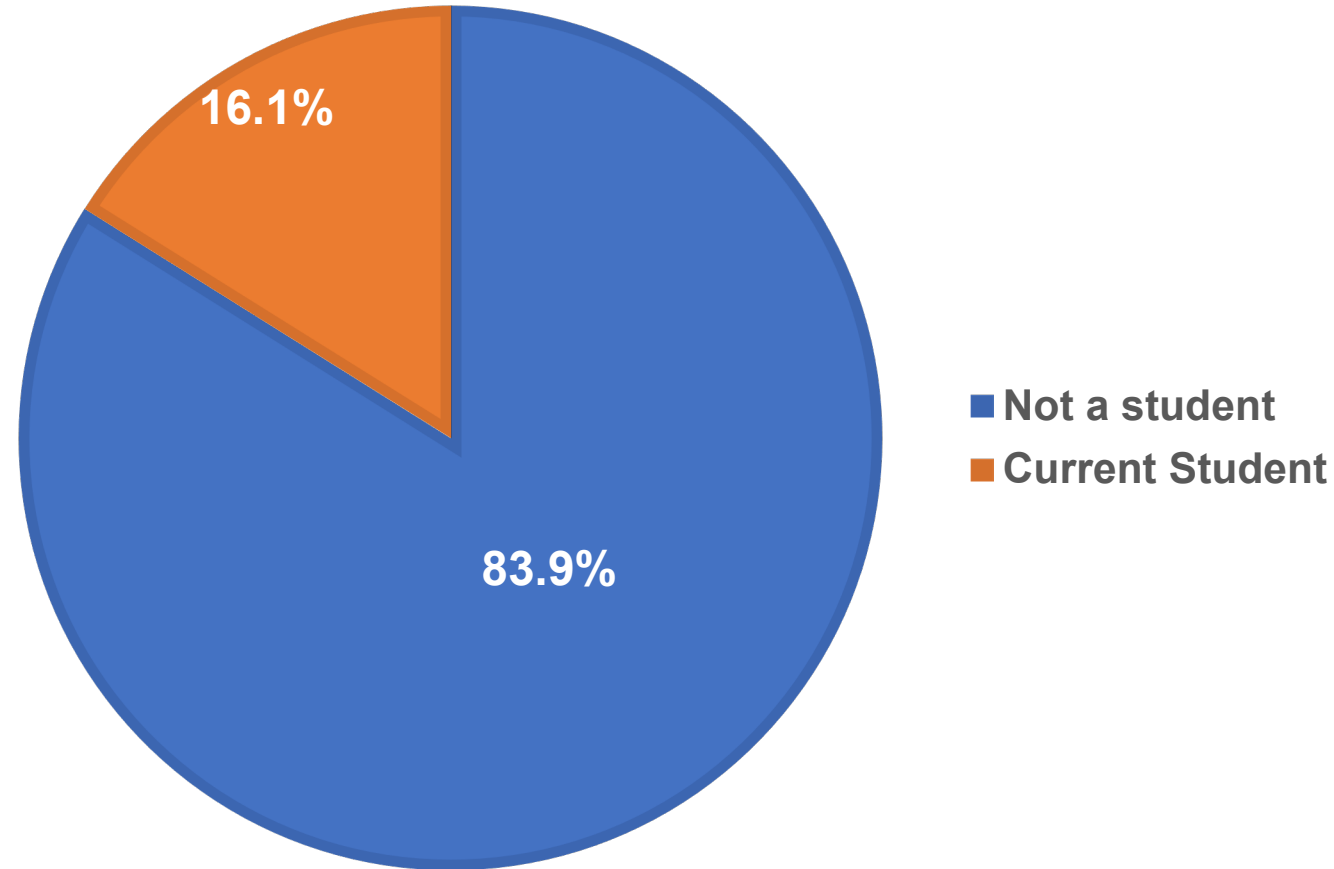


Note: Total Unemployed adults age 19-64  $\leq$  138% FPL likely eligible for Medicaid if expanded = 76,072. Total does not include individuals already enrolled in Medicaid or Medicare. These disability categories are not mutually exclusive.

Source: Kansas Health Institute Analysis of IPUMS USA 2022 American Community Survey Data and Estimates of poverty level use SHADAC's Health Insurance Unit (HIU) definition of family



# Adults Not Employed Age 19-64 $\leq$ 138% FPL Likely Eligible for Medicaid if Expanded, by Student Status, 2022

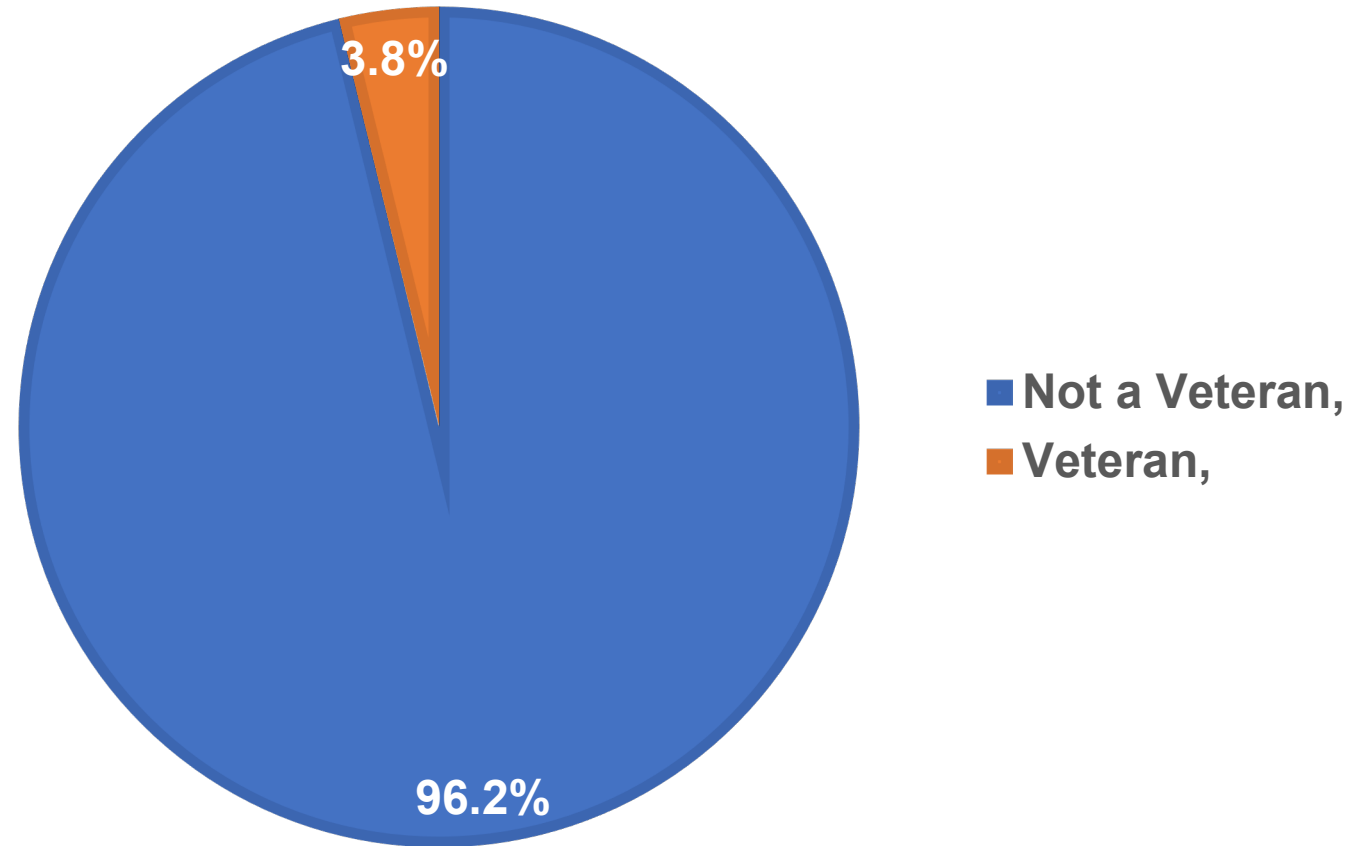


Note: Total Unemployed adults age 19-64  $\leq$  138% FPL likely eligible for Medicaid if expanded = 76,072. Total does not include individuals already enrolled in Medicaid or Medicare.

Source: Kansas Health Institute Analysis of IPUMS USA 2022 American Community Survey Data and Estimates of poverty level use SHADAC's Health Insurance Unit (HIU) definition of family



# Adults Not Employed Age 19-64 $\leq$ 138% FPL Likely Eligible for Medicaid if Expanded, by Veteran Status, 2022



Note: Total Unemployed adults age 19-64  $\leq$  138% FPL likely eligible for Medicaid if expanded = 76,072. Total does not include individuals already enrolled in Medicaid or Medicare.

Source: Kansas Health Institute Analysis of IPUMS USA 2022 American Community Survey Data and Estimates of poverty level use SHADAC's Health Insurance Unit (HIU) definition of family



# National Context Around Medicaid Expansion



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# Today's Keynote Speaker

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**Cindy Mann, J.D**  
*Partner at Manatt, Phelps  
& Phillips, LLP*



# **Medicaid Expansion: Evidence from State Implementation**

## Keynote Address for the Kansas Health Institute

**Thursday, February 29, 2024**

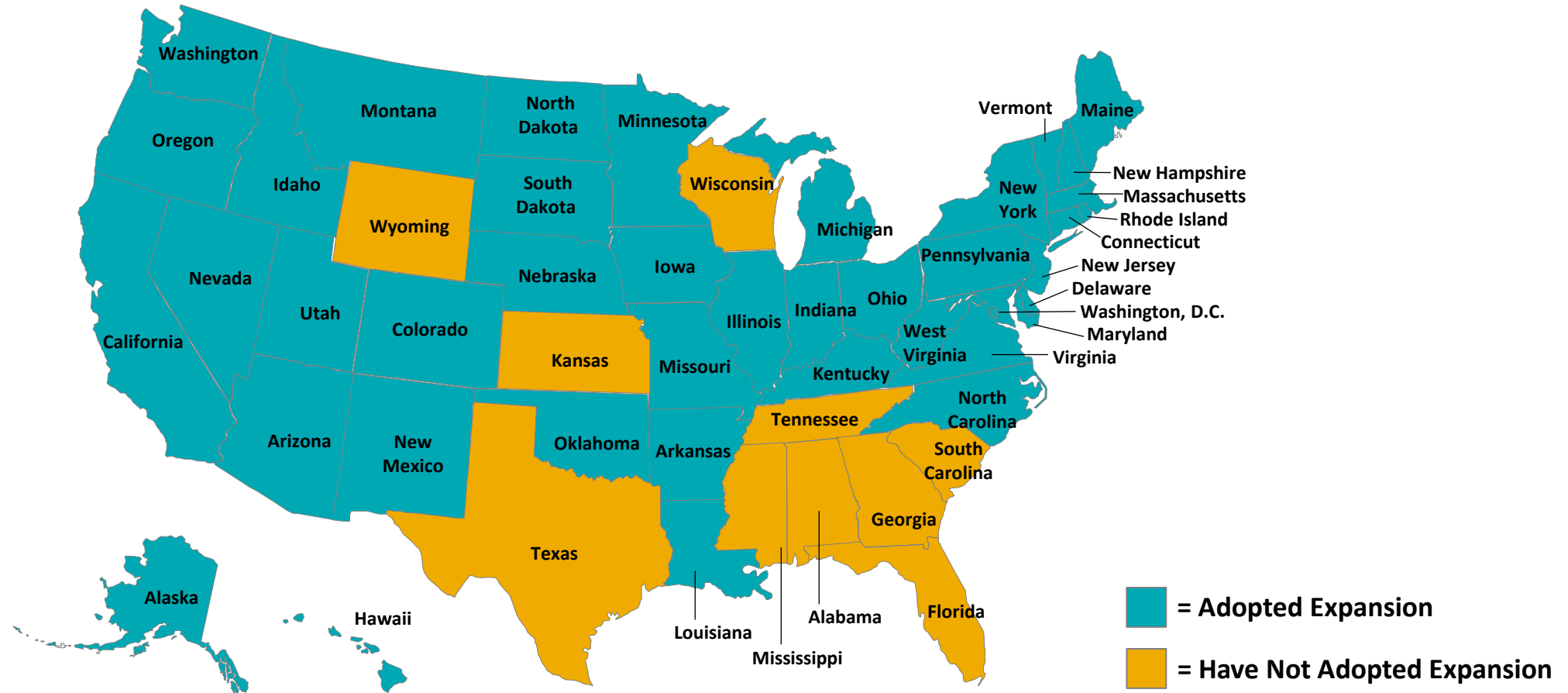


- **Context Setting**
- **Evidence from Medicaid Expansion Implementation**
- **Q & A**

# Context Setting

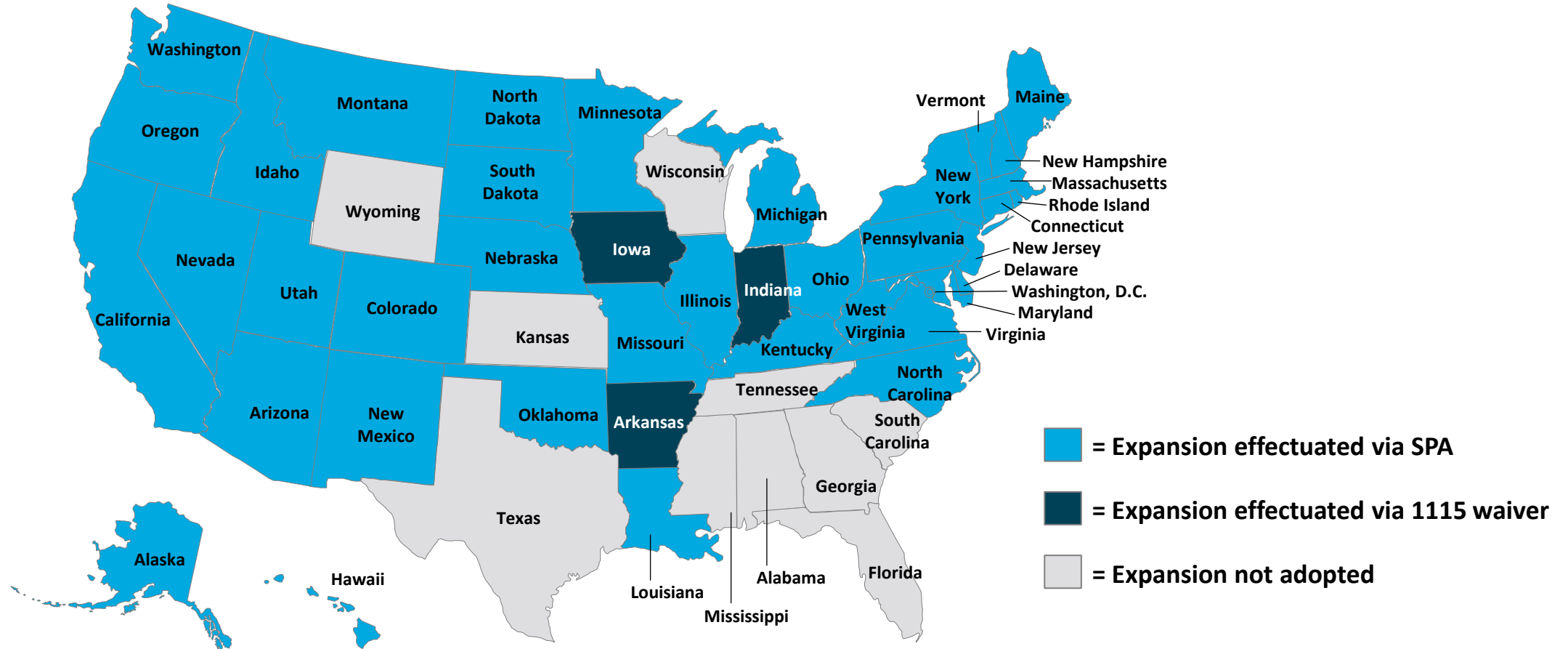
# 40 States and Washington D.C. Have Expanded Medicaid

Over the past ten years, a growing number of states have been adopting and implementing expansion. As is true for Medicaid generally, state policies vary.



# State Approaches to Medicaid Expansion Can Involve Medicaid 1115 Waivers

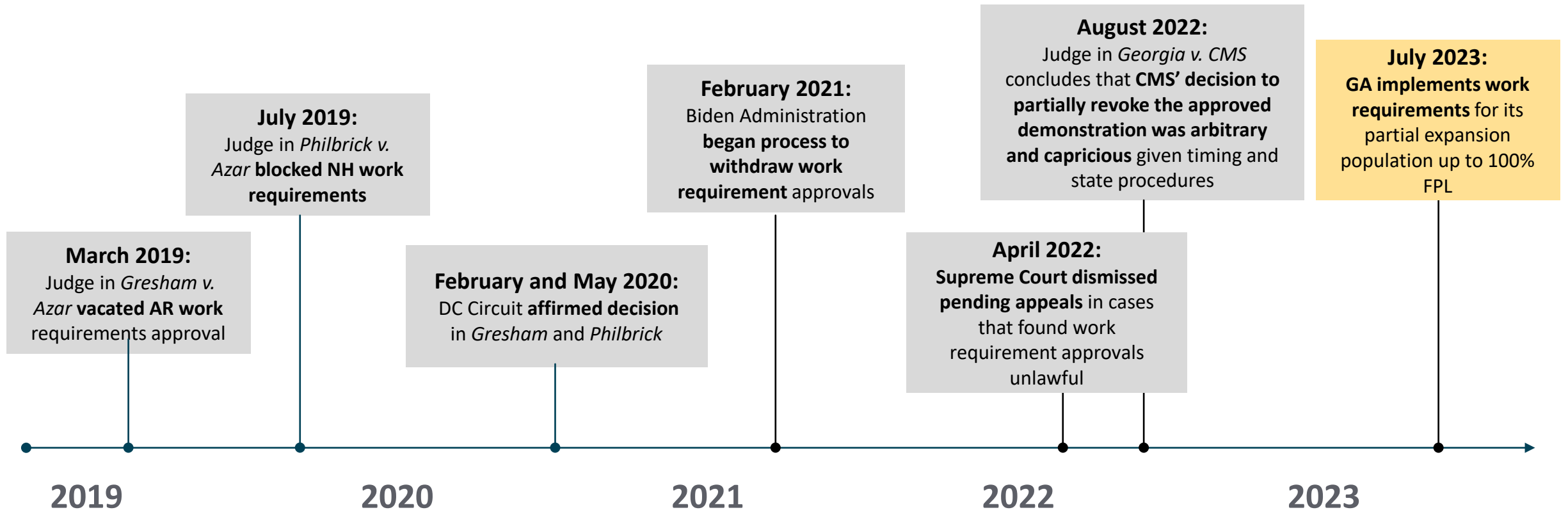
Most states have expanded Medicaid using State Plan Amendment (SPA) authority. A limited number of states currently leverage Section 1115 authority to effectuate their Medicaid expansions.



*\*Montana and Michigan sunset prior waiver authority and now effectuate Medicaid expansion through SPA authority. Several states effectuated Medicaid expansion via SPA authority and then subsequently submitted waivers that applied to the expansion population.*

# Work Requirements Largely Phased Out Across States

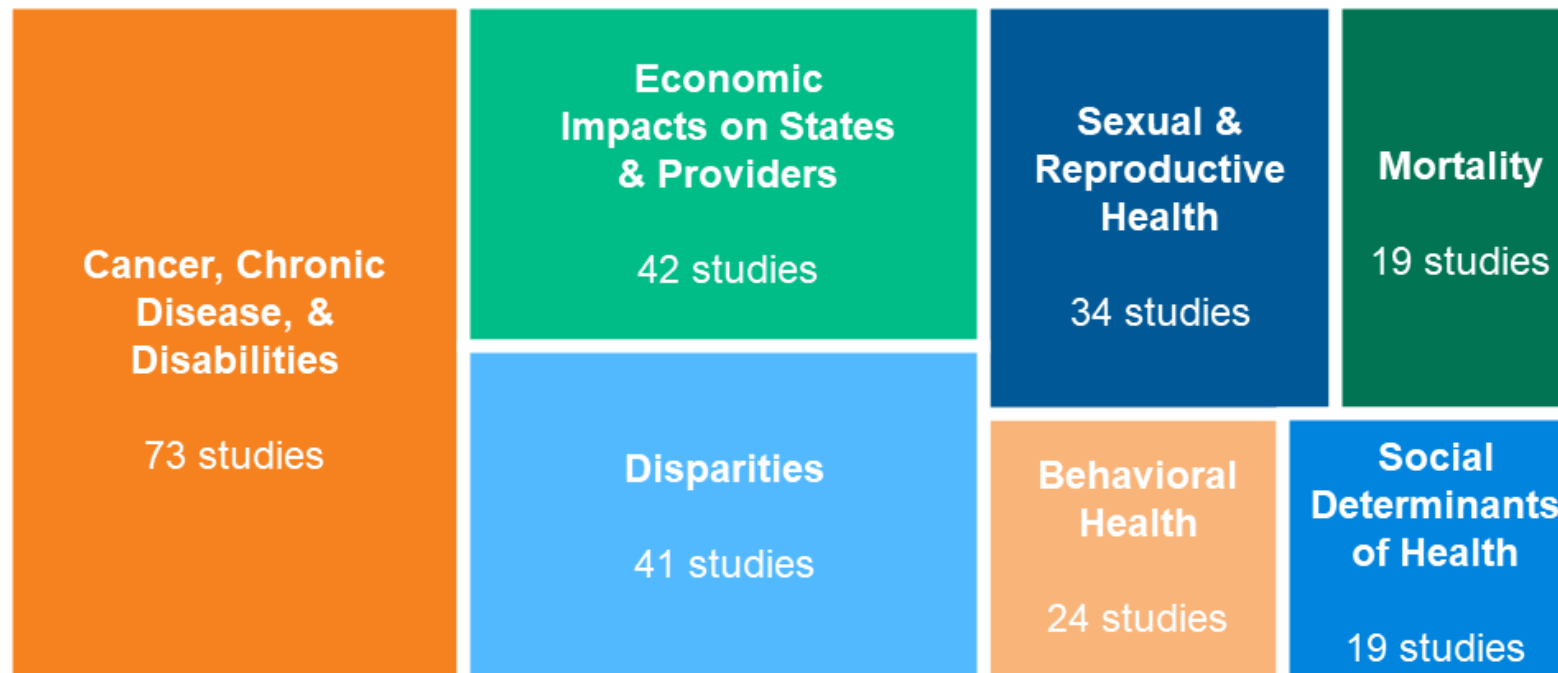
Work requirements have largely been phased out following actions by the courts and the Biden Administration. Georgia is the only states currently implementing work requirements. Arkansas has a pending related request.



# Evidence Base on the Impact of Medicaid Expansion Has Grown

Research findings have been growing. The vast majority of studies show Medicaid expansion has had positive effects on health and other factors. A small number of studies show Medicaid expansion has had no impact on certain outcomes. No studies show negative impacts.

A KFF analysis of 197 studies found positive effects of Medicaid expansion across a broad range of categories.




# Key Research Findings

A review of the direct and indirect impact of Medicaid expansion on state budgets demonstrates that expansion mostly pays for itself; federal dollars from Medicaid expansion have offset state spending and fueled economic growth.

### Economic Impact of Expansion

- Can result in **budget savings** due to states receiving higher federal match rates for some existing Medicaid populations and replacing or augmenting existing state spending with new federal dollars
- Associated with **~4% reduction in state spending** on traditional Medicaid as individuals transition from eligibility groups with lower federal matching rates to the new adult eligibility group with enhanced federal match
- Can **generate tax revenues** equal to 30-70% of the cost of Medicaid expansion
- **Does not crowd out** other areas of state spending



### Case Study: Economic Impact of Montana's Decision to Expand Medicaid in 2020

<b>\$27M</b> In state budget savings	<b>\$775M</b> Increase in economic activity
<b>7,500</b> New jobs created	<b>35%</b> Decrease in uncompensated care costs for rural providers

Sources: State Health & Value Strategies. [Finishing the Job of Medicaid Expansion](#), 2021; The Commonwealth Fund. [The Impact of Medicaid Expansion on States' Budgets](#), 2020; Montana Healthcare Foundation, [Medicaid in Montana: How Medicaid impacts the state's budget, economy, and health](#), 2023.



A substantial body of research has established the positive impacts of Medicaid coverage on health across domains.



Studies show that Medicaid expansion is associated with increases in health care coverage, access to services, and overall health as well as decreases in all-cause mortality.

## Coverage

At least **19 million people newly gained coverage** through Medicaid expansion. As of 2022, non-expansion states had **uninsured rates almost 2x higher** than expansion states (14.1% versus 7.5%). Medicaid expansion has been shown to **reduce coverage disruptions** by 4.3 percentage points.

## Access

Studies show Medicaid expansion increases access to care, including **routine check-ups, preventive care, cancer care, chronic disease care, sexual and reproductive health services, and behavioral health care.**

## Health

Medicaid expansion is associated with **lower rates of physical and mental health declines** and an increased likelihood of **maintaining baseline health status** over time.

## Mortality

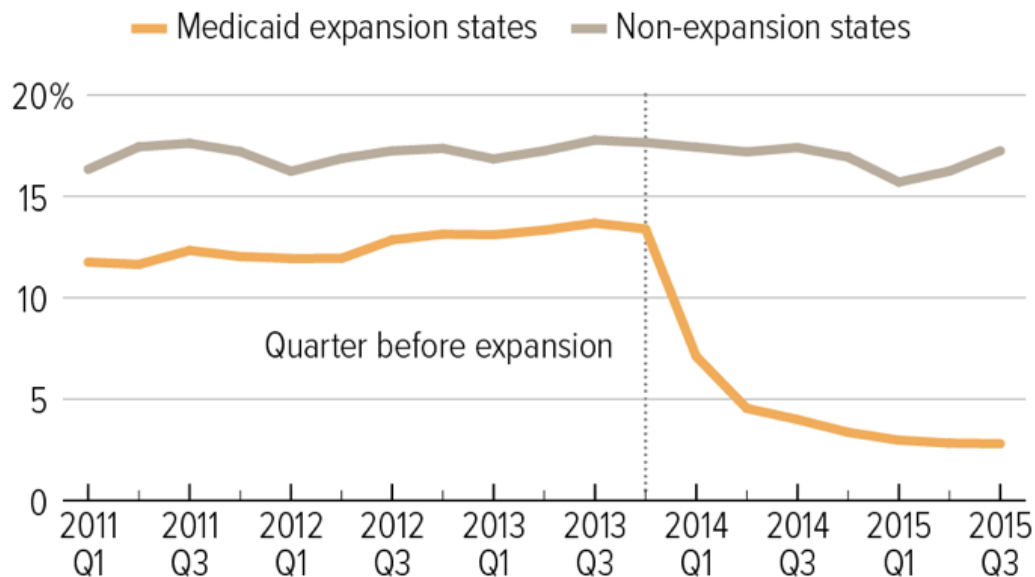
Medicaid expansion led to a **3.6 percent decrease in all-cause mortality rates**, according to one study. Another analysis found **expansion prevented ~20,000 deaths** among low-income adults from 2024-2017.

Graphic: State Health & Value Strategies. [Finishing the Job of Medicaid Expansion](#), 2021.

Sources: KFF, [Building on the Evidence Base: Studies on the Effects of Medicaid Expansion, February 2020 to March 2021](#), 2021; KFF, [Medicaid Expansion Enrollment](#), 2022. KFF, [Key Facts about the Uninsured Population](#), 2023; The White House, [The Effects of Earlier Medicaid Expansions: A Literature Review](#), 2021.

Medicaid expansion has removed barriers to coverage for eligible individuals with behavioral health conditions, increasing access to behavioral health treatment and other services.

## Medicaid Expansion Sharply Reduced Share of Opioid-Related Hospitalizations in Which Patient Was Uninsured



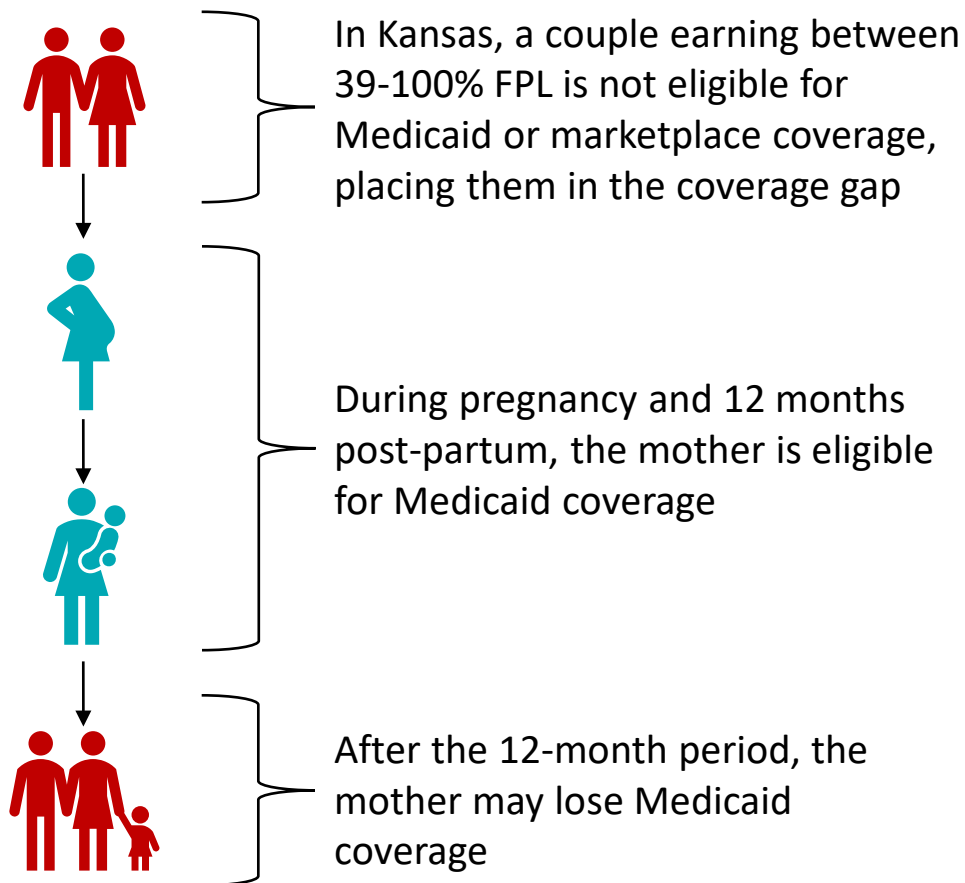
Graph: Center on Budget and Policy Priorities, [Medicaid Expansion Dramatically Increased Coverage for People with Opioid-Use Disorders, Latest Data Show](#), 2018.

## Impact of Expansion on Behavioral Health

Associated with increased **insurance coverage** among people with behavioral health conditions and **increased likelihood that individuals with SUD-related visits had insurance**

- Research shows that expansion **increased take-up of medication assisted treatment (MAT)** and resulted in **more facilities offering MAT** due to insurance coverage
- Findings on utilization of mental health services are mixed; some studies show **increased access to mental health services**, including for depression, and **increased utilization** of mental health services, while a small number show no impact
- For example, between 2019-2020, **use of behavioral health services increased by 28%** among the MT Medicaid expansion population

Approximately 41% of all births in the US are covered by Medicaid, making it a vital program for new families and people who give birth. Having access to peri- and post-partum care improves maternal health.



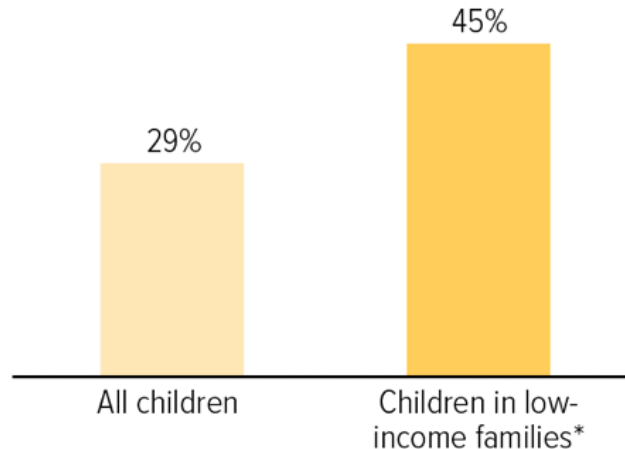
## Impact of Expansion on Maternal Health

- Medicaid expansion states observed **substantial gains in new mothers accessing services**:
  - 59% decrease in mothers with an unmet healthcare need
  - 41% decrease in mothers with an unmet prescription drug need
  - 44% decrease in mothers with an unmet specialist need
- A greater percentage of mothers in expansion states **sought more post-partum care** than non-expansion states
- Postpartum women **accessed more preventive health services and post-partum care** when coverage was expanded to 1 year vs. 60 days.

Children who lack healthcare coverage are more likely to have unmet needs, potentially impacting their abilities to become healthy adults.

## Children Likelier to Have a Well-Child Visit if Parent Enrolled in Medicaid

Increased likelihood of well-child visit if parent enrolled in Medicaid



\*Family incomes between 100 percent and 200 percent of federal poverty line

Graph: Center on Budget and Policy Priorities, [The Far-Reaching Benefits of the Affordable Care Act's Medicaid Expansion](#), 2020.

## Impact of Expansion on Children's Health

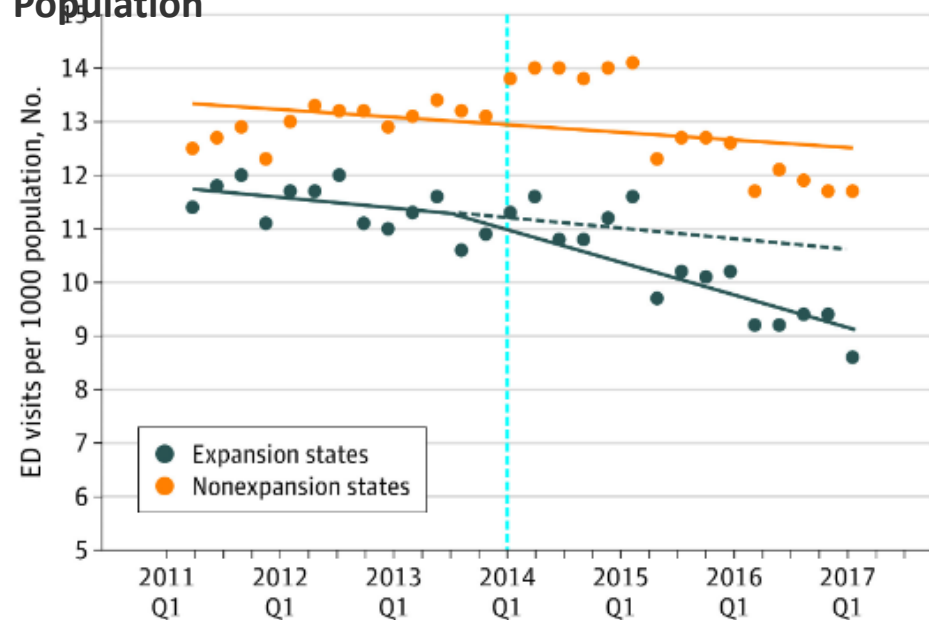
- States with the **highest child participation rates in Medicaid and CHIP** are those that have expanded Medicaid
- Research shows that children with parents enrolled in Medicaid are **more likely to receive care**

Children are more likely to have a Well Child visit if their parent is enrolled in Medicaid

- Children with a parent with Medicaid expansion coverage experienced 4.4% more insured visits in the period post-expansion v. pre-expansion

Many chronic diseases and health conditions are preventable with proper screening and early intervention. Medicaid has been shown to significantly increase access to preventive services for Medicaid enrollees.

## Emergency Department (ED) Visits per 1,000 Population



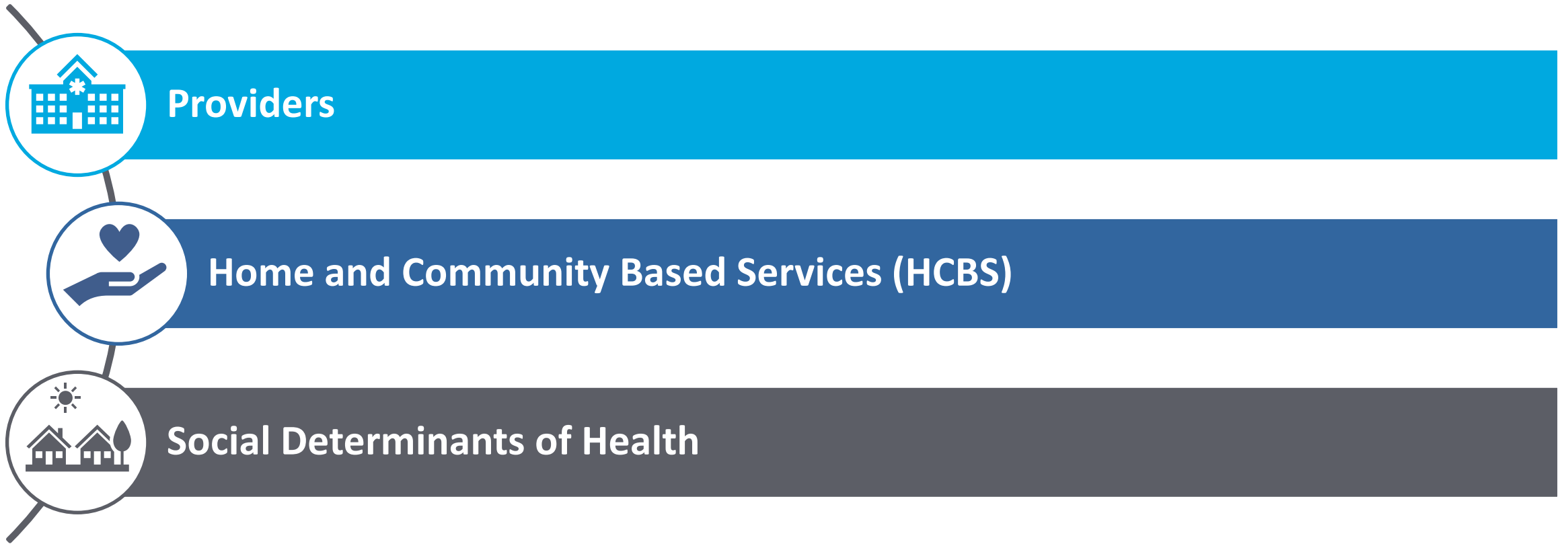
Graph: JAMA. Association of Medicaid Expansion With Emergency Department Visits by Medical Urgency, 2022.

## Impact of Expansion on Preventive Health

- Medicaid expansion **increased the likelihood of individuals having a primary care doctor**
- Across multiple preventive services (e.g., cancer screening, HIV testing, influenza vaccination), the **use of preventive services was higher** in expansion states than non-expansion states

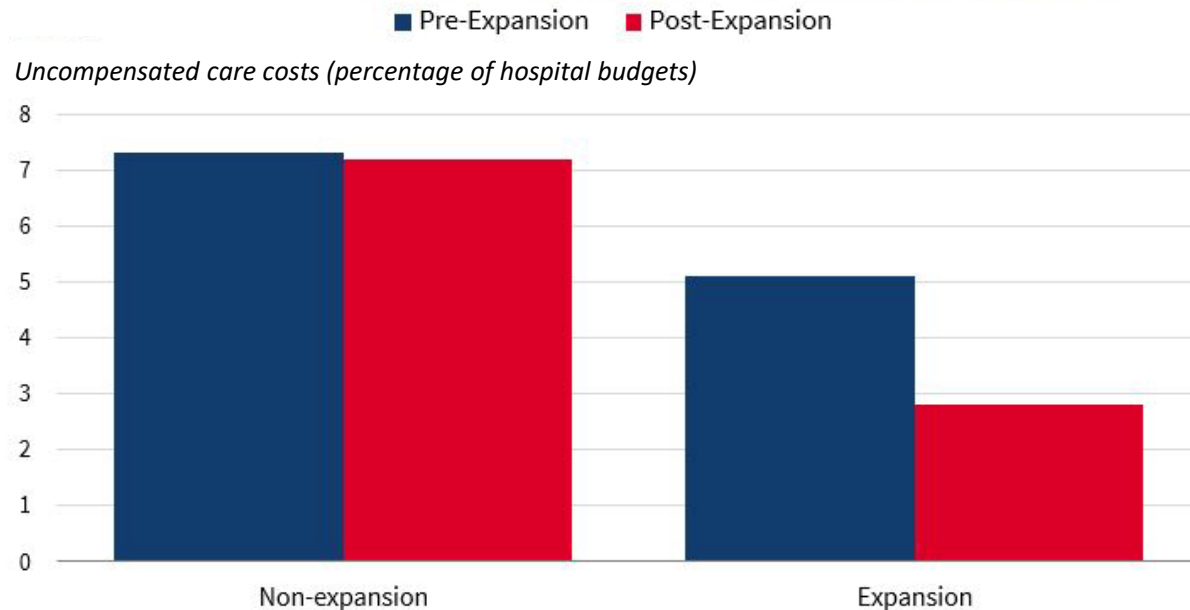
A comparative study of 2 expansion states (NY & MA) and 2 non-expansion states (FL & GA) found a **significant decrease in ED visits** in expansion states, suggesting beneficiaries had more access to alternative settings of care

Medicaid expansion has been shown to have positive impacts on the overall health care system, including on providers and home and community-based services, as well as the overall health of communities.



Research shows Medicaid expansion improves the financial sustainability of health care providers.

## Uncompensated Care Costs by Expansion Status, 2013 - 2017



Source: Broaddus (2020).

Graph: The White House, [The Effects of Earlier Medicaid Expansions: A Literature Review](#), 2021.

### Impact of Expansion on Providers

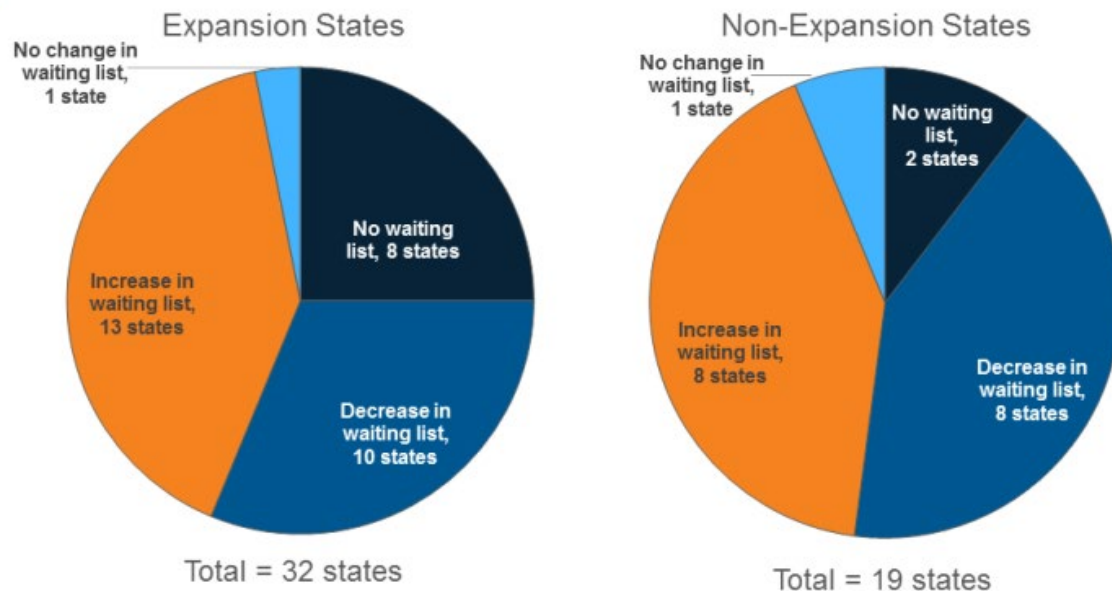
Data show hospitals in expansion states saw **greater decreases in uncompensated care** (45% in decrease in expansion states versus 2 percent decrease in non-expansion states)

- Medicaid expansion has also been shown to **improve the financial security of rural hospitals**:
  - From 2010 – 2023, over 150 rural hospitals closed or stopped providing inpatient hospital service; **rural hospitals in Medicaid expansion states were half as likely to close as rural hospitals in non-expansion states**, according to one study



Studies show Medicaid expansion states are less likely to have HCBS waiting lists. There is no evidence that expansion crowded out investments in HCBS.

## Most Expansion States Had No HCBS Waiting Lists or Reduced Their Waiting Lists (2015-2016)



NOTE: Includes § 1915 (c) and § 1115 waivers. SOURCE: Kaiser Family Foundation, Medicaid Home and Community-Based Services Programs: 2013 Data Update (Oct. 2016); Kaiser Family Foundation, Medicaid Section 1115 Managed Long-Term Services and Supports Waivers: A Survey of Enrollment, Spending, and Program Policies (Jan. 2017); Kaiser Family Foundation, Medicaid HCBS program survey conducted in 2016 (Jan. 2018).

Graph: KFF, [Implications of the ACA Medicaid Expansion: A Look at the Data and Evidence](#), 2018.

### Impact of Expansion on HCBS

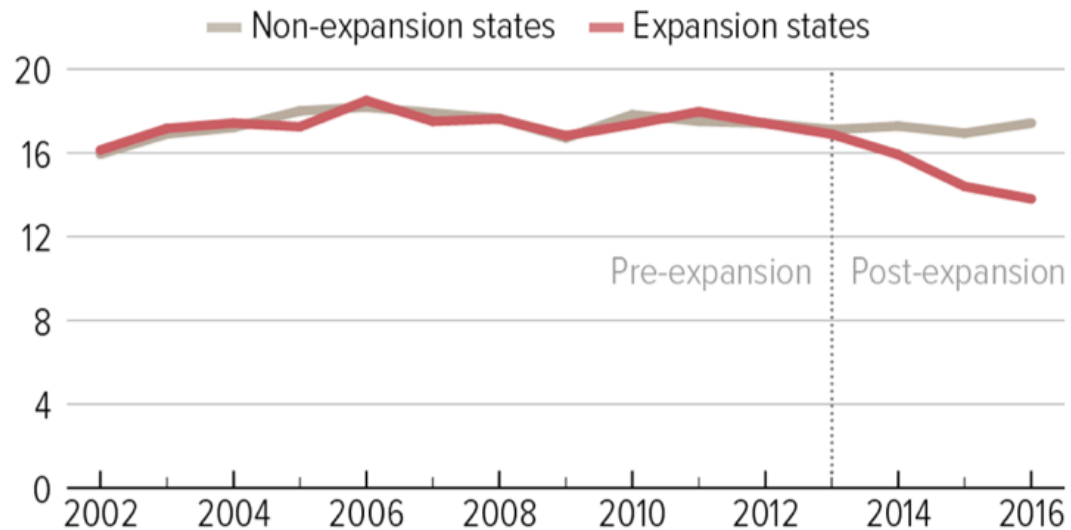
Expansion states are more likely to have **eliminated or reduced their HCBS waiting lists**

- Of the more than 656,000 people on HCBS waiting lists in 2021, **more than 70% lived in non-expansion states**
- Both expansion and non-expansion states have HCBS workforce challenges; by expanding Medicaid, states can generate **savings that can be used to fund HCBS workforce initiatives**

Data show that Medicaid expansion has had largely positive effects on social determinants of health (SDOH).

## Evictions Fell Sharply in Medicaid Expansion States

Evictions per 1,000 renter-occupied households



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

Graph: Center on Budget and Policy Priorities, [Chart Book: Housing and Health Problems Are Intertwined. So Are Their Solutions](#), 2022.

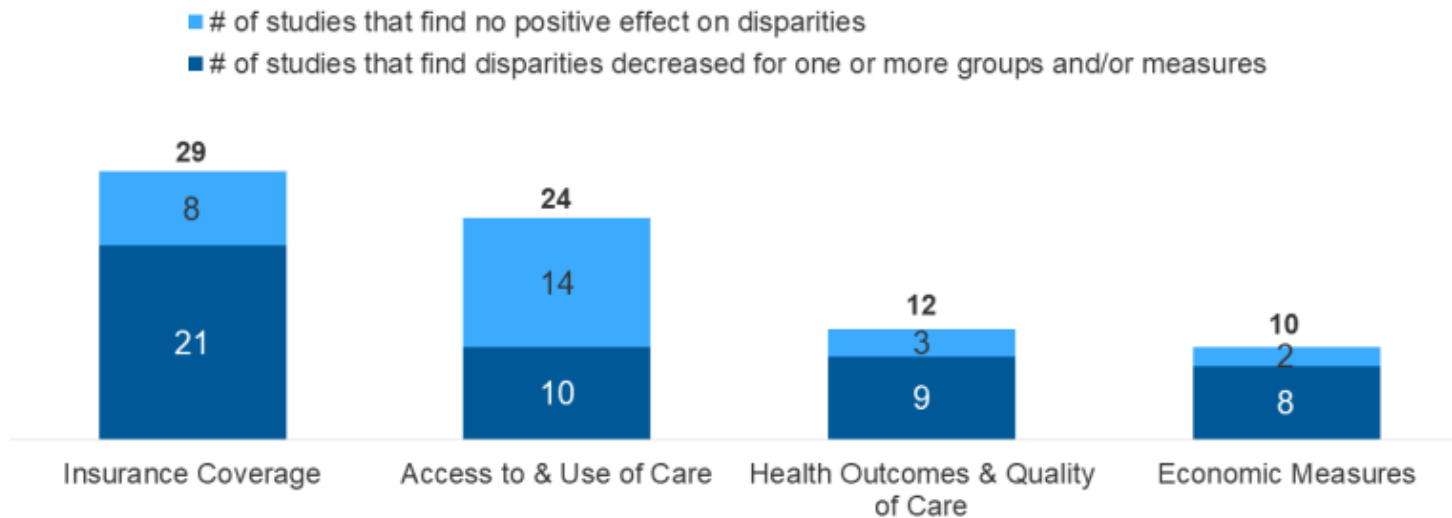
## Impact of Expansion on SDOH

- One study found Medicaid expansion **reduced the amount of medical debt sent to collection agencies** by ~\$1,140 per enrollee
  - Expansion enrollees with less medical debt have **better credit scores and more savings**
- In the period immediately following ACA implementation, **evictions decreased by 20%** in expansion v. non-expansion states
- Medicaid expansion has been associated with **reduced rates of recidivism in the justice system in certain geographies**
- **Investments in Medicaid and SDOH are more impactful in expansion states** relative to non-expansion states because they can impact a broader group of people, including expansion adults with complex medical and social needs

Sources: Center on Budget and Policy Priorities, [Chart Book: Housing and Health Problems Are Intertwined. So Are Their Solutions](#), 2022; KFF, [Building on the Evidence Base: Studies on the Effects of Medicaid Expansion, February 2020 to March 2021](#), 2021; University of Pennsylvania Leonard Davis Institute, [An Outdated Federal Law Bars Inmates from Medicaid After Release. A Recent Effort to Fix That Failed](#), 2023.

Research shows Medicaid expansion has helped reduced disparities in health care coverage and care affordability; more limited data shows Medicaid expansion has reduced disparities among certain health care outcomes and access measures.

KFF analyzed of 67 studies examining the impacts of Medicaid expansion on disparities; 74% found positive effects.



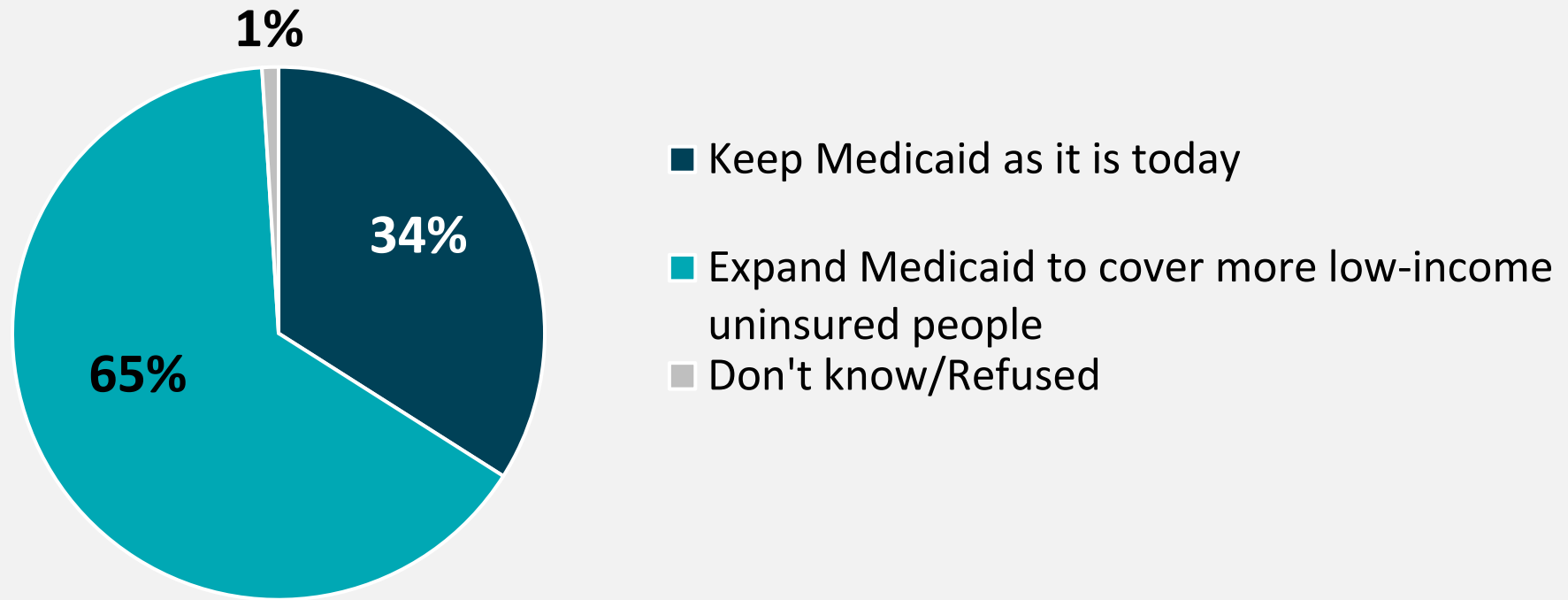
Graph: KFF, [Effects of the ACA Medicaid Expansion on Racial Disparities in Health and Health Care](#), 2020.

## Impact of Expansion on Disparities

- Nationally, nearly 60% of people in the coverage gap are people of color
- Medicaid expansion has been shown to reduce disparities in health care coverage:
  - From 2013-2018, the gap in insurance status between white and Black adults decreased by ~50% in expansion states versus ~33% in non-expansion states
- More limited studies show the benefit of Medicaid expansion on specific health outcomes, access to care, and utilization of services

Voters overwhelmingly backed ballot initiatives to expand Medicaid in ID, ME, MO, OK, SD, and UT. Polling data shows nearly two-thirds of individuals in non-expansion states want their state to expand Medicaid.

*Do you think your state should keep Medicaid as it is today or expand Medicaid to cover more low-income uninsured people?*



**Notes** Survey of individuals who live in states that have not expanded Medicaid (AL, FL, GA, KS, SC, TN, TX, WI, WY). KFF Health Tracking Poll (March 14-23, 2023).

**Graph:** KFF, [5 Charts About Public Opinion on Medicaid](#), March 2023.



Q & A

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# Panel Discussion



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# Today's Panelists and Moderator

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**Panelist**  
**Cindy Mann, J.D.**  
*Partner at Manatt,  
Phelps & Phillips,  
LLP*



**Panelist**  
**Jay Ludlam, J.D.**  
*Deputy Secretary for  
North Carolina Medicaid,  
NCDHHS*



**Panelist**  
**Grant Thomas**  
*Deputy Commissioner,  
Georgia Dept. of  
Community Health*



**Moderator**  
**Kari Bruffett**  
*KHI President &  
CEO*





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# Panel Discussion: Q & A



# Additional Medicaid Work

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## Important Links:

- [2024 Medicaid Expansion Estimates: Enrollment, Costs and Characteristics Of The Expansion Population](#)
- [Kansas Medicaid: A Primer 2024](#)
- [Medicaid Expansion's Impact on the Kansas Behavioral Health System and Users of Behavioral Health Services](#)
- [Event Recap: Bring It Learning Series- Kancare 3.0, What's next for Medicaid managed care?](#)
- [Event Recap: Medicaid and the Children's Health Insurance Program in Kansas- A sneak peek at the 2024 Kansas Medicaid Primer](#)
- [Event Recap: Medicaid Unwinding in Kansas: Strategies for Reaching Kansans at Risk of Disenrollment](#)



# Episode 7, Learning From the Unique Blend of Cultures in Southwest Kansas, with Clarissa Carrillo Martinez



# THANK YOU!

Any Questions?



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