South Carolina Institute of
Medicine & Public Health

AUGUST 2024

Health Outcomes Associated with Medicaid Expansion

An Update to the South Carolina Institute of Medicine and Public Health's 2021 Report - Health Outcomes Associated with Medicaid Expansion in Adults Reaching Retirement Age

South Carolina Institute of Medicine & Public Health

About the South Carolina Institute of Medicine and Public Health

The South Carolina Institute of Medicine and Public Health (IMPH) is an independent, nonprofit organization working to collectively inform policy to improve health and health care in South Carolina. IMPH provides nonpartisan, evidence-based information to guide policymakers in making impactful health policy decisions. For more information on IMPH publications, initiatives and events, please visit www.imph.org.

Please Share our Findings

IMPH takes a comprehensive approach to advancing health issues through data analysis, data translation and collaborative engagement. We encourage the sharing of our data, graphics and reports to help us improve health and health care in South Carolina.

Suggested Citation: Farrell, T. (2024). Health Outcomes Associated with Medicaid Expansion: A Companion to *Health Outcomes Associated with Medicaid Expansion in Adults Reaching Retirement Age.* South Carolina Institute of Medicine & Public Health. https://imph.org/wp-content/uploads/2024/07/IMPH-Medicaid-Expansion-2024.pdf.

For questions or more information about this report, please email info@imph.org.

Author

Taryn Farrell, MPH
Research Associate
South Carolina Institute of Medicine and Public Health

Report Graphic Design

Rebecca Rebl
Flock and Rally

Editors

Yair Centeno
Director of Operations
South Carolina Institute of Medicine and Public Health

Erin Haire, JD
Associate Director
South Carolina Institute of Medicine and Public Health

Maya H. Pack, MS, MPA
Executive Director
South Carolina Institute of Medicine and Public Health

Justina M. Siuba, MPH
Project Director
South Carolina Institute of Medicine and Public Health

Contents

Background

In October 2021, the South Carolina Institute of Medicine and Public Health (IMPH) published a report to inform discussion in South Carolina around the expansion of Medicaid as permitted under the Patient Protection and Affordable Care Act (ACA) of 2010. The 2021 brief examined the health benefits associated with the expansion of Medicaid in adults reaching retirement age in four states that expanded eligibility. The selected states included Louisiana, West Virginia, Montana and Kentucky. This report serves as an updated companion to the 2021 report as additional data has become available and examines changes in health outcomes for adults of all ages.

Introduction

The Role of The Affordable Care Act on Access to Care and Health Outcomes

The Medicaid program exists as a jointly funded partnership between the federal government and state governments. The relationship between health insurance status and health status is multifaceted. Since the passage of the ACA in 2010, the number of Medicaid and individually purchased private insurance coverage options has increased while the number of employer-sponsored insurance options has decreased.[1,2] A 2021 study demonstrates an association between Medicaid expansion and improved health behaviors, increased health care service utilization and increased access to health care coverage.[3] The expansion of public insurance increases health care access and service utilization and subsequently improves health outcomes.[4] Medicaid beneficiaries under the ACA utilize ambulatory and inpatient care at an increased rate, prescription drugs at a higher rate and health care services at a lower expenditure compared to individuals with private insurance.[5]

To qualify for subsidized health care coverage through the ACA, an individual must have an income below 138% of the federal poverty level (FPL) which is $20,782.80 in 2024 for a household of one.[6] Table 1 provides the 2024 FPL guidelines.

TABLE 1

Federal Poverty Guidelines — 48 Contiguous States[i] (2024)

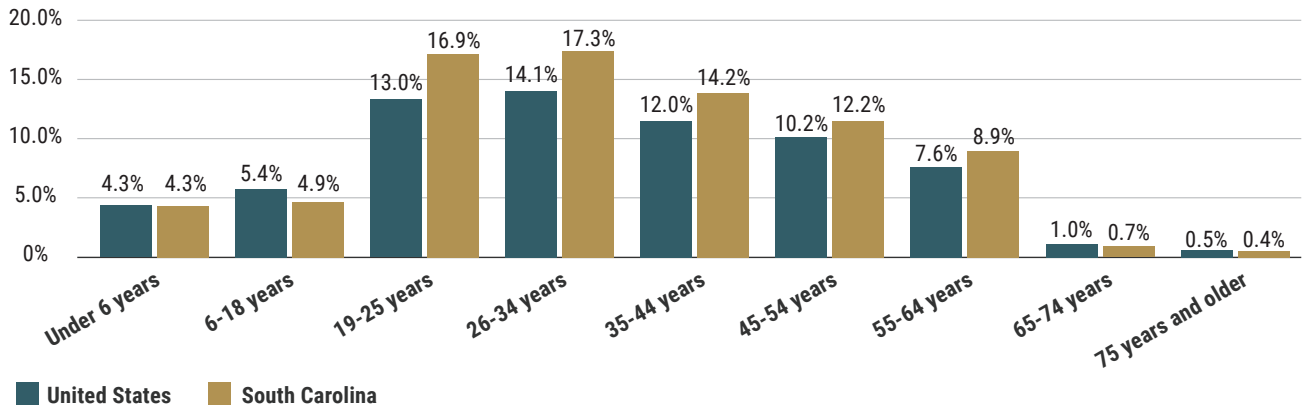
Household/ Family Size	100%	125%	135%	138%	150%	200%	300%
1	$15,060.00	$18.825.00	$20,331.00	$20,782.00	$22,590.00	$30,120.00	$45,180.00
2	$20,440.00	$25,550.00	$27,594.00	$28,207.20	$30,660.00	$40,880.00	$61,320.00
3	$25,820.00	$32,275.00	$34,857.00	$35,631.60	$38,730.00	$51,640.00	$77,460.00
4	$31,200.00	$39,000.00	$42,120.00	$43,056.00	$46,800.00	$62,400.00	$93,600.00
5	$36,580.00	$45,725.00	$49,383.00	$50,480.40	$54,870.00	$73,160.00	$109,740.00
6	$41,960.00	$52,450.00	$56,646.00	$57,904.80	$62,940.00	$83,920.00	$125,880.00

Source: U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation. (2024, January 17). HHS Poverty Guidelines for 2024.

[i.] Excludes Alaska and Hawaii

FIGURE 1

Federal Poverty Guidelines — Percentage of Population Uninsured by Age Across South Carolina (2022)



Source: U.S. Census Bureau. (2024). Selected Characteristics of Health Insurance Coverage in the United States. American Community Survey, ACS 1-Year Estimates Subject Tables, Table S2701, 2022.

Continuity of Medicaid Coverage Pre- and Post-COVID-19 Public Health Emergency

Discontinuous coverage and high rates of churn are extremely common amongst Medicaid beneficiaries. Medicaid churn is described as a temporary loss of coverage when an individual loses coverage for any reason, re-applies for coverage and then re-enrolls.[7] Churning presents several implications as losing coverage can lead to individuals either delaying or forgoing care.[8] Continuity of health insurance coverage was a concern for many individuals in the U.S. in 2020. Before the pandemic, it was estimated that between 14% to 25% of Medicaid enrollees experienced a churning event at least one time each year.[9,10,11] It has been demonstrated that churning events occur at higher rates in states that have opted out of Medicaid expansion.[12] Following the passage of The Families First Coronavirus Response Act (FFCRA) in 2020, Medicaid enrollment grew from 71 million enrollees in March 2020 to 91 million in September 2022.[13] Evaluation of administrative data suggests that the growth observed in the early phase of the pandemic can be attributed to continuous coverage policies preventing Medicaid disenrollment.[14,15,16] In a national study, the Medicaid continuous coverage policy implemented during the COVID-19 public health emergency (PHE) resulted in significant reductions in coverage loss for adult beneficiaries and a longer period of time to disenrollment from Medicaid.[17] The PHE unwinding effects are still being felt; many states are exploring policy levers to preserve continuity in Medicaid coverage, preventing churning and coverage loss.[18]

Expanding Medicaid under the Affordable Care Act: Cost Share

Federal Medicaid funding is determined by state spending using the Federal Medical Assistance Percentage (FMAP) formula.[19] This value varies from state to state with higher reimbursement structures being established in states with lower per capita incomes compared to the national average.[20] The federal funding share is 90% of the cost of enrollees falling into the newly established eligibility categories while the state share is 10% in states that have expanded Medicaid. This match structure results in state costs that are approximately 25-50% less than the cost states pay for

enrollees eligible for Medicaid under pre-ACA criteria.[21] For the 2025 fiscal year, the FMAP in South Carolina is 69.67% with a multiplier of 2.3.[22] The multiplier is reflective of the match rate. In South Carolina, for every dollar the state spends on Medicaid, the federal government matches that with the current multiplier value ($2.30).[23]

Current National Expansion Landscape

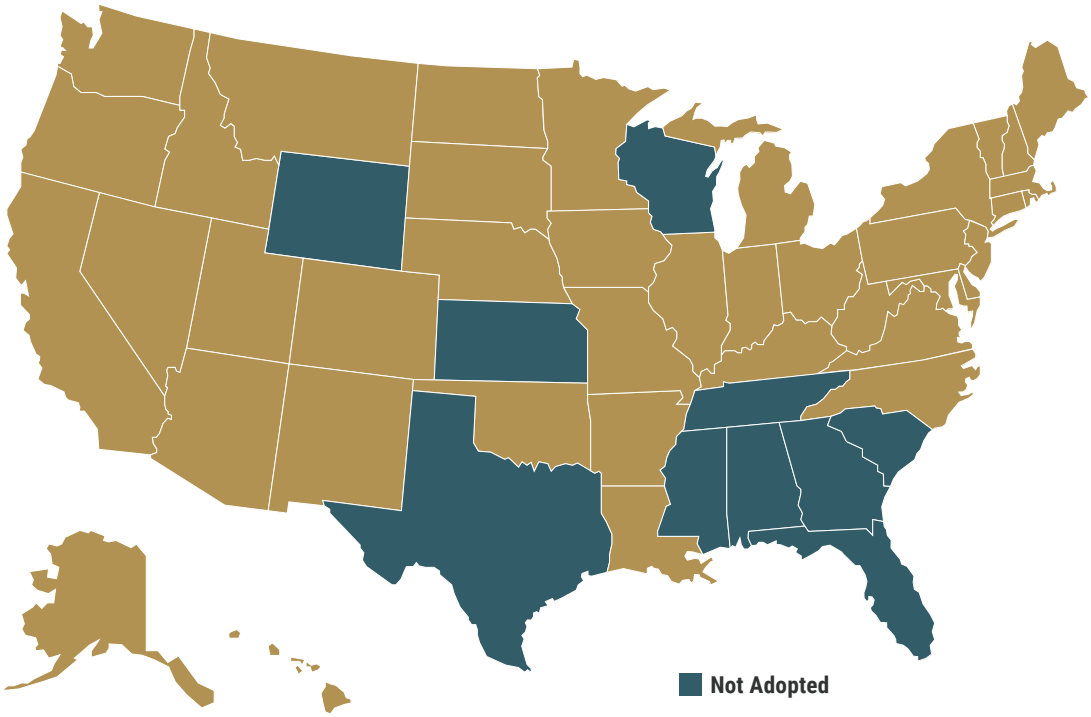
While the ACA Medicaid expansion policy was designed to create uniform eligibility thresholds, a 2012 Supreme Court ruling made participation in expansion optional for states.[24] Ten years after the passage and implementation of the Medicaid expansion policy under the ACA, 40 states and Washington D.C., have elected to expand coverage while 10 states, including South Carolina, have not. Because the Supreme Court ruling occurred after the passage of the ACA, most subsidies offered in the Marketplace are not affordable for individuals with low incomes.[25] When the ACA was designed, it was not anticipated that states would be able to decide not to expand Medicaid. Because of this, many subsidies available in the Marketplace were not designed for individuals with incomes too high to qualify for Medicaid but too low to afford alternative forms of health insurance coverage.[26]

Medicaid eligibility income thresholds for adults in non-expansion states is comparatively low.[27] It has been reported that 97% of individuals that fall into the coverage gap live in the South as seven of the 16 states in the South have not elected to expand Medicaid.[28] This region reports significantly higher proportions of uninsured adults compared to other regions.[29]

Map 1 depicts the status of state action on Medicaid expansion as of February 26, 2024.[30]

MAP 1

Status of State Action on the Medicaid Expansion Decision



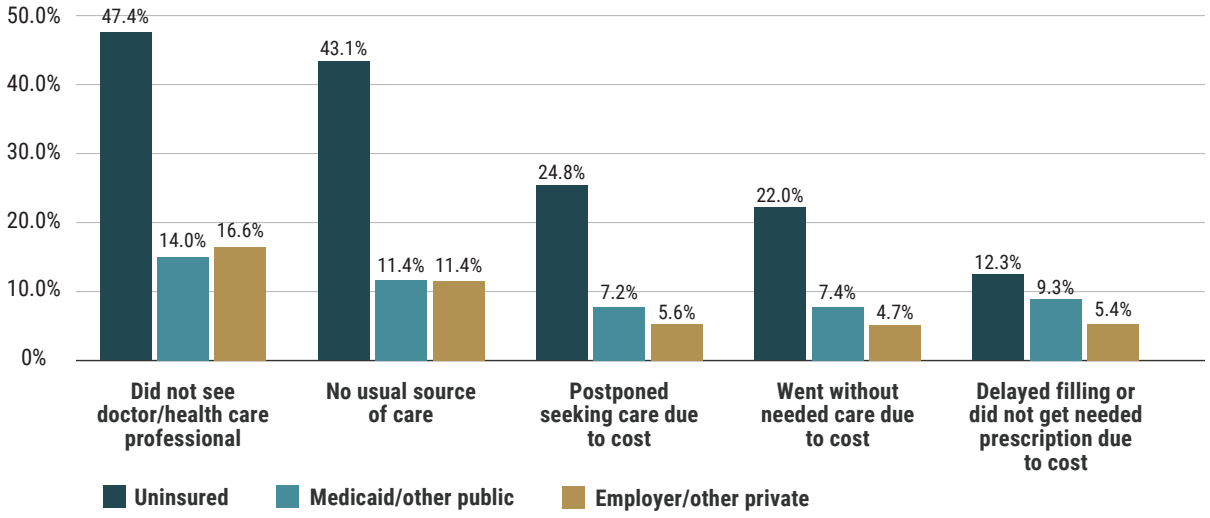
Source: Kaiser Family Foundation. (2024, April 8). Status of State Medicaid Expansion Decisions: Interactive Map.

Accessibility and Affordability of Health Care in 2024

A 2023 study conducted by the Kaiser Family Foundation (KFF) demonstrated that many uninsured individuals delay or forgo care due to cost.[31] The top barriers to health care reported for nonelderly adults and children are provided below in Figure 2.

FIGURE 2

Barriers to Health Care among Nonelderly adults by Insurance Status (2022)

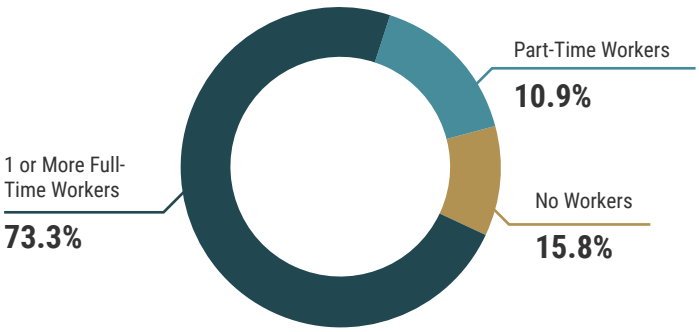


Source: Tolbert, J., Drake, P., Damico, A. (2023, December 18). Key Facts About the Uninsured Population. Kaiser Family Foundation. (KFF Analysis of 2022 National Health Interview Survey.)

Characteristics of the nonelderly insured population by family work status for 2022 reported in the same 2023 study are provided below in Figure 3. The largest proportion of the nonelderly insured population was reported to have one or more full-time workers (73.3%).[32]

FIGURE 3

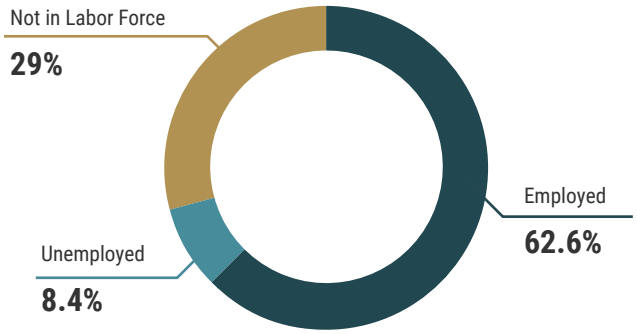
Characteristics of the Nonelderly Uninsured by Family Work Status in the U.S. (2022)



Source: Tolbert, J., Drake, P., Damico, A. (2023, December 18). Key Facts About the Uninsured Population. Kaiser Family Foundation. (Based on KFF analysis of the 2022 American Community Survey.)

FIGURE 4

Characteristics of the Nonelderly Uninsured by Work Status in South Carolina (2022)

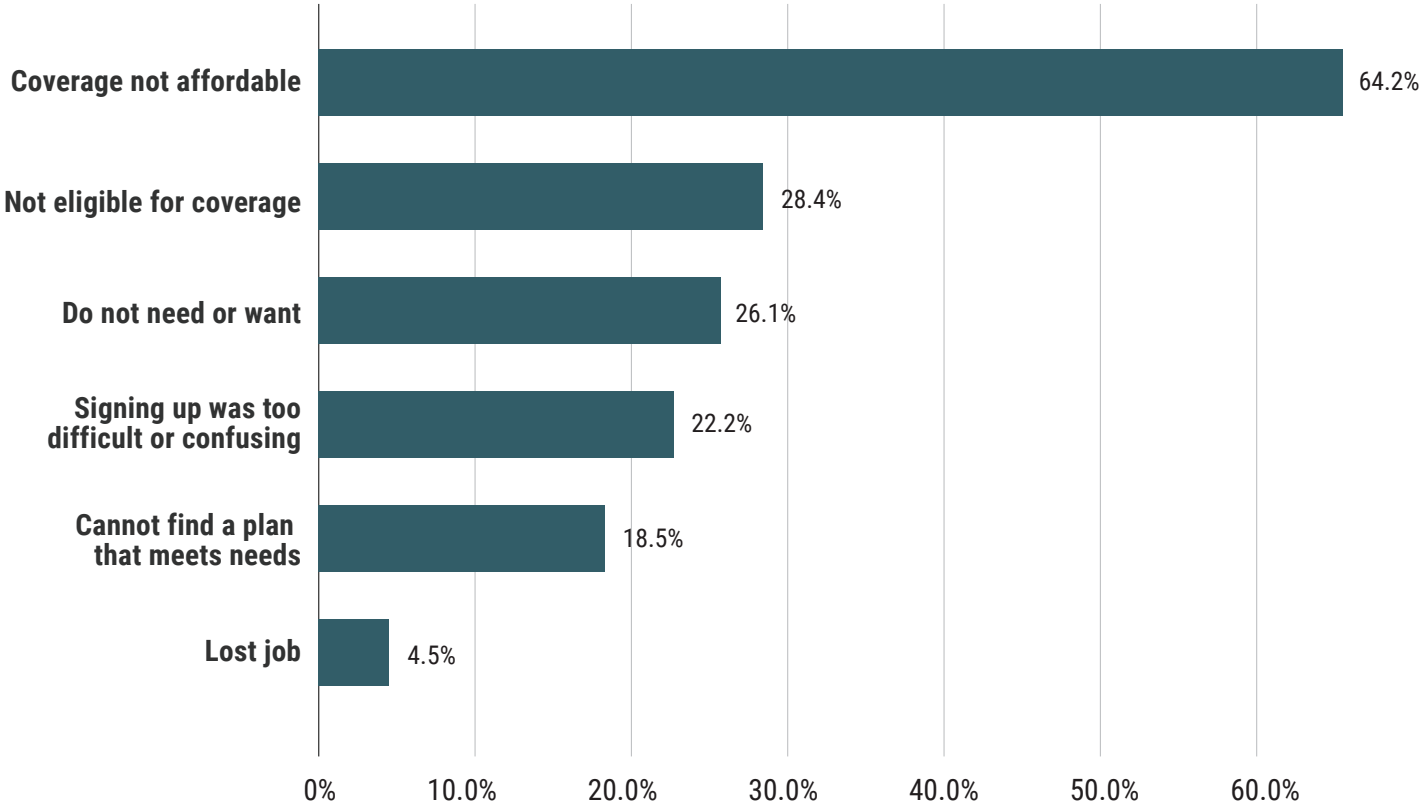


Source: U.S. Census Bureau. (2024). Selected Characteristics of the Uninsured in the United States. American Community Survey, ACS 1-Year Estimates Subject Tables, Table S2702, 2022.

Further investigating barriers through an affordability lens, the top reported reasons for being uninsured among nonelderly adults are provided below in Figure 5 with the highest response rate being coverage is not affordable (64.2%).[33]

FIGURE 5

Reported Reasons for Being Uninsured Among Uninsured Nonelderly Adults (2022)



Source: Tolbert, J., Drake, P., Damico, A. (2023, December 18). Key Facts About the Uninsured Population. Kaiser Family Foundation. (KFF Analysis of 2022 National Health Interview Survey.)

The national average annual premium for all employer-sponsored health plans is $8,435 for single coverage and $23,968 for family coverage.[34] As of 2024, an employer-sponsored plan is deemed affordable by the Internal Revenue Service if the employee's share of the premium is no more than 8.39% of household income.[35,36] A 2024 report published by the South Carolina Department of Employment and Workforce based on Census Bureau data states that the median household income is $64,000 per year in South Carolina.[37] To be considered affordable in South Carolina, the annual average premium would have to fall below $5,369.50. The average annual premiums by tier for South Carolina are estimated to be $4,320 for Bronze, $5,880 for Silver and $6,156 for Gold. [38]

Four tier categories are used to indicate the cost split between beneficiaries and insurers for plans on the marketplace.[39] The average marketplace monthly premiums for South Carolina are generally higher compared to the national average for each marketplace tier.[40,41] For many individuals living below the FPL, the price of marketplace insurance can be cost-prohibitive if marketplace subsidies are not available.

TABLE 2

Estimated Cost Split for Marketplace Insurance by Metal Tier (2024)

Plan Category	Insurer Share	Beneficiary Share	Notes
Bronze	60%	40%	Lowest monthly premium Highest costs when care is needed
Silver	70%	30%	Moderate monthly premium Moderate costs when care is needed
Gold	80%	20%	High monthly premium Low costs when care is needed
Platinum	90%	10%	Highest monthly premium Lowest costs when care is needed

Source: Centers for Medicare and Medicaid Services - HealthCare.gov. (n.d.). How to pick a health insurance plan.

Medicaid in South Carolina — Healthy Connections

The South Carolina Department of Health and Human Services (SCDHHS) serves as the administrator of South Carolina's Medicaid program, Healthy Connections.[42] Healthy Connections provides health coverage to eligible residents of South Carolina. Covered individuals may include children, parent and caretaker relatives, pregnant women, some individuals over the age of 65, individuals with disabilities, children with developmental delays and breast and cervical cancer patients.[43] Healthy Connections provides services to eligible residents through a number of different programs predicated on factors such as income, disability status and family composition. The programs currently offered by Healthy Connections include[44]:

- Aged, Blind or Disabled (ABD)
- Breast and Cervical Cancer Program
- Disabled Children
- Family Planning
- Former Foster Care (Up to Age 26)
- Individuals in Nursing Facilities and/or Receiving Home and Community-Based Waiver Services
- Medically Indigent Assistance Program
- Optional State Supplementation Program
- Parent/Caretaker Relatives
- Partners for Healthy Children
- Pregnant Women and Infants
- Qualified Medicare Beneficiaries (QM
- Specified Low-Income Medicare Beneficiaries (SLMB) and Qualifying Individuals (QI)
- Working Disabled

The Coverage Gap

Under the ACA, states have the option to expand Medicaid coverage to all individuals living up to 138% below the FPL. The coverage gap describes the population in non-expansion states that do not meet the eligibility requirements for their state Medicaid program but have an earned income too high to qualify for subsidized ACA marketplace coverage.[45] Table 3 provides an overview of general health insurance coverage demographics for South Carolina.[46]

TABLE 3

Selected Characteristics of Health Insurance Coverage in South Carolina (2022)

	Total	Percent Insured	Percent Uninsured
Civilian noninstitutionaliz ed popula tion	5,185,489	90.9%	9.1%
Age			
Under 6 years	343,603	95.6%	4.4%
6 to 18 years	846,543	95.1%	4.9%
19 to 25 years	460,424	83.1%	16.9%
26 to 34 years	581,339	82.7%	17.3%
35 to 44 years	653,173	85.8%	14.2%
45 to 54 years	622,087	87.8%	12.2%
55 to 64 years	688,225	91.1%	8.9%
65 to 74 years	603,995	99.3%	0.7%
75 years and older	386,100	99.6%	0.4%
Under 19 years	1,190,146	95.3%	4.7%
19 to 64 years	3,005,248	86.4%	13.6%
65 years and older	990,095	99.4%	0.6%
Sex			
Male	2,495,157	89.6%	10.4%
Female	2,690,332	92.2%	7.8%
Race and Hispanic or La tino Origin			
White alone	3,311,000	92.8%	7.2%
Black or African American alone	1,293,124	90.3%	9.7%
American Indian and Alaska Native alone	20,306	89.0%	11.0%
Asian alone	88,436	92.0%	8.0%
Native Hawaiian and Other Pacific Islander alone	N/A	N/A	N/A
Some other race alone	143,777	68.3%	31.7%
Two or more races	326,765	84.5%	15.5%
Hispanic or Latino (of any race)	334,162	74.1%	25.9%
White alone, not Hispanic or Latino	3,254,102	93.0%	7.0%

	Total	Percent Insured	Percent Uninsured
Disability Status			
With a disability	751,476	92.5%	7.5%
No disability	4,434,013	90.7%	9.3%
Educational Attainment			
Civilian noninstitutionalized population 26 years and over	3,534,919	90.5%	9.5%
Less than high school graduate	330,578	79.0%	21.0%
High school graduate (includes equivalency)	974,585	86.5%	13.5%
Some college or associate's degree	1,069,101	91.3%	8.7%
Bachelor's degree or higher	1,160,655	96.4%	3.6%
Employment Status			
Civilian noninstitutionalized population 19 to 64 years	3,005,248	86.4%	13.6%
In labor force	2,319,932	87.2%	12.8%
Employed	2,224,631	88.1%	11.9%
Unemployed	95,301	63.9%	36.1%
Not in labor force	685,316	83.9%	16.1%
Work Experience			
Civilian noninstitutionalized population 19 to 64 years	3,005,248	86.4%	13.6%
Worked full-time, year-round in the past 12 months	1,697,746	89.7%	10.3%
Worked less than full-time, year-round in the past 12 months	695,843	81.2%	18.8%
Did not work	611,659	83.1%	16.9%
Household Income (in 2022 inflation-adjusted dollars)			
Total household population	5,118,967	90.9%	9.1%
Under $25,000	676,990	85.2%	14.8%
$25,000 to $49,999	937,633	87.3%	12.7%
$50,000 to $74,999	880,490	89.3%	10.7%
$75,000 to $99,999	762,362	91.7%	8.3%
$100,000 and over	1,861,492	95.3%	4.7%
Income to Poverty Level in the Past 12 Months			
Civilian noninstitutionalized population for whom poverty status is determined	5,115,798	90.9%	9.1%
Below 138 percent of the poverty threshold	1,040,138	83.4%	16.6%
138 to 399 percent of the poverty threshold	2,239,380	90.2%	9.8%
At or above 400 percent of the poverty threshold	1,836,280	96.1%	3.9%
Below 100 percent of the poverty threshold	715,883	83.2%	16.8%

Source: U.S. Census Bureau. (2024). Selected Characteristics of Health Insurance Coverage in the United States. American Community Survey, ACS 1-Year Estimates Subject Tables, Table S2701, 2022.

Based on the most recent U.S. Census Bureau data, the uninsured rate in South Carolina is 9.1% and the largest group is individuals aged 26 to 34.[47] In South Carolina approximately 66.9% of the population has private health insurance coverage and only 31.1% of individuals living below 138% of the FPL have private health insurance.[48] It is estimated that 38.7% of the population in South Carolina have public health insurance coverage and 63.3% of individuals living under 138% below the FPL have public health insurance.[49]

Health Outcomes Associated with Medicaid Expansion in Selected States

Expansion states have reported a number of improved outcomes. Reported outcomes include improvements in access to care, enhanced financial security amongst Medicaid beneficiaries, improved health behaviors and increased contributions to state gross domestic products (GDPs).[50] While previous research has demonstrated an association with Medicaid expansion and improved health behaviors in the early years following expansion, measuring its long-term influence on health outcomes has presented several challenges.[51] The most prominent barrier is the absence of large-scale population data with individual-level information regarding eligibility linked to health outcome measures.[52]

The absence of this linked data leaves researchers reliant on data limited to survey responses on self-reported health measures not necessarily indicative of changes in health status.[53] To measure the impact of expansion on morbidity and mortality measures, mortality data obtained from death records aggregated at the state- or county-level would have to have individual-level factors reflecting enrollment in Medicaid under expanded eligibility guidelines or socioeconomic factors demonstrating eligibility for enrollment.[54] The following sections of the report will examine health behaviors and outcomes in the states included in our 2021 report: Louisiana, West Virginia, Montana and Kentucky. Louisiana and Montana have had much success maintaining public dashboards with administrative and clinical data specific to expansion populations and the uptake of preventative health care behaviors. Comparatively, updated data on the impact of Medicaid expansion in West Virginia and Kentucky is sparse. Louisiana and Montana can serve as examples of how to effectively capture data on population-specific health behaviors and related outcomes relative to insurance coverage following expansion to monitor changes in health and economic impact over time.

TABLE 4

Outcomes Associated with Medicaid Expansion

A 2021 study found that during the first five years following Medicaid expansion, a 5% increase in the probability of having a personal doctor and a 13% reduction the probability of cost being reported as a barrier to care was observed overall in expansion states.[55]
Medicaid expansion is associated with a decreased reliance on the emergency department for a usual source of care.[56]
Expansion has been associated with a 3.6% decrease in all-cause mortality.[57]
A 2022 study using nationally representative survey data from 2010 through 2018 found that among 32 expansion states and 17 non-expansion states, Medicaid expansion has been associated with decreased cardiovascular-related and respiratory-related deaths per 100,000 population each year.[58]
Medicaid expansion has been linked to improved self-reported diabetes management.[59]
The expansion of Medicaid is associated with a reduced incidence of advanced-state breast cancer as a result of increased access to preventative care services.[60]
Compared to nonexpansion states, Medicaid expansion is associated with a statistically significant decrease in mortality amongst patients with invasive breast, colorectal and lung cancer.[61]
A 2021 study found that following expansion, the number of ED visits for uninsured patients decreased 44% compared to nonexpansion states.[62]
Expansion has demonstrated improvements of self-reported health status amongst an estimated 21-27% of new enrollees.[63]
A 2022 study found that Medicaid expansion is associated with an average reduction of 11.8 deaths per 100,000 adults.[64]
Medicaid expansion has been associated with a reduction in self-reported depression, psychological distress and the number of poor mental health days experienced.[65]
Compared to nonexpansion states, expansion states demonstrate evidence of increased diagnosis rates of diabetes and high cholesterol.[66,67]

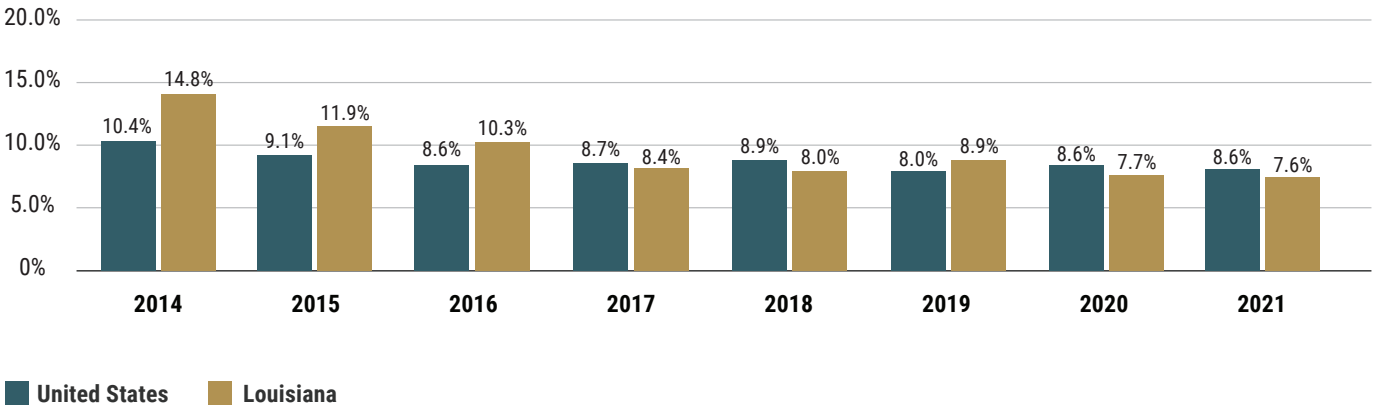
Medicaid Expansion in Louisiana

Since its decision to expand Medicaid on January 12, 2016, as one of the first states in the South, Louisiana has reported improved health behaviors, reductions in health disparities and positive financial outcomes.[68] Louisiana was originally highlighted in the 2021 report due to its comparable size and demographic composition. A table providing an updated overview of demographics for Louisiana compared to South Carolina is available in the Appendix.[69,70]

The Louisiana Department of Health (LADH) reports that 638,056 people have enrolled in Medicaid under the expanded eligibility guidelines since 2016.[71,72] In the two years post-expansion, it was reported that new enrollees under the expanded eligibility guidelines experienced declines in distance and travel time to care, a reduction in cost experienced as a barrier to care, increase in individuals having an identified primary health care provider and a decrease in emergency department (ED) utilization.[73]

FIGURE 6

Percent of the Population without Health Insurance Coverage, Louisiana (2014-2021)



Source: Louisiana Department of Health. (2022). 2022 State Health Report Card.

Louisiana has had much success tracking health outcomes amongst Medicaid beneficiaries enrolled under expanded eligibility guidelines using a public facing dashboard managed by the LADH. The linking of administrative and clinical data in a centralized location is something that is not available for most states and is identified as a significant barrier to investigating the influence of Medicaid expansion on health outcomes. Table 5 provides an overview of selected health measures for Medicaid beneficiaries enrolled under expanded eligibility guidelines monitored by LADH since the date of expansion.

TABLE 5

Selected Health Measures and Outcomes for Louisiana Medicaid Beneficiaries Under Medicaid Expansion (2016-2023)

Health Outcome Measure	Lives Impacted (2016)	Lives Impacted (2023)
Adults who visited a doctor and received new patient or preventive healthcare services	11,984	713,409
Women who've gotten screening or diagnostic breast imaging	1,080	153,673
Women diagnosed with breast cancer as a result of this imaging	7	2,323
Adults who received colon cancer screening	697	105,425
Adults with colon polyps removed, which can prevent colon cancer in the future	112	32,135
Adults diagnosed with colon cancer as a result of this screening	5	1,452
Adults newly diagnosed and now treated for diabetes	160	52,036
Adults newly diagnosed and now treated for hypertension	25	131,361
Adults receiving specialized outpatient mental health services	8,749	216,236
Adults receiving inpatient mental health services at a psychiatric facility	1,058	62,006
Adults receiving specialized substance use outpatient services	1,162	42,218
Adults receiving specialized substance use residential services	1,081	48,501
Adults receiving medication-assisted treatment (MAT) for opioid use disorder	1,095	45,019

Source: Louisiana Department of Health. (2024). LDH Medicaid Expansion Dashboard.

Consistent with the findings from the 2021 report, one of the best performing measures for 2023 in Louisiana is women with up-to-date breast cancer screenings.[74] It has been demonstrated that as a result of Medicaid expansion, patients are more likely to receive timely cancer screenings, receive a timely diagnosis and receive appropriate treatment.[75] The expansion of Medicaid has also resulted in improved cancer-related health outcomes and survival rates.[76] A 2020 study found that Medicaid expansion was associated with a significant decrease in mortality amongst patients with invasive breast, colorectal and lung cancer compared to non-expansion states.[77] This decline is attributed to increases in early-stage diagnoses as a result of better access to screening services.[78] As of January 1, 2023, the LADH reports that 2,323 women enrolled in Medicaid under expanded eligibility guidelines were diagnosed with breast cancer as a result of increased access to screening or diagnostic breast imaging.[79]

The percentage of adults living 200% below the FPL who went without care because of cost in the past year decreased from 24% in 2018 to 19% in 2021.[80] Table 6 provides an overview of access and affordability measures for the total population in Louisiana compared to the national average used to inform the Commonwealth Fund's overall ranking.[81]

TABLE 6

Louisiana Access and Affordability Measures, Total Population (2023)

Access and Affordability	Data Year	Baseline State Rate	U.S. Average	Data Year	State Rate	U.S. Average
Individuals under age 65 with high out-of-pocket medical costs relative to their annual household income	2018-2019	12%	10%	2020-2021	8%	7%
Employee total potential out-of-pocket medical costs as a share of state median income	2019	17%	12%	2021	15%	12%

Source: Radley, DC., Baumgartner, J., Collins, SR., Zephyrin, LC. (2023, June 22). 2023 Scorecard on State Health System Performance. The Commonwealth Fund.

Table 7 provides an overview of prevention and treatment measures for Louisiana's total population compared to the national average used to inform the Commonwealth Fund's overall ranking.[82]

TABLE 7

Louisiana Prevention and Treatment Measures, Total Population (2023)

Prevention and Treatment	Data Year	Baseline State Rate	U.S. Average	Data Year	State Rate	U.S. Average
Adults with all age- and gender-appropriate cancer screenings	2018	71%	68%	2020	71%	69%
Adults with age-appropriate flu and pneumonia vaccines	2019	37%	41%	2021	36%	42%
Diabetic adults without an annual hemoglobin A1c test	2019	13%	8%	2021	10%	10%
Children who did not receive needed mental health care	2018-2019	22%	18%	2020-2021	19%	20%

Source: Radley, DC., Baumgartner, J., Collins, SR., Zephyrin, LC. (2023, June 22). 2023 Scorecard on State Health System Performance. The Commonwealth Fund.

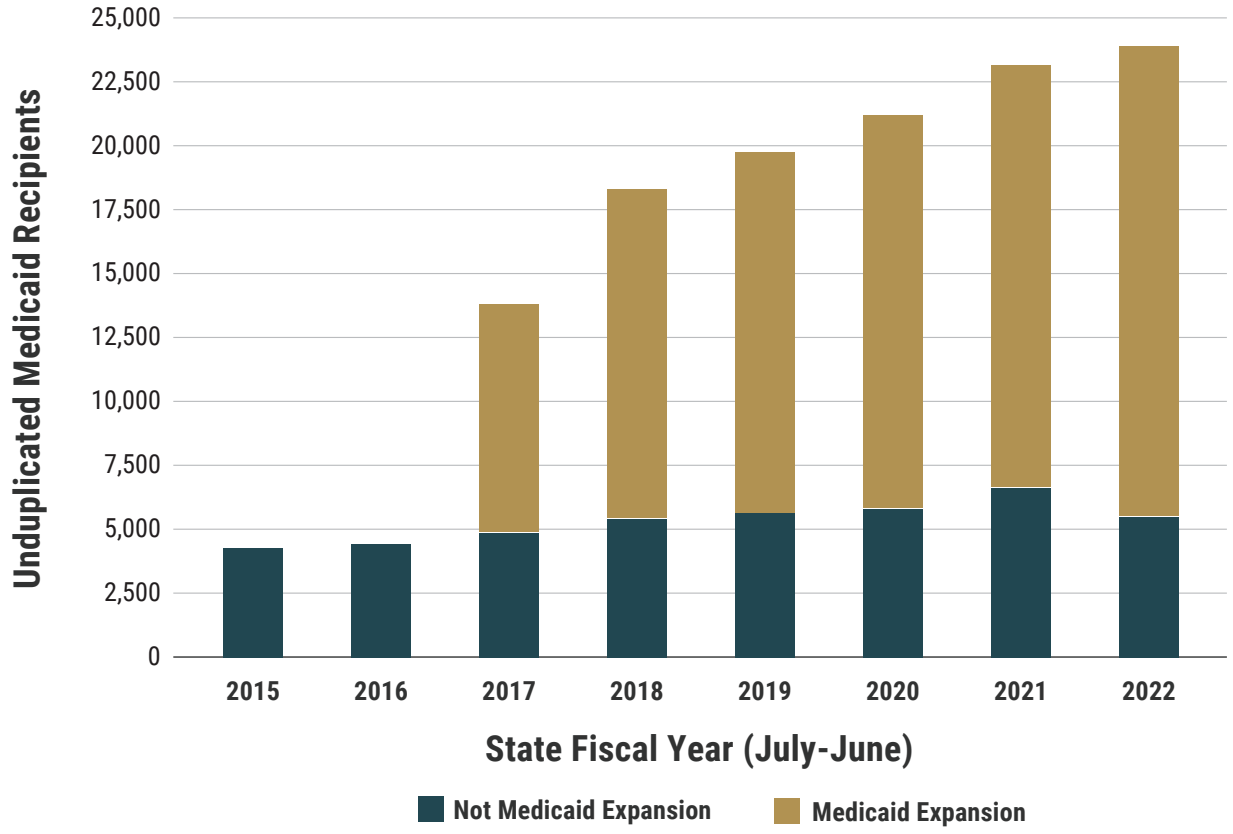
The LADH reports that since expanding Medicaid, of the 638,056 individuals enrolled under expanded eligibility guidelines, 105,425 adults received a colon cancer screening, 32,135 adults had colon polyps removed and 1,425 adults were diagnosed with colon cancer as of December 4, 2023.[83] Estimates from a 2022 study indicate that the association between Medicaid expansion and cancer mortality in Louisiana are directly related as a result of increased access to screening services and preventative health care.[84] It is also reported that since expanding Medicaid, 52,036 adults were newly diagnosed and received treatment for diabetes and 131,361 were newly diagnosed and received treatment for hypertension as of December 4, 2023.[85]

Behavioral Health Care in Louisiana

It is also reported that due to enrollment under expanded eligibility guidelines, 216,236 adults received specialized outpatient mental health services and 62,006 adults received inpatient mental health services at a psychiatric facility as of December 4, 2023.[86] The LADH reports that of those enrolled in Medicaid under expanded eligibility guidelines, 42,218 adults received specialized substance use disorder outpatient services, 48,501 adults received specialized substance use disorder residential services and 45,019 adults received medication-assisted treatment (MAT) for opioid use disorder since expanding Medicaid.[87,88] It is important to note that the reported utilization could be duplicative due to all of these services falling under the behavioral health care category.

FIGURE 7

Number of Louisiana Medicaid Members Receiving Intensive Substance Use Disorder Treatment Services, State FY 2015-2021



Source: Louisiana Department of Health. (2022). 2022 State Health Report Card.

Medicaid expansion was also associated with a reduction in hospital uncompensated care costs. A 2021 study demonstrates that Medicaid expansion in Louisiana was associated with a 33% reduction in the share of total operating expenses in general medical and surgical hospitals.[89] The reduction is attributed to having fewer uncompensated care costs with larger effects observed for rural and public hospitals.[90] A study conducted in 2022 found a significant change in payer mix for urgent care, primary care and EDs in Louisiana following expansion.[91] These findings demonstrate an increase in primary care visits resulting in a reduction in uncompensated care.[92] Another study conducted in 2022 observed a 6.8% decrease of adult survey respondents reporting affordability as a barrier to clinical care.[93]

Maternal and Infant Health in Louisiana

Medicaid covers more than half of all births in Louisiana.[94] Historically, Louisiana has had some of the poorest measures for infant mortality, preterm birth, low birth weight and caesarean sections.[95] Louisiana has explored many policy levers to improve and sustain maternal and infant health care improvements. Louisiana's Medicaid program has elected to extend postpartum coverage for 12 months using the 1115 waiver option in April of 2022, is currently exploring legislation to reimburse doula care, has a federally funded Maternal Mortality Review Committee (MMRC), has a Fetal and Infant Mortality review team and has a federally funded Perinatal Quality Collaborative.[96,97] Table 8 provides an overview of reproductive and maternal and infant health measures compared to the national average used to inform the Commonwealth Fund's overall ranking.[98]

TABLE 8

Louisiana Maternal and Infant Health Measures, Total Population (2023)

Reproductive and Women's Health	Data Year	Baseline Rate	U.S. Average	Data Year	State Rate	U.S. Average
Maternal deaths while pregnant or within 42 days of termination of pregnancy, per 100,000 live births'	-	-	-	2019-2021	44	26
Severe maternal morbidity rate per 10,000 in-hospital deliveries	2018	70	77	2020	79	88
Infant mortality, deaths per 1,000 live births	2018	7.7	5.7	2020	7.6	5.4
Share of births born preterm, prior to 37 weeks of pregnancy (gestation)	2019	13%	10%	2021	14%	10%
Breast and cervical cancer deaths per 100,000 female population	2019	25	22	2021	25	22
All-cause mortality rate per 100,000 women ages 15–44	2019	126	89	2021	195	124
Share of in-hospital births in state with a self-pay insurance payment source	2019	1.18%	3.41%	2021	0.81%	2.74%
Women ages 18–44 without a usual source of care	-	-	-	2021	15%	21%
Women ages 18–44 without a routine checkup in the past two years	2019	9%	13%	2021	9%	13%
Share of births not beginning prenatal care in first trimester	2019	24%	22%	2021	23%	22%
Share of women with a recent live birth who did not report having a postpartum visit	2018	11%	9%	2020	14%	11%
Women with up-to-date breast and cervical cancer screenings	2018	80%	76%	2020	77%	74%

Source: Radley, DC., Baumgartner, J., Collins, SR., Zephyrin, LC. (2023, June 22). 2023 Scorecard on State Health System Performance. The Commonwealth Fund.

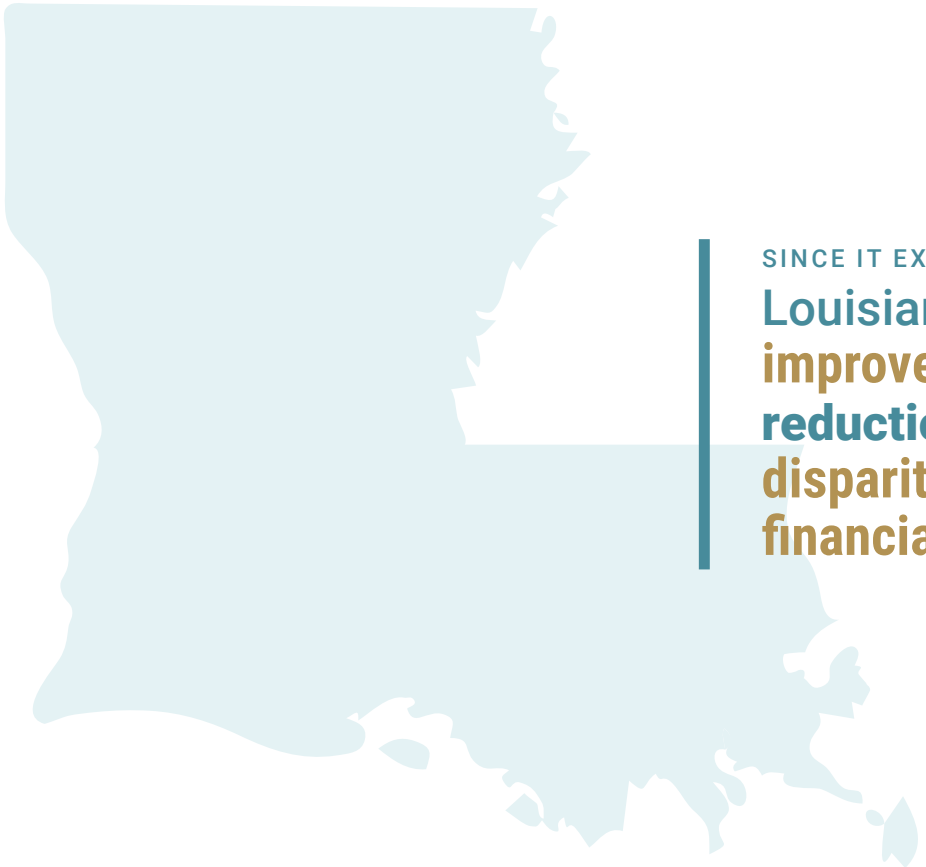
The Commonwealth Fund conducts an extensive comparative analysis of health system performance each year to produce a report card for each state. Table 6 provides a snapshot of Louisiana's overall rankings for identified categories compared to national averages and amongst southeastern states (AL, AR, FL, GA, KY, MS, NC, SC, TN, VA and WV).[99]

TABLE 9

Louisiana Health System Performance Overview (2023)

	National Rank	Rank among Southeastern States
Overall Ranking	**43** of 51	**6** of 12
Access and Affordability	36	3
Prevention and Treatment	42	7
Avoidable Hospital Use and Cost	51	11
Healthy Lives	46	7
Income Disparity	16	1

Source: Radley, DC., Baumgartner, J., Collins, SR., Zephyrin, LC. (2023, June 22). 2023 Scorecard on State Health System Performance. The Commonwealth Fund.



SINCE IT EXPANDED MEDICAID IN 2016,

Louisiana has reported improved health behaviors, reductions in health disparities and positive financial outcomes.

Medicaid Expansion in West Virginia

Since its decision to expand Medicaid on January 1, 2014, West Virginia has been among the states with the fastest growing share of individuals covered by Medicaid.[100] West Virginia was originally highlighted in the 2021 report due to its comparable proportion of adults living in poverty and older adults residing in the state. A table providing an updated overview of selected demographics for West Virginia compared to South Carolina is available in the Appendix.[101,102]

When analyzing health outcomes in West Virginia it is important to consider the unique geographic, sociocultural and socioeconomic factors that influence the accessibility and acceptability of health care. While this state has opted to expand eligibility guidelines for Medicaid, barriers to accessing care are heightened by pervasive health care deserts across the state exacerbated by the closure of facilities offering services in rural areas.[103] The uneven distribution of geographic and socioeconomic barriers to accessing care significantly contributes to health disparities and poor health outcomes.[104]

Since the implementation of the ACA, the uninsured rate in West Virginia decreased from 14% in 2013 to 5.9% in 2022.[105,106] In late 2022, CMS reported 36.95% of total Medicaid enrollees were enrolled under expanded eligibility guidelines in West Virginia.[107] Specific to access and affordability of health care services, the percentage of adults who went without care due to cost in 2019 decreased by 4% to 10% in 2022.[108] Table 10 provides an overview of access and affordability measures for West Virginia's total population compared to the national average used to inform their overall ranking.[109]

TABLE 10

West Virginia Access and Affordability Measures, Total Population (2023)

Access and Affordability	Data Year	Baseline State Rate	U.S. Average	Data Year	State Rate	U.S. Average
Individuals under age 65 with high out-of-pocket medical costs relative to their annual household income	2018-2019	11%	10%	2020-2021	8%	7%
Employee total potential out-of-pocket medical costs as a share of state median income	2019	12%	12%	2021	15%	12%

Source: Radley, DC., Baumgartner, J., Collins, SR., Zephyrin, LC. (2023, June 22). 2023 Scorecard on State Health System Performance. The Commonwealth Fund.

The percentage of all West Virginia adults with all age- and gender-appropriate care screenings increased from 65% in 2018 to 68% in 2020.[110] It was also reported that the percentage of diabetic adults without an annual hemoglobin A1c test decreased from 16% in 2019 to 9% in 2021.[111] Improvements in access to care resulted in an increase in preventative care service utilization and a reduction in the probability of engaging in smoking and heavy drinking.[112] In the most recent Vital Statistics report published by the West Virginia Department of Health and Human Resources (WVDHHR) in 2020, deaths attributed to chronic lower respiratory disease decreased by 3.2% from 2019 to 2020 for the total population.[113] Deaths due to stroke decreased by 7.7% from 2019 to 2020 amongst the total population of West Virginia.[114] Table 11 provides an overview of prevention and treatment measures for West Virginia's total population compared to the national average.[115]

TABLE 11

West Virginia Prevention and Treatment Measures, Total Population (2023)

Prevention and Treatment	Data Year	Baseline State Rate	U.S. Average	Data Year	State Rate	U.S. Average
Adults with all age- and gender-appropriate cancer screenings	2018	66%	68%	2020	68%	69%
Adults with age-appropriate flu and pneumonia vaccines	2019	42%	41%	2021	41%	42%
Diabetic adults without an annual hemoglobin A1c test	2019	16%	8%	2021	9%	10%
Children who did not receive needed mental health care	2018-2019	17%	18%	2020-2021	18%	20%

Source: Radley, DC., Baumgartner, J., Collins, SR., Zephyrin, LC. (2023, June 22). 2023 Scorecard on State Health System Performance. The Commonwealth Fund.

Behavioral Health in West Virginia

West Virginia has had much success in pursuing effective policy strategies to address the state's overdose crisis. In 2018, West Virginia submitted a Section 1115 waiver to the Centers for Medicare & Medicaid Services (CMS) to establish a continuum of care for substance use disorder treatment. Phase one included Screening, Brief Intervention, Referral to Treatment (SBIRT), methadone treatment and administration and a statewide naloxone distribution initiative.[116] Phase two included expanded coverage and reimbursement for adult residential treatment, peer recovery support services and withdrawal management services.[117] Following the implementation of this waiver, patients receiving methadone comprised 9.5% of all Medicaid beneficiaries with a diagnosed opioid use disorder (OUD) in 2018.[118] That percentage then increased to 10.6% in 2019.[119] The same study revealed that patients residing in metropolitan areas were more likely to receive treatment compared to those living in nonmetropolitan areas.[120] While expanding access to medications for OUD (MOUD) such as methadone, buprenorphine and naltrexone is a key strategy to mitigating the effects of the overdose crisis, there are additional strategies needed to improve the availability of care.[121] While West Virginia has taken measures to improve access through insurance reform, the geographic barriers resemble challenges seen in access to outpatient care services across the state.

In 2022, the West Virginia's Health Affairs Institute conducted a comprehensive analysis on the impact of the expansion of telehealth services during the pandemic. Their analysis revealed a strong association with expansion of services and increased utilization for substance use disorder (SUD) treatment, psychiatric care, occupational therapy and physical therapy services.[122] They found that telehealth visits related to SUD and psychiatric care increased more than 1,000% compared to pre-pandemic numbers.[123] More than 80% of beneficiaries reported feeling comfortable communicating with their health care providers via telehealth.[124] Their findings demonstrate that the expansion of telehealth service provision regulations should be considered as a critical policy lever to improve access to care.

Maternal and Infant Health in West Virginia

West Virginia has historically performed poorly on measures assessing infant mortality, preterm birth, low birth weight and caesarean sections.[125] To improve these measures, West Virginia elected to extend Medicaid postpartum coverage for 12 months using the 1115 waiver option, has a federally funded Maternal Mortality Review Committee (MMRC), has a Fetal and Infant Mortality review team and has a federally funded Perinatal Quality Collaborative (PQC).[126] At this time, they do not have reimbursement for doula care.[127] Table 12 provides an overview of maternal and infant health measures for West Virginia's population compared to the national average used to inform the Commonwealth Fund's overall ranking.[128]

TABLE 12

West Virginia Maternal and Infant Health Measures, Total Population (2023)

Reproductive and Women's Health	Data Year	Baseline Rate	U.S. Average	Data Year	State Rate	U.S. Average
Maternal deaths while pregnant or within 42 days of termination of pregnancy, per 100,000 live births'	-	-	-	2019-2021	25	26
Severe maternal morbidity rate per 10,000 in-hospital deliveries	2018	84	77	2020	98	88
Infant mortality, deaths per 1,000 live births	2018	7.0	5.7	2020	7.3	5.4
Share of births born preterm, prior to 37 weeks of pregnancy (gestation)	2019	13%	10%	2021	13%	10%
Breast and cervical cancer deaths per 100,000 female population	2019	25	22	2021	25	22
All-cause mortality rate per 100,000 women ages 15–44	2019	175	89	2021	239	124
Share of in-hospital births in state with a self-pay insurance payment source	2019	1.44%	3.41%	2021	1.18%	2.74%
Women ages 18–44 without a usual source of care	-	-	-	2021	16%	21%
Women ages 18–44 without a routine checkup in the past two years	2019	13%	13%	2021	12%	13%
Share of births not beginning prenatal care in first trimester	2019	20%	22%	2021	20%	22%
Share of women with a recent live birth who did not report having a postpartum visit	2018	13%	9%	2020	11%	11%
Women with up-to-date breast and cervical cancer screenings	2018	72%	76%	2020	74%	74%

Source: Radley, DC., Baumgartner, J., Collins, SR., Zephyrin, LC. (2023, June 22). 2023 Scorecard on State Health System Performance.

Table 13 provides a snapshot of West Virginia's overall rankings for identified categories compared to national averages and amongst southeastern states (AL, AR, FL, GA, KY, MS, NC, SC, TN, VA and WV) based on the Commonwealth Fund's comparative analysis of health system performance.[129]

TABLE 13

West Virginia Health System Performance Overview (2023)

	National Rank	Rank among Southeastern States
Overall Ranking	**49** of 51	**11** of 12
Access and Affordability	37	4
Prevention and Treatment	39	6
Avoidable Hospital Use and Cost	50	12
Healthy Lives	51	12
Income Disparity	33	2

Source: Radley, DC., Baumgartner, J., Collins, SR., Zephyrin, LC. (2023, June 22). 2023 Scorecard on State Health System Performance. The Commonwealth Fund.

SINCE IT EXPANDED MEDICAID IN 2014,

West Virginia has been among the states with the fastest growing share of individuals covered by Medicaid.

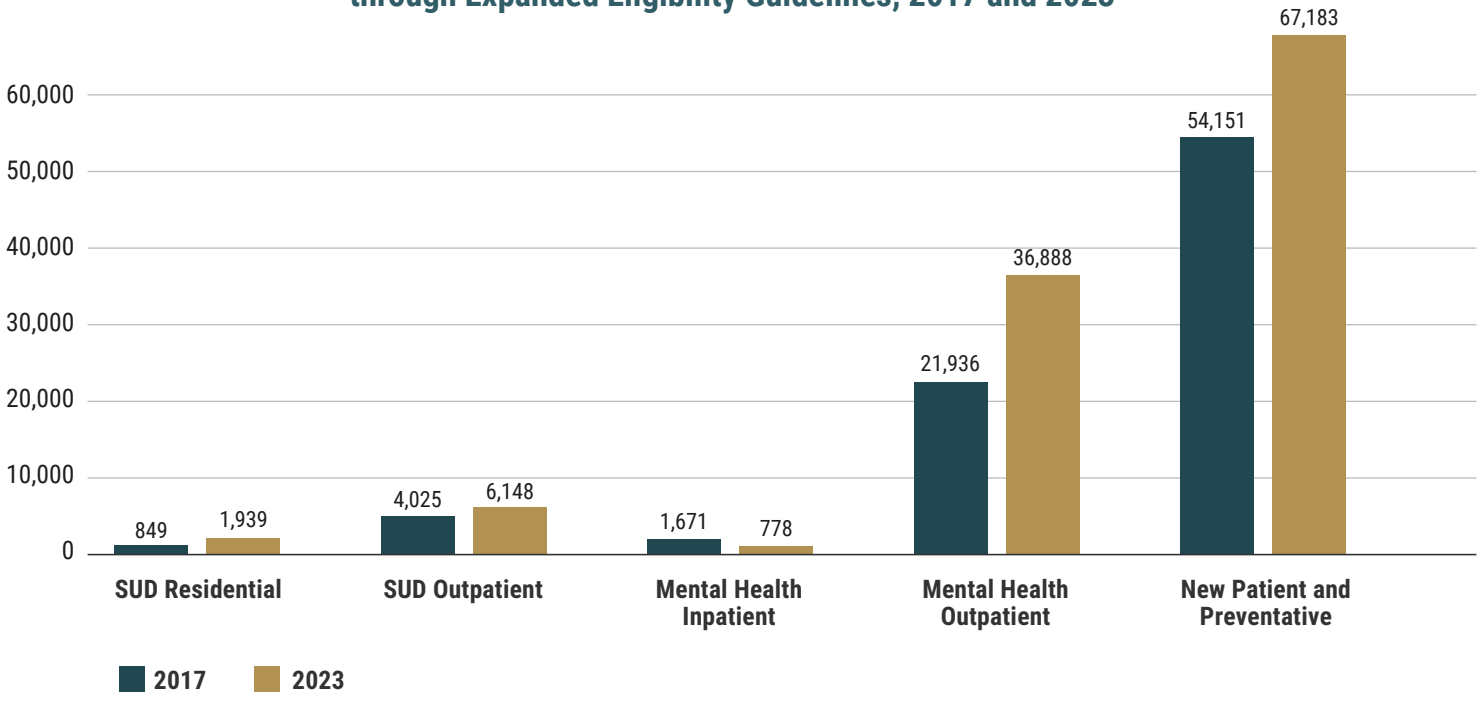
Medicaid Expansion in Montana

Medicaid was expanded in Montana on January 1, 2016, through the Montana HELP Act. Expansion gained popular support due to anticipated job creation, improved health outcomes and increased viability for rural hospitals.[130] Montana was included in our 2021 report due to its comparable proportion of adults living below the FPL and adults living with a disability. A table providing an overview of updated demographics for Montana compared to South Carolina is available in the Appendix.[131,132]

As of January 2024, the Montana Department of Public Health and Human Services (MTDPHHS) reports 85,290 adults enrolled under expanded eligibility guidelines.[133] Similar to Louisiana, Montana has had much success tracking health outcomes amongst Medicaid beneficiaries enrolled under expanded eligibility guidelines using a public facing dashboard managed by MTDPHHS. Figure 8 provides an overview of reported trends of service utilization among Medicaid beneficiaries enrolled through expanded eligibility criteria for 2017 and 2023.[134]

FIGURE 8

Health Service Utilization by Category for Montana Medicaid Beneficiaries Enrolled in Medicaid through Expanded Eligibility Guidelines, 2017 and 2023



Source: Louisiana Department of Health. (2022). 2022 State Health Report Card.

Table 14 provides an overview of access and affordability measures for Montana's total population compared to the national average used to inform their overall ranking.[135]

TABLE 14

Montana Access and Affordability Measures, Total Population (2023)

Access and Affordability	Data Year	Baseline State Rate	U.S. Average	Data Year	State Rate	U.S. Average
Individuals under age 65 with high out-of-pocket medical costs relative to their annual household income	2018-2019	11%	10%	2020-2021	8%	7%
Employee total potential out-of-pocket medical costs as a share of state median income	2019	11%	12%	2021	10%	12%

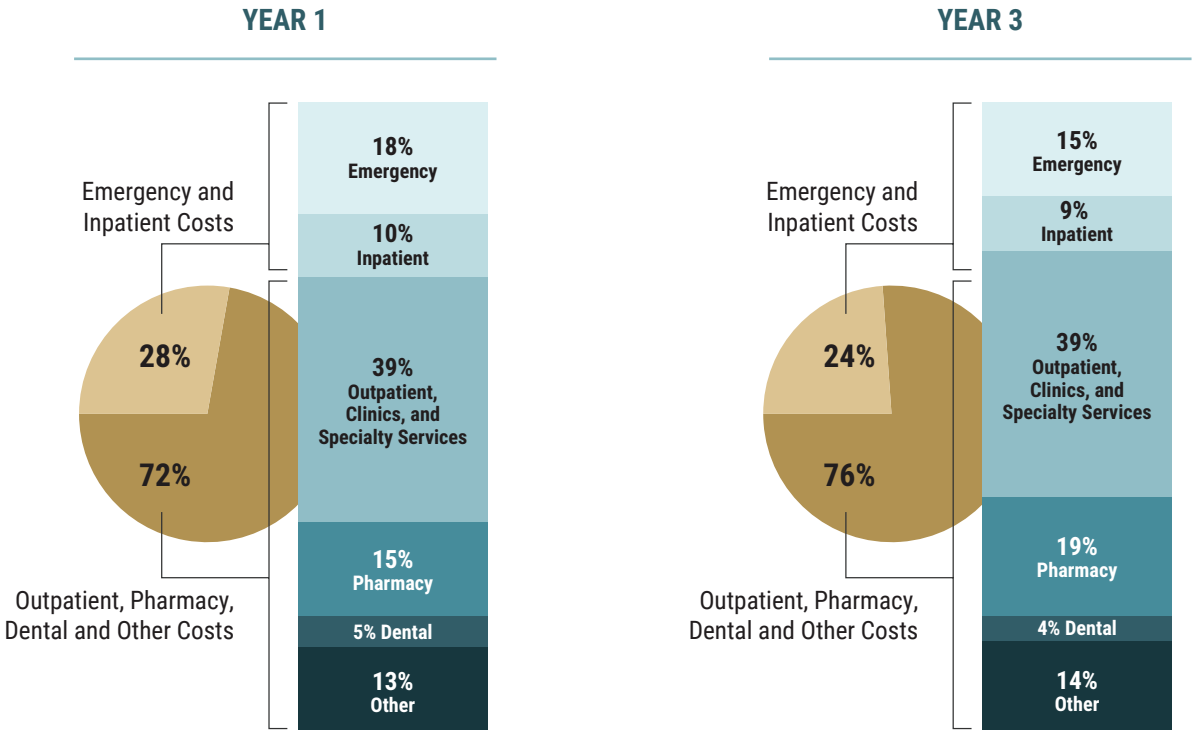
Source: Radley, DC., Baumgartner, J., Collins, SR., Zephyrin, LC. (2023, June 22). 2023 Scorecard on State Health System Performance. The Commonwealth Fund.

In 2021, over 5,500 Medicaid enrollees qualifying for coverage under expanded eligibility guidelines received breast cancer screenings and more than 2,700 received screening for colon cancer.[136] In 2022, these numbers were even higher with 6,057 Medicaid beneficiaries enrolled under expanded eligibility guidelines receiving breast cancer screenings and 3,066 receiving colon cancer screenings.[137] As a result of these screenings, 81 cases of breast cancer were diagnosed and 973 cases of colon cancer were potentially prevented in 2021.[138] Additionally, 82 cases of breast cancer were diagnosed and 1,008 cases of colon cancer were potentially prevented in 2022.[139] Looking at early diagnosis counts, more than 2,117 expansion enrollees were newly diagnosed with hypertension and 6,611 received treatment 2021, as compared to 4,775 newly diagnosed and 7,150 treated in 2022.[140] It was also reported that 1,091 expansion enrollees were newly diagnosed with diabetes and 3,506 received treatment in 2021; 2,559 were newly diagnosed and 3,805 were treated in 2022.[141] Specific to behavioral health care, 34,156 expansion enrollees received mental health treatment and 5,750 expansion enrollees received treatment for SUD in 2021.[142] These numbers grew in 2022 with 34,954 receiving mental health treatment and 6,124 receiving treatment for SUD.[143]

Medicaid expansion in Montana has provided vital access to ongoing primary care services and chronic care management that would otherwise be unavailable to individuals enrolled under expanded eligibility criteria. It is reported that enrollees under expanded eligibility criteria with chronic physical and behavioral health conditions utilized the ED less frequently the longer they had coverage.[144] Medicaid expansion enrollees with at least three years of continuous coverage experienced a significant cost shift from expensive ED and inpatient care to less expensive outpatient services and pharmacy costs demonstrated in Figure 9.[145]

FIGURE 9

Average Medicaid Expansion Enrollee Health Care Costs by Service Type and Year of Enrollment in Montana



Source: Montana Healthcare Foundation. (2024). Medicaid in Montana - How Medicaid Impacts Montana's State Budget, Economy, and Health.

Montana has had much success tracking enrollee expenditures longitudinally. This information is not commonly captured, analyzed and then made public facing. It is reported that continuous Medicaid coverage can lead to lower per-member costs as costs are shifted away from emergency and inpatient care to outpatient and pharmacy care settings.[146] By tracking expenditures amongst Medicaid beneficiaries, average per-member costs are able to be analyzed and both cost shift and containment patterns can be identified. It is reported that in Montana, Medicaid beneficiaries with continuous coverage for three years experiences a decline in average health care spending per member.[147] A cost shift is also observed with costs being more concentrated in outpatient, pharmacy and dental services instead of emergency and inpatient services.[148]

In addition to cost savings for expansion beneficiaries, expansion is responsible for state budget savings.[149] The Montana Healthcare Foundation and the Headwaters Foundation estimate that direct and indirect savings from expanded eligibility guidelines offset between 59% and 83% of the expected state share of expansion costs.[150] The estimated savings amount for fiscal year 2023 was reported to be $28.5 million attributed to the Medicaid expansion in Montana under the HELP Act.[151] The economic impact of Medicaid expansion in Montana is estimated to be $900 million annually supporting over 7,500 new jobs, providing $475 million in personal income and $775 million in economic activity.[152] Looking specifically at uncompensated costs, expansion in Montana significantly reduced uncompensated care costs from $390 million in 2015 to $208 million in 2021.[153] In critical access hospitals and rural health clinics uncompensated care costs decreased from $64 million in 2016 to $41 million in 2021.[154]

Maternal and Infant Health in Montana

Montana historically has maintained average measures for maternal and infant health. The infant mortality rate has decreased significantly over the last ten years to 4.9 in 2021 with the sharpest decline being observed from 2017 to 2018.[155] Montana has opted to expand postpartum Medicaid coverage to 12 months, has a federally funded Maternal Mortality Review Committee (MMRC), a Fetal and Infant Mortality review team and a federally funded Perinatal Quality Collaborative (PQC).[156,157] They do not currently offer reimbursement for doula care services.[158]

Table 15 provides an overview of maternal and infant health measures for Montana's total population compared to the national average used to inform the Commonwealth Fund's overall ranking.[159]

TABLE 15

Montana Maternal and Infant Health Measures, Total Population (2023)

Reproductive and Women's Health	Data Year	Baseline Rate	U.S. Average	Data Year	State Rate	U.S. Average
Maternal deaths while pregnant or within 42 days of termination of pregnancy, per 100,000 live births'	-	-	-	2019-2021	30	26
Severe maternal morbidity rate per 10,000 in-hospital deliveries	2018	39	77	2020	70	88
Infant mortality, deaths per 1,000 live births	2018	4.8	5.7	2020	5	5.4
Share of births born preterm, prior to 37 weeks of pregnancy (gestation)	2019	10%	10%	2021	10%	10%
Breast and cervical cancer deaths per 100,000 female population	2019	22	22	2021	19	22
All-cause mortality rate per 100,000 women ages 15–44	2019	113	89	2021	143	124
Share of in-hospital births in state with a self-pay insurance payment source	2019	4.09%	3.41%	2021	3.70%	2.74%
Women ages 18–44 without a usual source of care	-	-	-	2021	20%	21%
Women ages 18–44 without a routine checkup in the past two years	2019	16%	13%	2021	15%	13%
Share of births not beginning prenatal care in first trimester	2019	21%	22%	2021	20%	22%
Share of women with a recent live birth who did not report having a postpartum visit	2018	7%	9%	2020	10%	11%
Women with up-to-date breast and cervical cancer screenings	2018	70%	76%	2020	68%	74%

Source: Radley, DC., Baumgartner, J., Collins, SR., Zephyrin, LC. (2023, June 22). 2023 Scorecard on State Health System Performance.

Medicaid Expansion in Kentucky

Opting to expand Medicaid on January 1, 2014, Kentucky was one of the first states in the South to expand eligibility guidelines. Kentucky was included in our 2021 report due to its comparable demographic composition, proportion of adults reaching retirement age and cultural climate. A table providing an overview of demographics for Kentucky compared to South Carolina is available in the Appendix.[160,161]

Specific to the accessibility and affordability of health care in Kentucky, the percentage of adults living 200% below the FPL who went without care due to cost in the past year decreased from 12% in 2019 to 9% in 2021.[162] Table 16 provides an overview of access and affordability measures for Kentucky's total population compared to the national average used to inform the Commonwealth Fund's overall ranking.[163]

TABLE 16

Kentucky Access and Affordability Measures, Total Population (2023)

Access and Affordability	Data Year	Baseline State Rate	U.S. Average	Data Year	State Rate	U.S. Average
Individuals under age 65 with high out-of-pocket medical costs relative to their annual household income	2018-2019	12%	10%	2020-2021	8%	7%
Employee total potential out-of-pocket medical costs as a share of state median income	2019	13%	12%	2021	12%	12%

Source: Radley, DC., Baumgartner, J., Collins, SR., Zephyrin, LC. (2023, June 22). 2023 Scorecard on State Health System Performance. The Commonwealth Fund.

The top 10 leading causes of death reported for Kentucky in 2021 include heart disease, cancer, COVID-19, unintentional injuries, stroke, chronic lower respiratory diseases, Alzheimer's disease, diabetes, chronic liver disease/cirrhosis and kidney disease.[164] The number of all adults with all age- and gender-appropriate cancer screenings increased from 66% in 2018 to 70% in 2020.[165] In their most recent State Health Assessment published in 2023, the Kentucky Department of Public Health (KYDPH) reported that cancer mortality rates for all cancer types declined from 195.0 per 100,000 population in 2015 to 171.9 per 100,000 in 2019 for the total population.[166] It is reported that the mortality rate for lung and bronchial cancer declined from 64.0 per 100,000 population in 2015 to 51.7 per 100,000 population in 2019.[167] The mortality rate for colon and rectal cancer also declined from 16.4 per 100,000 population in 2015 to 15.6 per 100,000 population in 2019.[168]

A 2019 study examining the impact of the ACA on colorectal cancer outcomes in Kentucky found that 930,176 Medicaid beneficiaries received colorectal cancer screenings and 11,441 new cases were diagnosed from 2011 through 2016.[169] Increased access to care through expanded eligibility guidelines resulted in 6.7% increase in the incidence of colorectal cancer and a 9.3% increase in the proportion of early-stage colorectal cancer diagnoses in Kentucky.[170] Kentucky Medicaid expansion has also been associated with earlier detection and diagnosis of breast cancer and relatively improved quality of breast cancer care.[171] Breast cancer screening amongst Medicaid beneficiaries increased from 13,796 in 2013 to 32,406 in 2014, increasing the screening utilization rate from 15% pre-expansion to 20% post-expansion.[172]

Other preventative care measures including the percentage of diabetic adults without an annual hemoglobin A1c test and children who did not receive needed mental health care improved from 2019 to 2020 for the total population.[173] A 2021 study demonstrates that following expansion, the rates of preventable hospitalizations related to type 2 diabetes decreased.[174] Table 17 provides an overview of prevention and treatment measures for Kentucky's total population compared to the national average used to inform the Commonwealth Fund's overall ranking.[175]

TABLE 17

Kentucky Prevention and Treatment Measures, Total Population (2023)

Prevention and Treatment	Data Year	Baseline State Rate	U.S. Average	Data Year	State Rate	U.S. Average
Adults with all age- and gender-appropriate cancer screenings	2018	66%	68%	2020	70%	69%
Adults with age-appropriate flu and pneumonia vaccines	2019	40%	41%	2021	37%	42%
Diabetic adults without an annual hemoglobin A1c test	2019	11%	8%	2021	7%	10%
Children who did not receive needed mental health care	2018-2019	25%	18%	2020-2021	14%	20%

Source: Radley, DC., Baumgartner, J., Collins, SR., Zephyrin, LC. (2023, June 22). 2023 Scorecard on State Health System Performance. The Commonwealth Fund.

Although the number of opioid-induced deaths per year increased from 21.6 per 100,000 to 37.1 per 100,000 in 2022, opioid-induced ER visits declined from 137.7 per 100,000 population in 2016 to 128.2 per 100,000 population in 2021.[176] The observed decline in ED utilization may be reflective of increased access to outpatient treatment options as 87.4% of outpatient substance use disorder treatment centers accept Medicaid in Kentucky.[177]

Maternal and Infant Health in Kentucky

Kentucky historically has performed poorly in maternal and infant health measures. The infant mortality rate has decreased slightly from 7.2 per 1,000 live births in 2012 to 6.2 per 1,000 live births in 2021.[178] Kentucky has opted to expand Medicaid postpartum coverage to 12 months, has a federally funded Maternal Mortality Review Committee (MMRC), a Fetal and Infant Mortality review team and a federally funded Perinatal Quality Collaborative (PQC).[179] They do not currently reimburse for doula care services.[180]

Table 18 provides an overview of maternal and infant health measures for Kentucky's total population compared to the national average used to inform their overall ranking.[181]

TABLE 18

Kentucky Maternal and Infant Health Measures, Total Population (2023)

Reproductive and Women's Health	Data Year	Baseline Rate	U.S. Average	Data Year	State Rate	U.S. Average
Maternal deaths while pregnant or within 42 days of termination of pregnancy, per 100,000 live births'	-	-	-	2019-2021	38	26
Severe maternal morbidity rate per 10,000 in-hospital deliveries	2018	72	77	2020	78	88
Infant mortality, deaths per 1,000 live births	2018	6.1	5.7	2020	6.4	5.4
Share of births born preterm, prior to 37 weeks of pregnancy (gestation)	2019	11%	10%	2021	12%	10%
Breast and cervical cancer deaths per 100,000 female population	2019	25	22	2021	23	22
All-cause mortality rate per 100,000 women ages 15–44	2019	137	89	2021	192	124
Share of in-hospital births in state with a self-pay insurance payment source	2019	2.67%	3.41%	2021	2.07%	2.74%
Women ages 18–44 without a usual source of care	-	-	-	2021	17%	21%
Women ages 18–44 without a routine checkup in the past two years	2019	12%	13%	2021	12%	13%
Share of births not beginning prenatal care in first trimester	2019	21%	22%	2021	22%	22%
Share of women with a recent live birth who did not report having a postpartum visit	2018	12%	9%	2020	14%	11%
Women with up-to-date breast and cervical cancer screenings	2018	72%	76%	2020	74%	74%

Source: Radley, DC., Baumgartner, J., Collins, SR., Zephyrin, LC. (2023, June 22). 2023 Scorecard on State Health System Performance.

Table 19 provides a snapshot of Kentucky's overall rankings for identified categories compared to national averages and amongst southeastern states (AL, AR, FL, GA, KY, MS, NC, SC, TN, VA and WV) based on the Commonwealth Fund's comparative analysis of health system performance.[182]

TABLE 19

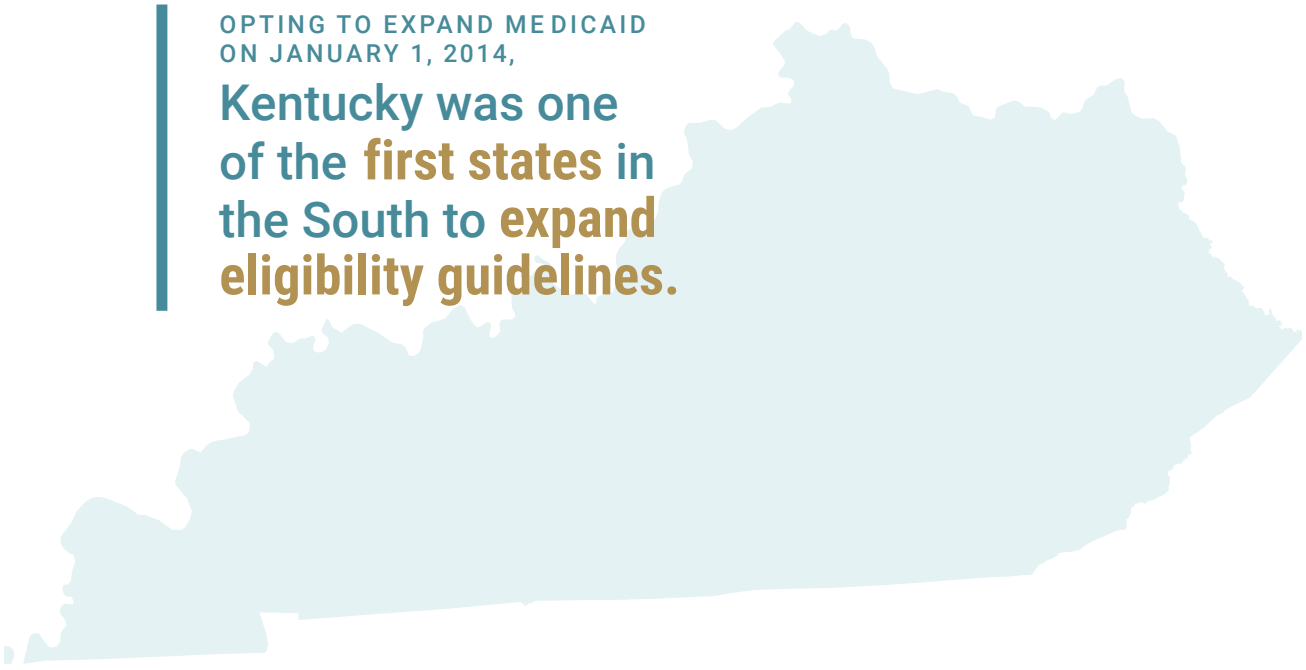
Kentucky Health System Performance Overview (2023)

	National Rank	Rank among Southeastern States
Overall Ranking	**40** of 51	**5** of 12
Access and Affordability	30	2
Prevention and Treatment	33	3
Avoidable Hospital Use and Cost	38	9
Healthy Lives	49	10
Income Disparity	39	4

Source: Radley, DC., Baumgartner, J., Collins, SR., Zephyrin, LC. (2023, June 22). 2023 Scorecard on State Health System Performance. The Commonwealth Fund.

OPTING TO EXPAND MEDICAID ON JANUARY 1, 2014,

Kentucky was one of the first states in the South to expand eligibility guidelines.



Health Factors and Health Status in South Carolina

South Carolina has experienced heightened burdens of chronic disease, uncompensated care costs and preventable ED visits with chronic disease significantly impacting health outcomes. Heart disease, cancer, stroke, chronic lower respiratory diseases, Alzheimer's disease, diabetes, chronic liver disease and kidney disease persist as some of the leading causes of death in South Carolina.[183]

In the most recent State Health Assessment published in 2024, the top reported health issues include access to care; obesity, nutrition and physical activity; substance use; and mental health.[184] Among the top leading underlying causes of health issues are lack of health care providers, lack of supporting infrastructure to connect people to care, unemployment and lack of health insurance coverage.[185] Despite an increase in the percentage of adults who are insured, South Carolina still ranks low compared to the national average.[186] It is currently estimated that 8.03% of individuals are uninsured nationally and 9.07% are uninsured in South Carolina.[187] South Carolina also has the sixth highest rate of delayed medical care attributed to cost concerns with uninsured people being the most impacted.[188]

Table 20 provides a snapshot of South Carolina's overall rankings for identified categories compared to national averages and amongst southeastern states (AL, AR, FL, GA, KY, MS, NC, SC, TN, VA and WV) based on the Commonwealth Fund's comparative analysis of health system performance.[189]

TABLE 20

South Carolina Health System Performance Overview (2023)

	National Rank	Rank among Southeastern States
Overall Ranking	**37** of 51	**4** of 12
Access and Affordability	39	6
Prevention and Treatment	34	5
Avoidable Hospital Use and Cost	5	1
Healthy Lives	42	5
Income Disparity	41	7

Source: Radley, DC., Baumgartner, J., Collins, SR., Zephyrin, LC. (2023, June 22). 2023 Scorecard on State Health System Performance. The Commonwealth Fund.

The best performing indicators reported include primary care spending as a share of total health care spending for individuals 65 and older, children who did not receive needed mental health care and home health patients with improved mobility.[190] The most improved indicators include children who received needed mental health care, employee total potential out-of-pocket medical costs as a share of state median income and potentially avoidable ED visits for individuals aged 65 or older.[191] The worst performing indicators reported include high out-of-pocket medical spending, people with medical debt and youth with depression who did not receive mental health services.[192] The indicators reported to have worsened the most include drug overdose deaths, all-cause mortality rate per 100,000 for women aged 15 to 44 and premature deaths from preventable causes.[193]

CHRONIC DISEASE

Diabetes and Heart Disease

It is reported that 12.9% of the population of South Carolina has been diagnosed with diabetes.[194] While this rate is low compared to expansion states, the higher prevalence rates observed in expansion states can be indicative of greater access to preventative services because fewer individuals have undiagnosed diabetes. As observed in Louisiana, 52,036 individuals enrolled under the expanded eligibility guidelines have been diagnosed with diabetes and received treatment since expansion.[195] Montana observed an increase in utilization of diabetes treatment post-pandemic with 2,559 individuals enrolled under expanded eligibility guidelines being newly diagnosed with diabetes and 3,805 receiving treatment in 2022.[196]

It is estimated that 35,317 South Carolina residents are diagnosed with diabetes each year.[197] Individuals with diabetes have medical expenses 2.3 times higher than those without.[198] In South Carolina, diabetes costs an estimated $5.9 billion each year.[199] Of that $5.9 billion, $4.3 billion is estimated for direct medical costs and $1.6 billion is attributed to indirect costs.[200] Direct medical costs are estimated using costs across all payers and indirect costs are estimated using measures for absenteeism, presenteeism, household productivity, inability to work and premature mortality.[201] It has been demonstrated that the prevalence of diabetes is inversely associated with income.[202] Diabetes is commonly accompanied by a number of health complications if not treated appropriately and in a timely manner. Complications include heart disease, stroke, end-stage kidney disease, blindness and death.[203]

In South Carolina, 37.8% of adults report being told by a health professional that they have high blood pressure.[204] In Louisiana, 131,361 individuals enrolled under the expanded eligibility guidelines have been diagnosed with hypertension and received treatment since expansion.[205] Montana observed an increase in utilization of hypertension treatment post-pandemic with 4,775 individuals enrolled under expanded eligibility guidelines being newly diagnosed with hypertension and 7,150 receiving treatment in 2022.[206] Because early diagnosis leads to early treatment, many acute complications can be avoided with increased access to preventative care services.

Cancer

Success in Louisiana, Montana and Kentucky demonstrates support for early evidence suggesting that Medicaid expansion is associated with decreased mortality rates for breast, lung and colorectal cancers.[207,208] A 2020 study found that among patients newly diagnosed with these cancers Medicaid expansion was associated with a decreased hazard of mortality as a result of increased access to screening services, early detection and access to treatment.[209] A hazard ratio is a measure used to describe how often an event occurs in one group compared to another over a defined time period.[210] For this study, there was a 2% decrease in the hazard ratio observed for expansion groups.[211] Cancer is currently the second-leading cause of death for all ages in South Carolina.[212]

South Carolina currently ranks 37th amongst states for all-cancer incidence rate and 14th for the rate of deaths attributed to cancer.[213] The economic impact associated with cancer in South Carolina is estimated using average inpatient hospital charges for all cancers. In 2021, this value was reported to be $84,676 adding up to a total economic impact of at least $1,652,829,471.[214] Cancer mortality rates have declined an average of 3.07 deaths per 100,000 population in expansion states, likely as a result of increased access and affordability of preventative care.[215]

Early-Onset Alzheimer's Disease

South Carolina ranked 9th in the U.S. for age-adjusted rate of deaths attributed to Alzheimer's disease in 2021. In the most recent annual report of the South Carolina Alzheimer's Disease Registry published in 2023, it is estimated that

more than 122,699 South Carolina residents are living with Alzheimer's disease or related dementia (ADRD).[216] Using 2021 population estimates from the U.S. Census, 11% of South Carolina residents aged 65 or older and 55% of South Carolina residents aged 85 or older have ADRD.[217] Individuals living with ADRD have extremely high costs for medical care and long-term services and supports (LTSS).[218] Medicaid is the largest single payor for LTSS and nearly all Medicaid beneficiaries with ADRD are dually eligible for Medicaid and Medicare because of age.[219] With one in four individuals with ADRD being enrolled in Medicaid and Medicaid being the only public insurance program that covers LTSS, it is imperative that these critical benefits are accessible.[220] It is reported in the 2023 South Carolina Statewide Plan to Address ADRD that in 2020, the Medicaid costs for South Carolina residents with Alzheimer's totaled approximately $652 million.[221] These costs are expected to increase 25% over the next three years as the average per-person Medicaid spending for older adults with dementia is estimated to be 23 times greater than for those without.[222]

As of 2021, there are 197,000 caregivers living in South Carolina providing over 296 million hours of unpaid care.[223] This uncompensated care is estimated to value $4.3 million. The expansion of access to preventative care services can promote early detection and treatment potentially yielding positive financial and health outcomes associated with ADRD.

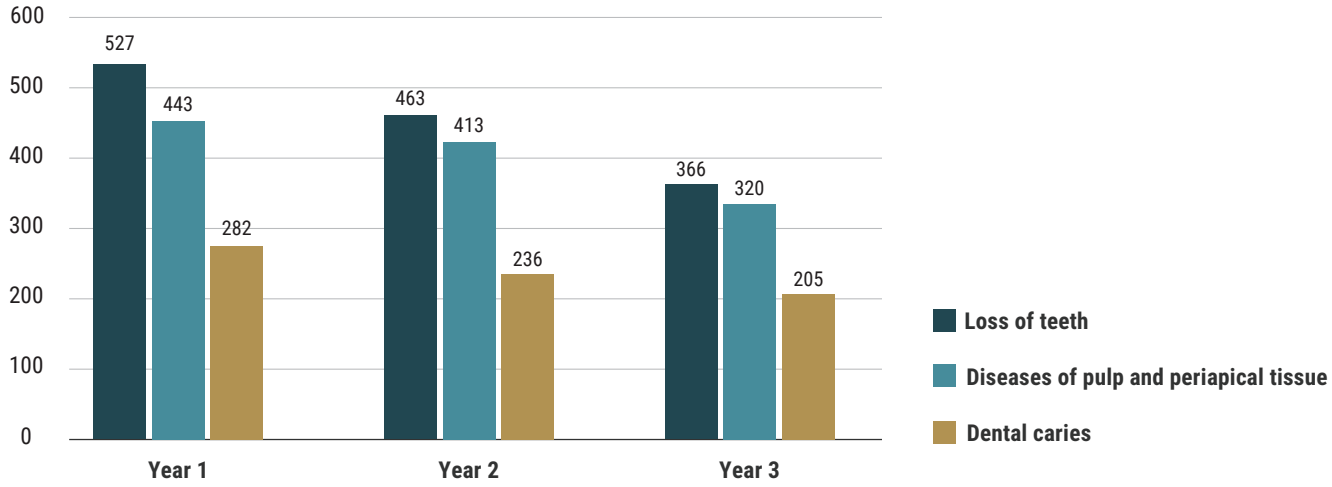
Dental Care

In 2022, only 63.1% of adults reported visiting a dentist or dental clinic within the past year in South Carolina.[224] A study conducted in 2021 demonstrated that offering dental coverage in expansion states was associated with "improved health coverage, increased access to dental care, decreased prevalence of untreated decayed teeth and improved oral-health related behaviors" compared to non-expansion states."[225] Healthy Connections covers a variety of dental care services. For adults, covered services include exams, radiographs, extractions, fillings, anesthesia and an annual cleaning.[226] Adults covered under Medicaid are able to use a maximum of $1,000 for services such as extractions, fillings and an annual cleaning.[227] For children, covered services may include dental exams, cleanings and fluoride applications every six months, dental sealants for permanent teeth, fillings, root canals and anesthesia.[228] Dental services are only covered by providers that accept Healthy Connections Medicaid.[229]

Montana has had much success in expanding coverage for dental services. They found that ED utilization for preventable dental conditions declined by more than 30% for Medicaid expansion enrollees with continuous coverage for at least three years.[230] Figure 10 depicts the trends for Medicaid expansion enrollee ED utilization for preventable dental conditions.[231]

FIGURE 10

Medicaid Expansion Enrollee ED Visits for Preventable Dental Conditions in Montana



Source: Montana Healthcare Foundation. (2024). Medicaid in Montana - How Medicaid Impacts Montana's State Budget, Economy, and Health.

While oral health is critical to overall health and well-being, it has also been demonstrated to be important to employability. A national survey amongst Medicaid enrollees found that responses indicating that the appearance of an individual's mouth and teeth impacted their ability to interview for a job was 60% in states not offering dental coverage and 35% in states that do.[232] Providing dental coverage through Medicaid improves access to and utilization of outpatient dental care and has the potential to reduce racial disparities, improve health outcomes and lower medical care costs.[233]

Behavioral Health Care

Medicaid plays an integral role in financing behavioral health care. Policy reform to address behavioral health treatment has been concentrated in Medicaid expansion efforts and the exploration of 1115 innovation waivers to improve access to care. In July of 2016, South Carolina carved in a number of rehabilitative behavioral health services (RBHS) and outpatient mental health services.[234] Carve-ins for methadone clinics and freestanding psychiatric hospitals began in 2019.[235]

According to Mental Health America's 2023 Access to Care data, South Carolina ranks 15th overall, 2nd for prevalence of mental illness and 44th in access to mental health care.[236] As of February 2022, 37.6% of South Carolina adults report experiencing symptoms of anxiety or depression with 23.3% being unable to access care.[237] It is reported that of the 220,000 South Carolina adults who did not receive needed mental health care, 47.2% report not being able to because of cost.[238]

In 2021, 15.5% of adults reported having a SUD and 13.2% of South Carolina residents with a SUD in need of treatment went without.[239] The age-adjusted death rate for all drug overdose deaths in 2021 is reported to be 43.4 per 100,000 population with opioid overdoses accounting for 80% of all drug overdose deaths in South Carolina.[240] It has been demonstrated that states that elect to expand Medicaid report improved access to care for behavioral health services and medications for SUD.[241] Expansion states report that the number of low-income adults with a previously unmet behavioral health care need decreased 18% following expansion.[242] Increased access to outpatient SUD treatment due to Medicaid expansion resulted in a 10.5% decrease in the uninsured rate among individuals with opioid-related hospitalizations in the two years following expansion.[243]

Maternal and Infant Health Care

Historically, South Carolina has performed poorly across all measures for maternal and infant health. In the March of Dimes 2023 report card, South Carolina received an F grade for maternal health care and related outcomes.[244] Data reported by the South Carolina Maternal Morbidity and Mortality Review Committee from 2018-2019 identify the leading causes of pregnancy-related mortality in South Carolina to be cardiomyopathy (16.7%), mental health conditions (14.3%), hemorrhage (11.9%), cardiovascular conditions (9.5%) and infections (9.5%).[245] While South Carolina has expanded Medicaid coverage for women to 12 months postpartum, there are no existing policies for Medicaid reimbursement for doula care.[246]

Despite maternal mortality continuing to increase nationally, the maternal mortality ratio among expansion states has increased significantly less compared to non-expansion states.[247] A 2020 study demonstrates that the uptake in Medicaid expansion can be contributing to a relative decrease in the national maternal mortality ratio.[248] The observed decrease in the maternal mortality ratio is larger when the estimates consider late maternal deaths.[249] The maternal mortality ratio is commonly defined as the number of maternal deaths divided by the number of live births multiplied by 100,000.[250] It has been demonstrated that the lack of health insurance prior to conception is associated with lower levels of utilization health care during pregnancy, later prenatal care initiation and lower levels of sufficient prenatal care.[251] Restricted access and utilization of these services are linked to a higher prevalence of preconception health risk factors that increase the risk of adverse childbirth outcomes and overall worse maternal and infant health outcomes.[252] Their findings demonstrate that the expansion of Medicaid was significantly associated with reduced maternal mortality by 7.01 maternal deaths per 100,000 live births.[253] This evidence suggests that the extension of continuous insurance coverage after childbirth as well as improved preconception coverage could be contributing to the decrease in the maternal mortality ratio.[254]

Conclusion

It has been demonstrated that expanding Medicaid eligibility requirements is associated with increased health care coverage, improved access to health care and increased utilization of covered services. Due to the complex relationship between access to care from an affordability lens and health outcomes, research on its effect on health outcomes is limited.[255] Some studies that have attempted to examine the effect of Medicaid expansion on health outcomes yielded mixed findings demonstrating the multifaceted impact access to care has on health outcomes. A 2018 study found that 65% of published studies only examined data one year following expansion.[256] It is also important to consider supply side infrastructure as it relates to access to care. It has been reported in the early years of expansion that expansion was associated with longer wait times for appointments and increased difficulty obtaining specialist appointments.[257] This is attributed to an insufficient number of providers enrolled in Medicaid, limiting access to care for new and existing enrollees during the early years of expansion. These mixed findings demonstrate the need to also consider access to care barriers beyond just insurance coverage. The infrastructure and provider supply needs to be adequate in order to improve access to health care.

Expanding Medicaid eligibility requirements is associated with increased health care coverage, improved access to health care and increased utilization of covered services.

A study conducted in 2023 with the intent to close gaps in available data on health outcomes associated with expansion found individuals in expansion states are more likely to receive preventative care demonstrating an association between expansion and improved health behaviors and related outcomes.[258] These findings suggest that expansion incentivizes individuals to address medical concerns at an earlier stage.

It has been demonstrated that Medicaid expansion does not exacerbate the fiscal burden of state of governments and that states that elect to adopt expansion experience net financial gain through federal subsidies, reduction in expenditures on uncompensated care and enhanced tax revenues.[259,260,261,262] This presents an opportunity to explore expansion as a preventative approach as the cost of proactive education and the promotion of mitigation behaviors is less costly than treating a health condition that has progressed to a chronic state.[263]

References

1 Garfield, R., Orgera, K., Damico, A. (2019, January 25). The uninsured and the ACA: a primer—key facts about health insurance and the uninsured amidst changes to the Affordable Care Act. Kaiser Family Foundation. https://www.kff.org/uninsured/report/the-uninsured-and-the-aca-a-primer-key-facts-about-health-insurance-and-the-uninsured-amidst-changes-to-the-affordable-care-act/.

2 Wray, C. M., Khare, M., & Keyhani, S. (2021). Access to Care, Cost of Care, and Satisfaction With Care Among Adults With Private and Public Health Insurance in the US. JAMA network open, 4(6), e2110275. https://doi.org/10.1001/jamanetworkopen.2021.10275.

3 Kim, A. , & Zhao, L. (2021). Examining the effects of the Medicaid expansion on health outcomes. World Medical & Health Policy, 1–11. https://doi.org/10.1002/wmh3.464.

4 Kim, A. , & Zhao, L. (2021). Examining the effects of the Medicaid expansion on health outcomes. World Medical & Health Policy, 1–11. https://doi.org/10.1002/wmh3.464.

5 Kim, A. , & Zhao, L. (2021). Examining the effects of the Medicaid expansion on health outcomes. World Medical & Health Policy, 1–11. https://doi.org/10.1002/wmh3.464.

6 U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation. (2024, January 17). HHS Poverty Guidelines for 2024). https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines.

7 Corallo, B., Garfield, R., Tolbert, J., Rudowitz, R. (2021, December 14). Medicaid Enrollment Churn and Implications for Continuous Coverage Policies. Kaiser Family Foundation. https://www.kff.org/medicaid/issue-brief/medicaid-enrollment-churn-and-implications-for-continuous-coverage-policies/.

8 Nelson, D. B., Goldman, A. L., Zhang, F., & Yu, H. (2023). Continuous Medicaid coverage during the COVID-19 public health emergency reduced churning, but did not eliminate it. Health affairs scholar, 1(5), qxad055. https://doi.org/10.1093/haschl/qxad055.

9 Sommers, B. D., Gourevitch, R., Maylone, B., Blendon, R. J., & Epstein, A. M. (2016). Insurance Churning Rates For Low-Income Adults Under Health Reform: Lower Than Expected But Still Harmful For Many. Health affairs (Project Hope), 35(10), 1816–1824. https://doi.org/10.1377/hlthaff.2016.0455.

10 Roberts, E. T., & Pollack, C. E. (2016). Does Churning in Medicaid Affect Health Care Use?. Medical care, 54(5), 483–489. https://doi.org/10.1097/MLR.0000000000000509.

11 Nelson, D. B., Goldman, A. L., Zhang, F., & Yu, H. (2023). Continuous Medicaid coverage during the COVID-19 public health emergency reduced churning, but did not eliminate it. Health affairs scholar, 1(5), qxad055. https://doi.org/10.1093/haschl/qxad055.

12 Nelson, D. B., Goldman, A. L., Zhang, F., & Yu, H. (2023). Continuous Medicaid coverage during the COVID-19 public health emergency reduced churning, but did not eliminate it. Health affairs scholar, 1(5), qxad055. https://doi.org/10.1093/haschl/qxad055.

13 Nelson, D. B., Goldman, A. L., Zhang, F., & Yu, H. (2023). Continuous Medicaid coverage during the COVID-19 public health emergency reduced churning, but did not eliminate it. Health affairs scholar, 1(5), qxad055. https://doi.org/10.1093/haschl/qxad055.

14 Dague, L., Badaracco, N., DeLeire, T., Sydnor, J., Tilhou, A. S., & Friedsam, D. (2022). Trends in Medicaid Enrollment and Disenrollment During the Early Phase of the COVID-19 Pandemic in Wisconsin. JAMA health forum, 3(2), e214752. https://doi.org/10.1001/jamahealthforum.2021.4752.

15 Sun, R., Staiger, B., Chan, A., Baker, L. C., & Hernandez-Boussard, T. (2022). Changes in Medicaid enrollment during the COVID-19 pandemic across 6 states. Medicine, 101(52), e32487. https://doi.org/10.1097/MD.0000000000032487.

16 Nelson, D. B., Goldman, A. L., Zhang, F., & Yu, H. (2023). Continuous Medicaid coverage during the COVID-19 public health emergency reduced churning, but did not eliminate it. Health affairs scholar, 1(5), qxad055. https://doi.org/10.1093/haschl/qxad055.

17 Nelson, D. B., Goldman, A. L., Zhang, F., & Yu, H. (2023). Continuous Medicaid coverage during the COVID-19 public health emergency reduced churning, but did not eliminate it. Health affairs scholar, 1(5), qxad055. https://doi.org/10.1093/haschl/qxad055.

18 Nelson, D. B., Goldman, A. L., Zhang, F., & Yu, H. (2023). Continuous Medicaid coverage during the COVID-19 public health emergency reduced churning, but did not eliminate it. Health affairs scholar, 1(5), qxad055. https://doi.org/10.1093/haschl/qxad055.

19 Medicaid and CHIP Payment and Access Commission. (n.d.). Matching Rates – Federal medical assistance percentage. https://www.macpac.gov/subtopic/matching-rates/#:~:text=When%20a%20state%20expands%20its,regular%20FMAP%20by%2030%20percent.

20 Medicaid and CHIP Payment and Access Commission. (n.d.). Matching Rates – Federal medical assistance percentage. https://www.macpac.gov/subtopic/matching-rates/#:~:text=When%20a%20state%20expands%20its,regular%20FMAP%20by%2030%20percent.

21 Hayes, SL., Coleman, A., Collins, SR., Nuzum, R. (2019, February 15). The Fiscal Case for Medicaid Expansion. The Commonwealth Fund. https://www.commonwealthfund.org/blog/2019/fiscal-case-medicaid-expansion.

22 Kaiser Family Foundation. (n.d.). Federal Medical Assistance Percentage (FMAP) for Medicaid and Multiplier. https://www.kff.org/medicaid/state-indicator/federal-matching-rate-and-multiplier/?currentTimeframe=0&selectedRows=%7B%22states%22:%7B%22south-carolina%22:%7B%7D%7D%7D&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D.

23 Kaiser Family Foundation. (n.d.). Federal Medical Assistance Percentage (FMAP) for Medicaid and Multiplier. https://www.kff.org/medicaid/state-indicator/federal-matching-rate-and-multiplier/?currentTimeframe=0&selectedRows=%7B%22states%22:%7B%22south-carolina%22:%7B%7D%7D%7D&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D.

24 Drake, P., Tolbert J., Rudowitz, R., Damico, A. (2024, February 26). How Many Uninsured Are in the Coverage Gap and How Many Could be Eligible if All States Adopted the Medicaid Expansion?. Kaiser Family Foundation. https://www.kff.org/medicaid/issue-brief/how-many-uninsured-are-in-the-coverage-gap-and-how-many-could-be-eligible-if-all-states-adopted-the-medicaid-expansion/.

25 Drake, P., Tolbert J., Rudowitz, R., Damico, A. (2024, February 26). How Many Uninsured Are in the Coverage Gap and How Many Could be Eligible if All States Adopted the Medicaid Expansion?. Kaiser Family Foundation. https://www.kff.org/medicaid/issue-brief/how-many-uninsured-are-in-the-coverage-gap-and-how-many-could-be-eligible-if-all-states-adopted-the-medicaid-expansion/.

26 Drake, P., Tolbert J., Rudowitz, R., Damico, A. (2024, February 26). How Many Uninsured Are in the Coverage Gap and How Many Could be Eligible if All States Adopted the Medicaid Expansion?. Kaiser Family Foundation. https://www.kff.org/medicaid/issue-brief/how-many-uninsured-are-in-the-coverage-gap-and-how-many-could-be-eligible-if-all-states-adopted-the-medicaid-expansion/.

27 Drake, P., Tolbert J., Rudowitz, R., Damico, A. (2024, February 26). How Many Uninsured Are in the Coverage Gap and How Many Could be Eligible if All States Adopted the Medicaid Expansion?. Kaiser Family Foundation. https://www.kff.org/medicaid/issue-brief/how-many-uninsured-are-in-the-coverage-gap-and-how-many-could-be-eligible-if-all-states-adopted-the-medicaid-expansion/.

28 Drake, P., Tolbert J., Rudowitz, R., Damico, A. (2024, February 26). How Many Uninsured Are in the Coverage Gap and How Many Could be Eligible if All States Adopted the Medicaid Expansion?. Kaiser Family Foundation. https://www.kff.org/medicaid/issue-brief/how-many-uninsured-are-in-the-coverage-gap-and-how-many-could-be-eligible-if-all-states-adopted-the-medicaid-expansion/.

29 Drake, P., Tolbert J., Rudowitz, R., Damico, A. (2024, February 26). How Many Uninsured Are in the Coverage Gap and How Many Could be Eligible if All States Adopted the Medicaid Expansion?. Kaiser Family Foundation. https://www.kff.org/medicaid/issue-brief/how-many-uninsured-are-in-the-coverage-gap-and-how-many-could-be-eligible-if-all-states-adopted-the-medicaid-expansion/.

30 Drake, P., Tolbert J., Rudowitz, R., Damico, A. (2024, February 26). How Many Uninsured Are in the Coverage Gap and How Many Could be Eligible if All States Adopted the Medicaid Expansion?. Kaiser Family Foundation. https://www.kff.org/medicaid/issue-brief/how-many-uninsured-are-in-the-coverage-gap-and-how-many-could-be-eligible-if-all-states-adopted-the-medicaid-expansion/.

31 Tolbert, J., Drake, P., Damico, A. (2023, December 18). Key Facts About the Uninsured Population. Kaiser Family Foundation. https://www.kff.org/uninsured/issue-brief/key-facts-about-the-uninsured-population/.

32 Tolbert, J., Drake, P., Damico, A. (2023, December 18). Key Facts About the Uninsured Population. Kaiser Family Foundation. https://www.kff.org/uninsured/issue-brief/key-facts-about-the-uninsured-population/.

33 Tolbert, J., Drake, P., Damico, A. (2023, December 18). Key Facts About the Uninsured Population. Kaiser Family Foundation. https://www.kff.org/uninsured/issue-brief/key-facts-about-the-uninsured-population/.

34 Kaiser Family Foundation. (2023, October 18). 2023 Employer Health Benefits Survey. https://www.kff.org/report-section/ehbs-2023-section-1-cost-of-health-insurance/.

35 Norris, L. (n.d.). An SEP if your employer-sponsored plan is unaffordable or stops providing minimum value. https://www.healthinsurance.org/special-enrollment-guide/an-sep-if-your-employer-sponsored-plan-is-unaffordable-or-stops-providing-mininum-value/.

36 United States Internal Revenue Service. (n.d.). Revenue Procedure 2023-2029. https://www.irs.gov/pub/irs-drop/rp-23-29.pdf.

37 South Carolina Department of Employment and Workforce. (2024, January 16). Census Bureau Data Release: Small Area Income and Poverty Estimates for 2022. https://dew.sc.gov/index.php/labor-market-information-blog/2024-01/census-bureau-data-release-small-area-income-and-poverty

38 Kaiser Family Foundation. (n.d.). Average Marketplace Premiums by Metal Tier, 2018-2024. https://www.kff.org/affordable-care-act/state-indicator/average-marketplace-premiums-by-metal-tier/?currentTimeframe=0&selectedRows=%7B%22states%22:%7B%22south-carolina%22:%7B%7D%7D%7D&sortModel=%7B%22-colId%22:%22Location%22,%22sort%22:%22asc%22%7D.

39 Centers for Medicare and Medicaid Services - HealthCare.gov. (n.d.). How to pick a health insurance plan. https://www.healthcare.gov/choose-a-plan/plans-categories/.

40 Kaiser Family Foundation. (2023, October 18). 2023 Employer Health Benefits Survey. https://www.kff.org/report-section/ehbs-2023-section-1-cost-of-health-insurance/.

41 Kaiser Family Foundation. (2024). Average Marketplace Premiums by Metal Tier, 2018-2024. https://www.kff.org/affordable-care-act/state-indicator/average-marketplace-premiums-by-metal-tier/?currentTimeframe=0&selectedRows=%7B%22states%22:%7B%22south-carolina%22:%7B%7D%7D%7D&sortModel=%7B%22-colId%22:%22Location%22,%22sort%22:%22asc%22%7D.

42 South Carolina Department of Health and Human Services. (n.d.). Healthy Connections Medicaid – About. https://www.scdhhs.gov/about.

43 South Carolina Department of Health and Human Services. (n.d.). Healthy Connections Medicaid – About. https://www.scdhhs.gov/about.

44 South Carolina Department of Health and Human Services. (n.d.). Healthy Connections Medicaid – Program and Eligibility Limits. https://www.scdhhs.gov/members/program-eligibility-and-income-limits.

45 Drake, P., Tolbert J., Rudowitz, R., Damico, A. (2024, February 26). How Many Uninsured Are in the Coverage Gap and How Many Could be Eligible if All States Adopted the Medicaid Expansion?. Kaiser Family Foundation. https://www.kff.org/medicaid/issue-brief/how-many-uninsured-are-in-the-coverage-gap-and-how-many-could-be-eligible-if-all-states-adopted-the-medicaid-expansion/.

46 U.S. Census Bureau. (2024). "Selected Characteristics of Health Insurance Coverage in the United States." American Community Survey, ACS 1-Year Estimates Subject Tables, Table S2701, 2022, https://data.census.gov/table/ACSST1Y2022.S2701?q=insurance in south carolina.

47 U.S. Census Bureau. (2024). "Selected Characteristics of Health Insurance Coverage in the United States." American Community Survey, ACS 1-Year Estimates Subject Tables, Table S2701, 2022, https://data.census.gov/table/ACSST1Y2022.S2701?q=insurance in south carolina.

48 U.S. Census Bureau. (2024). "Private Health Insurance Coverage by Type and Selected Characteristics." American Community Survey, ACS 1-Year Estimates Subject Tables, Table S2703, 2022, https://data.census.gov/table/ACSST1Y2022.S2703?q=insurance in south carolina.

49 U.S. Census Bureau. (2024) "Public Health Insurance Coverage by Type and Selected Characteristics." American Community Survey, ACS 1-Year Estimates Subject Tables, Table S2704, 2022, https://data.census.gov/table/ACSST1Y2022.S2704?q=insurance in south Carolina.

50 Sanderson, B. (2021). Health Outcomes Associated with Medicaid Expansion in Adults Reaching Retirement Age. South Carolina Institute of Medicine and Public Health. https://imph.org/wp-content/uploads/2021/10/Health-Outcomes-Associated-with-Medicaid-Expansion-IMPH-Oct-2021.pdf.

51 Miller, S., Johnson, N., Wherry, LR. (2021) Medicaid and Mortality: New Evidence from Linked Survey and Administrative Data, The Quarterly Journal of Economics. 136(3). https://academic.oup.com/qje/article-abstract/136/3/1783/6124639.

52 Miller, S., Johnson, N., Wherry, LR. (2021) Medicaid and Mortality: New Evidence from Linked Survey and Administrative Data, The Quarterly Journal of Economics. 136(3). https://academic.oup.com/qje/article-abstract/136/3/1783/6124639.

53 Miller, S., Johnson, N., Wherry, LR. (2021) Medicaid and Mortality: New Evidence from Linked Survey and Administrative Data, The Quarterly Journal of Economics. 136(3). https://academic.oup.com/qje/article-abstract/136/3/1783/6124639.

54 Miller, S., Johnson, N., Wherry, LR. (2021) Medicaid and Mortality: New Evidence from Linked Survey and Administrative Data, The Quarterly Journal of Economics. 136(3). https://academic.oup.com/qje/article-abstract/136/3/1783/6124639.

55 Soni A. (2020). The effects of public health insurance on health behaviors: Evidence from the fifth year of Medicaid expansion. Health economics, 29(12), 1586–1605. https://doi.org/10.1002/hec.4155.

56 Mazurenko, O., Balio, C. P., Agarwal, R., Carroll, A. E., & Menachemi, N. (2018). The Effects Of Medicaid Expansion Under The ACA: A Systematic Review. Health affairs (Project Hope), 37(6), 944–950. https://doi.org/10.1377/hlthaff.2017.1491.

57 Guth, M. and Ammula. (2021, May 6). Building on the Evidence Base: Studies on the Effects of Medicaid Expansion, February 2020 to March 2021. Kaiser Family Foundation. https://www.kff.org/report-section/building-on-the-evidence-base-studies-on-the-effects-of-medicaid-expansion-february-2020-to-march-2021-report/.

58 Lee, B. P., Dodge, J. L., & Terrault, N. A. (2022). Medicaid expansion and variability in mortality in the USA: a national, observational cohort study. The Lancet. Public health, 7(1), e48–e55. https://doi.org/10.1016/S2468-2667(21)00252-8.

59 Lee, J., Callaghan, T., Ory, M., Zhao, H., & Bolin, J. N. (2020). The Impact of Medicaid Expansion on Diabetes Management. Diabetes care, 43(5), 1094–1101. https://doi.org/10.2337/dc19-1173.

60 Le Blanc, JM., Heller, DR., Friedrich, A., Lannin, DR., Park, TS. (2020). Association of Medicaid Expansion Under the Affordable Care Act With Breast Cancer Stage at Diagnosis. JAMA Surg. 155(8):752-758. doi:10.1001/jamasurg.2020.1495.

61 Lam, M. B., Phelan, J., Orav, E. J., Jha, A. K., & Keating, N. L. (2020). Medicaid Expansion and Mortality Among Patients With Breast, Lung, and Colorectal Cancer. JAMA network open, 3(11), e2024366. https://doi.org/10.1001/jamanetworkopen.2020.24366.

62 Moghtaderi, A., Black, B., Zocchi, M., Klauer, K., Pilgrim, R., & Pines, J. M. (2021). The Three-Year Effect of Medicaid Expansion on Emergency Department Visits and Admissions. Annals of emergency medicine, 77(1), 76–81. https://doi.org/10.1016/j.annemergmed.2020.07.021.

63 Soni, A., Wherry, L. R., & Simon, K. I. (2020). How Have ACA Insurance Expansions Affected Health Outcomes? Findings From The Literature. Health affairs (Project Hope), 39(3), 371–378. https://doi.org/10.1377/hlthaff.2019.01436.

64 Lee, B. P., Dodge, J. L., & Terrault, N. A. (2022). Medicaid expansion and variability in mortality in the USA: a national, observational cohort study. The Lancet. Public health, 7(1), e48–e55. https://doi.org/10.1016/S2468-2667(21)00252-8.

65 Soni, A., Wherry, L. R., & Simon, K. I. (2020). How Have ACA Insurance Expansions Affected Health Outcomes? Findings From The Literature. Health affairs (Project Hope), 39(3), 371–378. https://doi.org/10.1377/hlthaff.2019.01436.

66 Soni, A., Wherry, L. R., & Simon, K. I. (2020). How Have ACA Insurance Expansions Affected Health Outcomes? Findings From The Literature. Health affairs (Project Hope), 39(3), 371–378. https://doi.org/10.1377/hlthaff.2019.01436.

67 Kaufman, HW., Chen, Z., Fonseca, VA., McPhaul, MJ. (2015). Surge in newly identified diabetes among Medicaid patients in 2014 within Medicaid expansion states under the Affordable Care Act. Diabetes Care. 38(5):833–7.

68 Sanderson, B. (2021). Health Outcomes Associated with Medicaid Expansion in Adults Reaching Retirement Age. South Carolina Institute of Medicine and Public Health. https://imph.org/wp-content/uploads/2021/10/Health-Outcomes-Associated-with-Medicaid-Expansion-IMPH-Oct-2021.pdf.

69 U.S. Census Bureau. (2024). "Selected Characteristics of Health Insurance Coverage in the United States." American Community Survey, ACS 1-Year Estimates Subject Tables, Table S2701, 2022, https://data.census.gov/table/ACSST1Y2022.S2701?q=insurance in south carolina.

70 U.S. Census Bureau. (2024)."Selected Characteristics of Health Insurance Coverage in the United States." American Community Survey, ACS 1-Year Estimates Subject Tables, Table S2701, 2022, https://data.census.gov/table/ACSST1Y2022.S2701?q=insurance in louisiana.

71 Louisiana Department of Health. (2024). Louisiana Medicaid Enrollment Report. https://ldh.la.gov/assets/medicaid/MedicaidEnrollmentReports/EnrollmentTrends/EnrollmentTrends_202403.pdf.

72 Louisiana Department of Health. (2022). 2022 State Health Report Card. https://ldh.la.gov/assets/oph/Center-PHI/2022_Health_Report_Card.pdf.

73 Diana, ML., Callison, K., Cunliffe, C., Stoecker, C., Shi, L., Demosthenidy, M., Wisniewski, J. (2019). Louisiana Medicaid Expansion and Access to Care. Tulane University – School of Public Health and Tropical Medicine. https://ldh.la.gov/assets/media/AccesstoCareReport20132018final.pdf.

74 Radley, DC., Baumgartner, J., Collins, SR., Zephyrin, LC. (2023, June 22). 2023 Scorecard on State Health System Performance. The Commonwealth Fund. https://www.commonwealthfund.org/publications/scorecard/2023/jun/2023-scorecard-state-health-system-performance.

75 Hotca, A., Bloom, J. R., Runnels, J., Salgado, L. R., Cherry, D. R., Hsieh, K., & Sindhu, K. K. (2023). The Impact of Medicaid Expansion on Patients with Cancer in the United States: A Review. Current oncology (Toronto, Ont.), 30(7), 6362–6373. https://doi.org/10.3390/curroncol30070469.

76 Hotca, A., Bloom, J. R., Runnels, J., Salgado, L. R., Cherry, D. R., Hsieh, K., & Sindhu, K. K. (2023). The Impact of Medicaid Expansion on Patients with Cancer in the United States: A Review. Current oncology (Toronto, Ont.), 30(7), 6362–6373. https://doi.org/10.3390/curroncol30070469.

77 Lam, M. B., Phelan, J., Orav, E. J., Jha, A. K., & Keating, N. L. (2020). Medicaid Expansion and Mortality Among Patients With Breast, Lung, and Colorectal Cancer. JAMA network open, 3(11), e2024366. https://doi.org/10.1001/jamanetworkopen.2020.24366.

78 Lam, M. B., Phelan, J., Orav, E. J., Jha, A. K., & Keating, N. L. (2020). Medicaid Expansion and Mortality Among Patients With Breast, Lung, and Colorectal Cancer. JAMA network open, 3(11), e2024366. https://doi.org/10.1001/jamanetworkopen.2020.24366.

79 Louisiana Department of Health. (2024). Louisiana Medicaid Enrollment Report. https://ldh.la.gov/assets/medicaid/MedicaidEnrollmentReports/EnrollmentTrends/EnrollmentTrends_202403.pdf.

80 Radley, DC., Baumgartner, J., Collins, SR., Zephyrin, LC. (2023, June 22). 2023 Scorecard on State Health System Performance. The Commonwealth Fund. https://www.commonwealthfund.org/publications/scorecard/2023/jun/2023-scorecard-state-health-system-performance.

81 Radley, DC., Baumgartner, J., Collins, SR., Zephyrin, LC. (2023, June 22). 2023 Scorecard on State Health System Performance. The Commonwealth Fund. https://www.commonwealthfund.org/publications/scorecard/2023/jun/2023-scorecard-state-health-system-performance.

82 Radley, DC., Baumgartner, J., Collins, SR., Zephyrin, LC. (2023, June 22). 2023 Scorecard on State Health System Performance. The Commonwealth Fund. https://www.commonwealthfund.org/publications/scorecard/2023/jun/2023-scorecard-state-health-system-performance.

83 Louisiana Department of Health. (2024). LDH Medicaid Expansion Dashboard. https://ldh.la.gov/HealthyLaDashboard/.

84 Callison, K., Segal, L., & Zacharia, G. (2022). Medicaid Expansion and Cancer Mortality by Race and Sex in Louisiana. American journal of preventive medicine, 62(4), e242–e247. https://doi.org/10.1016/j.amepre.2021.09.005.

85 Louisiana Department of Health. (2024). LDH Medicaid Expansion Dashboard. https://ldh.la.gov/HealthyLaDashboard/.

86 Louisiana Department of Health. (2024). LDH Medicaid Expansion Dashboard. https://ldh.la.gov/HealthyLaDashboard/.

87 Louisiana Department of Health. (2024). LDH Medicaid Expansion Dashboard. https://ldh.la.gov/HealthyLaDashboard/.

88 Louisiana Department of Health. (2024). Louisiana Medicaid Enrollment Report. https://ldh.la.gov/assets/medicaid/MedicaidEnrollmentReports/EnrollmentTrends/EnrollmentTrends_202403.pdf.

89 Callison, K., Walker, B., Stoecker, C., Self, J., & Diana, M. L. (2021). Medicaid Expansion Reduced Uncompensated Care Costs At Louisiana Hospitals; May Be A Model For Other States. Health affairs (Project Hope), 40(3), 529–535. https://doi.org/10.1377/hlthaff.2020.01677.

90 Callison, K., Walker, B., Stoecker, C., Self, J., & Diana, M. L. (2021). Medicaid Expansion Reduced Uncompensated Care Costs At Louisiana Hospitals; May Be A Model For Other States. Health affairs (Project Hope), 40(3), 529–535. https://doi.org/10.1377/hlthaff.2020.01677.

91 Hamer, D., Mandala, D., Jones, G., Knapp, G. M., & Jagneaux, T. (2022). Effect of Medicaid Expansion on Visit Composition in a Louisiana Health Care System. Ochsner journal, 22(2), 154–162. https://doi.org/10.3 1486/toj.21.0106.

92 Hamer, D., Mandala, D., Jones, G., Knapp, G. M., & Jagneaux, T. (2022). Effect of Medicaid Expansion on Visit Composition in a Louisiana Health Care System. Ochsner journal, 22(2), 154–162. https://doi.org/10.31486/toj.21.0106.

93 Shao, Y., & Stoecker, C. (2022). The Effect of Louisiana Medicaid Expansion on Affordability of Health Care. Public health reports (Washington, D.C. : 1974), 137(5), 912–920. https://doi.org/10.1177/00333549211041410.

94 Roussel, S. (2021). Louisiana can improve maternal health outcomes through Medicaid. Invest in Louisiana. https://investlouisiana.org/louisiana-can-improve-maternal-health-outcomes-through-medicaid/.

95 Foubister, V. (n.d.). Case Study: Louisiana's Poor Rankings Make Improving Birth Outcomes a State Imperative. The Commonwealth Fund. https://www.commonwealthfund.org/publications/newsletter-article/case-study-louisianas-poor-rankings-make-improving-birth-outcomes.

96 National Academy for State Health Policy. (2024, March 13). State Efforts to Extend Medicaid Postpartum Coverage. https://nashp.org/state-tracker/view-each-states-efforts-to-extend-medicaid-postpartum-coverage/.

97 March of Dimes. (2023). 2023 March of Dimes Report Card for Louisiana. https://www.marchofdimes.org/peristats/reports/louisiana/report-card.

98 Radley, DC., Baumgartner, J., Collins, SR., Zephyrin, LC. (2023, June 22). 2023 Scorecard on State Health System Performance. The Commonwealth Fund. https://www.commonwealthfund.org/publications/scorecard/2023/jun/2023-scorecard-state-health-system-performance.

99 Radley, DC., Baumgartner, J., Collins, SR., Zephyrin, LC. (2023, June 22). 2023 Scorecard on State Health System Performance. The Commonwealth Fund. https://www.commonwealthfund.org/publications/scorecard/2023/jun/2023-scorecard-state-health-system-performance.

100 Kaiser Family Foundation. (2023). Total monthly Medicaid/CHIP enrollment and pre-ACA enrollment. https://www.kff.org/health-reform/state-indicator/total-monthly-medicaid-and-chip-enrollment/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Percent%20Change%22,%22sort%22:%22desc%22%7D#note-14. enrollment/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Percent%20Change%22,%22sort%22:%22desc%22%7D#note-14.

101 U.S. Census Bureau. (2024). "Selected Characteristics of Health Insurance Coverage in the United States." American Community Survey, ACS 1-Year Estimates Subject Tables, Table S2701, 2022, https://data.census.gov/table/ACSST1Y2022.S2701?q=insurance in south carolina.

102 U.S. Census Bureau. (2024). "Selected Characteristics of Health Insurance Coverage in the United States." American Community Survey, ACS 1-Year Estimates Subject Tables, Table S2701, 2022, https://data.census.gov/table/ACSST1Y2022.S2701?q=insurance in west virginia.

103 Hong, I., Wilson, B., Gross, T., Conley, J., & Powers, T. (2023). Challenging terrains: socio-spatial analysis of Primary Health Care Access Disparities in West Virginia. Applied spatial analysis and policy, 16(1), 141–161. https://doi.org/10.1007/s12061-022-09472-0.

104 Hong, I., Wilson, B., Gross, T., Conley, J., & Powers, T. (2023). Challenging terrains: socio-spatial analysis of Primary Health Care Access Disparities in West Virginia. Applied spatial analysis and policy, 16(1), 141–161. https://doi.org/10.1007/s12061-022-09472-0.

105 U.S. Department of Health and Human Services – Office of the Assistant Secretary for Planning and Evaluation. (2023, March 23). Health Coverage Under the Affordable Care Act: Current Enrollment Trends and State Estimates. https://www.aspe.hhs.gov/reports/current-health-coverage-under-affordable-care-act.

106 U.S. Census Bureau. (2024). "Selected Characteristics of Health Insurance Coverage in the United States." American Community Survey, ACS 1-Year Estimates Subject Tables, Table S2701, 2022, https://data.census.gov/table/ACSST1Y2022.S2701?q=insurance in west virginia.

107 Centers for Medicare and Medicaid Services. (2022). Medicaid Enrollment – New Adult Group. https://data.medicaid.gov/dataset/6c114b2c-cb83-559b-832f-4d8b06d6c1b9/data?conditions%5b0%5d%5bresource%5d=t&conditions%5b0%5d%5bproperty%5d=enrollment_month&conditions%5b0%5d%5bvalue%5d%5b0%5d=10&conditions%5b0%5d%5bvalue%5d%5b1%5d=11&conditions%5b0%5d%5bvalue%5d%5b2%5d=12&conditions%5b0%5d%5boperator%5d=in&conditions%5b1%5d%5bresource%5d=t&conditions%5b1%5d%5bproperty%5d=enrollment_year&conditions%5b1%5d%5bvalue%5d=2022&conditions%5b1%5d%5boperator%5d=%3D.

108 Radley, DC., Baumgartner, J., Collins, SR., Zephyrin, LC. (2023, June 22). 2023 Scorecard on State Health System Performance. The Commonwealth Fund. https://www.commonwealthfund.org/publications/scorecard/2023/jun/2023-scorecard-state-health-system-performance.

109 Radley, DC., Baumgartner, J., Collins, SR., Zephyrin, LC. (2023, June 22). 2023 Scorecard on State Health System Performance. The Commonwealth Fund. https://www.commonwealthfund.org/publications/scorecard/2023/jun/2023-scorecard-state-health-system-performance.

110 Radley, DC., Baumgartner, J., Collins, SR., Zephyrin, LC. (2023, June 22). 2023 Scorecard on State Health System Performance. The Commonwealth Fund. https://www.commonwealthfund.org/publications/scorecard/2023/jun/2023-scorecard-state-health-system-performance.

111 Radley, DC., Baumgartner, J., Collins, SR., Zephyrin, LC. (2023, June 22). 2023 Scorecard on State Health System Performance. The Commonwealth Fund. https://www.commonwealthfund.org/publications/scorecard/2023/jun/2023-scorecard-state-health-system-performance.

112 Moghtaderi, A., Black, B., Zocchi, M., Klauer, K., Pilgrim, R., & Pines, J. M. (2021). The Three-Year Effect of Medicaid Expansion on Emergency Department Visits and Admissions. Annals of emergency medicine, 77(1), 76–81. https://doi.org/10.1016/j.annemergmed.2020.07.021.

113 West Virginia Department of Health and Human Resources. (2020). Vital Statistics Report. https://dhhr.wv.gov/HSC/VR/CR/Documents/2020Vital.pdf.

114 West Virginia Department of Health and Human Resources. (2020). Vital Statistics Report. https://dhhr.wv.gov/HSC/VR/CR/Documents/2020Vital.pdf.

115 Radley, DC., Baumgartner, J., Collins, SR., Zephyrin, LC. (2023, June 22). 2023 Scorecard on State Health System Performance. The Commonwealth Fund. https://www.commonwealthfund.org/publications/scorecard/2023/jun/2023-scorecard-state-health-system-performance.

116 West Virginia Department of Health and Human Resources. (n.d.). Substance Use Disorder (SUD) Waiver. https://dhhr.wv.gov/bms/programs/WaiverPrograms/sudwaiver/Pages/default.aspx.

117 West Virginia Department of Health and Human Resources. (n.d.). Substance Use Disorder (SUD) Waiver. https://dhhr.wv.gov/bms/programs/WaiverPrograms/sudwaiver/Pages/default.aspx.

118 Harris, S. J., Landis, R. K., Li, W., Stein, B. D., & Saloner, B. (2024). Utilization of Medications for Opioid Use Disorder Among West Virginia Medicaid Enrollees Following Medicaid Coverage of Methadone. Substance use & addiction journal, 45(1), 91–100. https://doi.org/10.1177/29767342231208516.

119 Harris, S. J., Landis, R. K., Li, W., Stein, B. D., & Saloner, B. (2024). Utilization of Medications for Opioid Use Disorder Among West Virginia Medicaid Enrollees Following Medicaid Coverage of Methadone. Substance use & addiction journal, 45(1), 91–100. https://doi.org/10.1177/29767342231208516.

120 Harris, S. J., Landis, R. K., Li, W., Stein, B. D., & Saloner, B. (2024). Utilization of Medications for Opioid Use Disorder Among West Virginia Medicaid Enrollees Following Medicaid Coverage of Methadone. Substance use & addiction journal, 45(1), 91–100. https://doi.org/10.1177/29767342231208516.

121 Harris, S. J., Landis, R. K., Li, W., Stein, B. D., & Saloner, B. (2024). Utilization of Medications for Opioid Use Disorder Among West Virginia Medicaid Enrollees Following Medicaid Coverage of Methadone. Substance use & addiction journal, 45(1), 91–100. https://doi.org/10.1177/29767342231208516.

122 West Virginia Health Affairs Institute. (n.d.). Evaluation of WV Medicaid service policy changes in response to COVID-19. https://healthaffairsinstitute.org/featured-work/covid-evaluation/.

123 West Virginia Health Affairs Institute. (n.d.). Evaluation of WV Medicaid service policy changes in response to COVID-19. https://healthaffairsinstitute.org/featured-work/covid-evaluation/.

124 West Virginia Health Affairs Institute. (n.d.). Evaluation of WV Medicaid service policy changes in response to COVID-19. https://healthaffairsinstitute.org/featured-work/covid-evaluation/.

125 March of Dimes. (2023). 2023 March of Dimes Report Card for West Virgnia. https://www.marchofdimes.org/peristats/reports/west-virginia/report-card.

126 March of Dimes. (2023). 2023 March of Dimes Report Card for West Virgnia. https://www.marchofdimes.org/peristats/reports/west-virginia/report-card.

127 March of Dimes. (2023). 2023 March of Dimes Report Card for West Virgnia. https://www.marchofdimes.org/peristats/reports/west-virginia/report-card.

128 Radley, DC., Baumgartner, J., Collins, SR., Zephyrin, LC. (2023, June 22). 2023 Scorecard on State Health System Performance. The Commonwealth Fund. https://www.commonwealthfund.org/publications/scorecard/2023/jun/2023-scorecard-state-health-system-performance.

129 Radley, DC., Baumgartner, J., Collins, SR., Zephyrin, LC. (2023, June 22). 2023 Scorecard on State Health System Performance. The Commonwealth Fund. https://www.commonwealthfund.org/publications/scorecard/2023/jun/2023-scorecard-state-health-system-performance.

130 Sanderson, B. (2021). Health Outcomes Associated with Medicaid Expansion in Adults Reaching Retirement Age. South Carolina Institute of Medicine and Public Health. https://imph.org/wp-content/uploads/2021/10/Health-Outcomes-Associated-with-Medicaid-Expansion-IMPH-Oct-2021.pdf.

131 U.S. Census Bureau. (2024). "Selected Characteristics of Health Insurance Coverage in the United States." American Community Survey, ACS 1-Year Estimates Subject Tables, Table S2701, 2022, https://data.census.gov/table/ACSST1Y2022.S2701?q=insurance in south carolina.

132 U.S. Census Bureau. (2024). "Selected Characteristics of Health Insurance Coverage in the United States." American Community Survey, ACS 1-Year Estimates Subject Tables, Table S2701, 2022, https://data.census.gov/table/ACSST1Y2022.S2701?q=insurance in montana.

133 Montana Department of Public Health and Human Services. (2024). Montana Medicaid Enrollment Dashboard. https://dphhs.mt.gov/InteractiveDashboards/medicaidenrollmentdashboard.

134 Montana Department of Public Health and Human Services. (2024). Montana Medicaid Enrollment Dashboard. https://dphhs.mt.gov/InteractiveDashboards/medicaidenrollmentdashboard.

135 Radley, DC., Baumgartner, J., Collins, SR., Zephyrin, LC. (2023, June 22). 2023 Scorecard on State Health System Performance. The Commonwealth Fund. https://www.commonwealthfund.org/publications/scorecard/2023/jun/2023-scorecard-state-health-system-performance.

136 Montana Healthcare Foundation. (2023). Medicaid in Montana - How Medicaid Impacts Montana's State Budget, Economy, and Health. https://mthcf.org/wp-content/uploads/2023-Medicaid-in-Montana-Report_FINAL.pdf.

137 Montana Healthcare Foundation. (2024). Medicaid in Montana - How Medicaid Impacts Montana's State Budget, Economy, and Health. https://mthf.org/wp-content/uploads/2024-Medicaid-in-Montana-Annual-Report_FINAL-2.pdf.

138 Montana Healthcare Foundation. (2023). Medicaid in Montana - How Medicaid Impacts Montana's State Budget, Economy, and Health. https://mthcf.org/wp-content/uploads/2023-Medicaid-in-Montana-Report_FINAL.pdf.

139 Montana Healthcare Foundation. (2023). Medicaid in Montana - How Medicaid Impacts Montana's State Budget, Economy, and Health. https://mthcf.org/wp-content/uploads/2023-Medicaid-in-Montana-Report_FINAL.pdf.

140 Montana Healthcare Foundation. (2023). Medicaid in Montana - How Medicaid Impacts Montana's State Budget, Economy, and Health. https://mthcf.org/wp-content/uploads/2023-Medicaid-in-Montana-Report_FINAL.pdf.

141 Montana Healthcare Foundation. (2023). Medicaid in Montana - How Medicaid Impacts Montana's State Budget, Economy, and Health. https://mthcf.org/wp-content/uploads/2023-Medicaid-in-Montana-Report_FINAL.pdf.

142 Montana Healthcare Foundation. (2023). Medicaid in Montana - How Medicaid Impacts Montana's State Budget, Economy, and Health. https://mthcf.org/wp-content/uploads/2023-Medicaid-in-Montana-Report_FINAL.pdf.

143 Montana Healthcare Foundation. (2024). Medicaid in Montana - How Medicaid Impacts Montana's State Budget, Economy, and Health. https://mthf.org/wp-content/uploads/2024-Medicaid-in-Montana-Annual-Report_FINAL-2.pdf.

144 Montana Healthcare Foundation. (2024). Medicaid in Montana - How Medicaid Impacts Montana's State Budget, Economy, and Health. https://mthf.org/wp-content/uploads/2024-Medicaid-in-Montana-Annual-Report_FINAL-2.pdf.

145 Montana Healthcare Foundation. (2024). Medicaid in Montana - How Medicaid Impacts Montana's State Budget, Economy, and Health. https://mthf.org/wp-content/uploads/2024-Medicaid-in-Montana-Annual-Report_FINAL-2.pdf.

146 Montana Healthcare Foundation. (2024). Medicaid in Montana - How Medicaid Impacts Montana's State Budget, Economy, and Health. https://mthf.org/wp-content/uploads/2024-Medicaid-in-Montana-Annual-Report_FINAL-2.pdf.

147 Montana Healthcare Foundation. (2024). Medicaid in Montana - How Medicaid Impacts Montana's State Budget, Economy, and Health. https://mthf.org/wp-content/uploads/2024-Medicaid-in-Montana-Annual-Report_FINAL-2.pdf.

148 Montana Healthcare Foundation. (2024). Medicaid in Montana - How Medicaid Impacts Montana's State Budget, Economy, and Health. https://mthf.org/wp-content/uploads/2024-Medicaid-in-Montana-Annual-Report_FINAL-2.pdf.

149 Montana Healthcare Foundation. (2023). Medicaid in Montana - How Medicaid Impacts Montana's State Budget, Economy, and Health. https://mthcf.org/wp-content/uploads/2023-Medicaid-in-Montana-Report_FINAL.pdf.

150 Montana Healthcare Foundation. (2023). Medicaid in Montana - How Medicaid Impacts Montana's State Budget, Economy, and Health. https://mthcf.org/wp-content/uploads/2023-Medicaid-in-Montana-Report_FINAL.pdf.

151 Montana Healthcare Foundation. (2024). Medicaid in Montana - How Medicaid Impacts Montana's State Budget, Economy, and Health. https://mthf.org/wp-content/uploads/2024-Medicaid-in-Montana-Annual-Report_FINAL-2.pdf.

152 Montana Healthcare Foundation. (2023). Medicaid in Montana - How Medicaid Impacts Montana's State Budget, Economy, and Health. https://mthcf.org/wp-content/uploads/2023-Medicaid-in-Montana-Report_FINAL.pdf.

153 Montana Healthcare Foundation. (2023). Medicaid in Montana - How Medicaid Impacts Montana's State Budget, Economy, and Health. https://mthcf.org/wp-content/uploads/2023-Medicaid-in-Montana-Report_FINAL.pdf.

154 Montana Healthcare Foundation. (2023). Medicaid in Montana - How Medicaid Impacts Montana's State Budget, Economy, and Health. https://mthcf.org/wp-content/uploads/2023-Medicaid-in-Montana-Report_FINAL.pdf.

155 March of Dimes. (2023). 2023 March of Dimes Report Card for Montana. https://www.marchofdimes.org/peristats/reports/montana/report-card.

156 National Academy for State Health Policy. (2024, March 13). State Efforts to Extend Medicaid Postpartum Coverage. https://nashp.org/state-tracker/view-each-states-efforts-to-extend-medicaid-postpartum-coverage/.

157 March of Dimes. (2023). 2023 March of Dimes Report Card for Montana. https://www.marchofdimes.org/peristats/reports/montana/report-card.

158 March of Dimes. (2023). 2023 March of Dimes Report Card for Montana. https://www.marchofdimes.org/peristats/reports/montana/report-card.

159 Radley, DC., Baumgartner, J., Collins, SR., Zephyrin, LC. (2023, June 22). 2023 Scorecard on State Health System Performance. The Commonwealth Fund. https://www.commonwealthfund.org/publications/scorecard/2023/jun/2023-scorecard-state-health-system-performance.

160 U.S. Census Bureau. (2024). "Selected Characteristics of Health Insurance Coverage in the United States." American Community Survey, ACS 1-Year Estimates Subject Tables, Table S2701, 2022, https://data.census.gov/table/ACSST1Y2022.S2701?q=insurance in south carolina.

161 U.S. Census Bureau. (2024). "Selected Characteristics of Health Insurance Coverage in the United States." American Community Survey, ACS 1-Year Estimates Subject Tables, Table S2701, 2022, https://data.census.gov/table/ACSST1Y2022.S2701?q=insurance in kentucky.

162 Radley, DC., Baumgartner, J., Collins, SR., Zephyrin, LC. (2023, June 22). 2023 Scorecard on State Health System Performance. The Commonwealth Fund. https://www.commonwealthfund.org/publications/scorecard/2023/jun/2023-scorecard-state-health-system-performance.

163 Radley, DC., Baumgartner, J., Collins, SR., Zephyrin, LC. (2023, June 22). 2023 Scorecard on State Health System Performance. The Commonwealth Fund. https://www.commonwealthfund.org/publications/scorecard/2023/jun/2023-scorecard-state-health-system-performance.

164 Kentucky Department for Public Health. (2023). State Health Assessment. https://www.chfs.ky.gov/agencies/dph/Documents/StateHealthAssessment2023.pdf.

165 Radley, DC., Baumgartner, J., Collins, SR., Zephyrin, LC. (2023, June 22). 2023 Scorecard on State Health System Performance. The Commonwealth Fund. https://www.commonwealthfund.org/publications/scorecard/2023/jun/2023-scorecard-state-health-system-performance.

166 Kentucky Department for Public Health. (2023). State Health Assessment. https://www.chfs.ky.gov/agencies/dph/Documents/StateHealthAssessment2023.pdf.

167 Kentucky Department for Public Health. (2023). State Health Assessment. https://www.chfs.ky.gov/agencies/dph/Documents/StateHealthAssessment2023.pdf.

168 Kentucky Department for Public Health. (2023). State Health Assessment. https://www.chfs.ky.gov/agencies/dph/Documents/StateHealthAssessment2023.pdf.

169 Gan, T., Sinner, H. F., Walling, S. C., Chen, Q., Huang, B., Tucker, T. C., Patel, J. A., Evers, B. M., & Bhakta, A. S. (2019). Impact of the Affordable Care Act on Colorectal Cancer Screening, Incidence, and Survival in Kentucky. Journal of the American College of Surgeons, 228(4), 342–353.e1. https://doi.org/10.1016/j.jamcollsurg.2018.12.035.

170 Gan, T., Sinner, H. F., Walling, S. C., Chen, Q., Huang, B., Tucker, T. C., Patel, J. A., Evers, B. M., & Bhakta, A. S. (2019). Impact of the Affordable Care Act on Colorectal Cancer Screening, Incidence, and Survival in Kentucky. Journal of the American College of Surgeons, 228(4), 342–353.e1. https://doi.org/10.1016/j.jamcollsurg.2018.12.035.

171 Team Kentucky Cabinet for Health and Family Services – Office of Data Analytics. (n.d.). Disparities in Cancer Screening in the Kentucky Medicaid Population. https://www.chfs.ky.gov/agencies/ohda/Documents1/SUP22C2577DisparitiesInCancerScreeningInTheKentuckyMedicaidPopulation.pdf.

172 Team Kentucky Cabinet for Health and Family Services – Office of Data Analytics. (n.d.). Disparities in Cancer Screening in the Kentucky Medicaid Population. https://www.chfs.ky.gov/agencies/ohda/Documents1/SUP22C2577DisparitiesInCancerScreeningInTheKentuckyMedicaidPopulation.pdf.

173 Radley, DC., Baumgartner, J., Collins, SR., Zephyrin, LC. (2023, June 22). 2023 Scorecard on State Health System Performance. The Commonwealth Fund. https://www.commonwealthfund.org/publications/scorecard/2023/jun/2023-scorecard-state-health-system-performance.

174 Arbaein, T., Little, B., Monshi, S., Al-Wathinani, A. M., & Zaidan, A. (2024). The variation in preventable hospitalization in patients with type 2 diabetes in Kentucky before and after the Medicaid expansion. Annals of Saudi medicine, 44(2), 73–83. https://doi.org/10.5144/0256-4947.2024.73.

175 Radley, DC., Baumgartner, J., Collins, SR., Zephyrin, LC. (2023, June 22). 2023 Scorecard on State Health System Performance. The Commonwealth Fund. https://www.commonwealthfund.org/publications/scorecard/2023/jun/2023-scorecard-state-health-system-performance.

176 Kentucky Department for Public Health. (2023). State Health Assessment. https://www.chfs.ky.gov/agencies/dph/Documents/StateHealthAssessment2023.pdf.

177 Sanderson, B. (2021). Health Outcomes Associated with Medicaid Expansion in Adults Reaching Retirement Age. South Carolina Institute of Medicine and Public Health. https://imph.org/wp-content/uploads/2021/10/Health-Outcomes-Associated-with-Medicaid-Expansion-IMPH-Oct-2021.pdf.

178 March of Dimes. (2023). 2023 March of Dimes Report Card for Kentucky. https://www.marchofdimes.org/peristats/reports/kentucky/report-card.

179 March of Dimes. (2023). 2023 March of Dimes Report Card for Kentucky. https://www.marchofdimes.org/peristats/reports/kentucky/report-card.

180 March of Dimes. (2023). 2023 March of Dimes Report Card for Kentucky. https://www.marchofdimes.org/peristats/reports/kentucky/report-card.

181 Radley, DC., Baumgartner, J., Collins, SR., Zephyrin, LC. (2023, June 22). 2023 Scorecard on State Health System Performance. The Commonwealth Fund. https://www.commonwealthfund.org/publications/scorecard/2023/jun/2023-scorecard-state-health-system-performance.

182 Radley, DC., Baumgartner, J., Collins, SR., Zephyrin, LC. (2023, June 22). 2023 Scorecard on State Health System Performance. The Commonwealth Fund. https://www.commonwealthfund.org/publications/scorecard/2023/jun/2023-scorecard-state-health-system-performance.

183 Centers for Disease Control and Prevention – National Center for Health Statistics. (2023, September 12). Key Health Indicators – South Carolina. https://www.cdc.gov/nchs/pressroom/states/southcarolina/sc.htm.

184 Live Healthy South Carolina. (2024, January 8). 2023 South Carolina State Health Assessment. https://scdhec.gov/sites/default/files/media/document/SHA-Report-1.8.24.pdf.

185 Live Healthy South Carolina. (2024, January 8). 2023 South Carolina State Health Assessment. https://scdhec.gov/sites/default/files/media/document/SHA-Report-1.8.24.pdf.

186 Live Healthy South Carolina. (2024, January 8). 2023 South Carolina State Health Assessment. https://scdhec.gov/sites/default/files/media/document/SHA-Report-1.8.24.pdf.

187 U.S. Census Bureau. (2024). "Selected Characteristics of Health Insurance Coverage in the United States." American Community Survey, ACS 1-Year Estimates Subject Tables, Table S2701, 2022, https://data.census.gov/table/ACSST1Y2022.S2701?q=insurance in south carolina.

188 Live Healthy South Carolina. (2024, January 8). 2023 South Carolina State Health Assessment. https://scdhec.gov/sites/default/files/media/document/SHA-Report-1.8.24.pdf.

189 Radley, DC., Baumgartner, J., Collins, SR., Zephyrin, LC. (2023, June 22). 2023 Scorecard on State Health System Performance. The Commonwealth Fund. https://www.commonwealthfund.org/publications/scorecard/2023/jun/2023-scorecard-state-health-system-performance.

190 Radley, DC., Baumgartner, J., Collins, SR., Zephyrin, LC. (2023, June 22). 2023 Scorecard on State Health System Performance. The Commonwealth Fund. https://www.commonwealthfund.org/publications/scorecard/2023/jun/2023-scorecard-state-health-system-performance.

191 Radley, DC., Baumgartner, J., Collins, SR., Zephyrin, LC. (2023, June 22). 2023 Scorecard on State Health System Performance. The Commonwealth Fund. https://www.commonwealthfund.org/publications/scorecard/2023/jun/2023-scorecard-state-health-system-performance.

192 Radley, DC., Baumgartner, J., Collins, SR., Zephyrin, LC. (2023, June 22). 2023 Scorecard on State Health System Performance. The Commonwealth Fund. https://www.commonwealthfund.org/publications/scorecard/2023/jun/2023-scorecard-state-health-system-performance.

193 Radley, DC., Baumgartner, J., Collins, SR., Zephyrin, LC. (2023, June 22). 2023 Scorecard on State Health System Performance. The Commonwealth Fund. https://www.commonwealthfund.org/publications/scorecard/2023/jun/2023-scorecard-state-health-system-performance.

194 America's Health Rankings – United Health Foundation. (2023). 2023 Annual Report. https://www.americashealthrankings.org/learn/reports/2023-annual-report.

195 Louisiana Department of Health. (2024). LDH Medicaid Expansion Dashboard. https://ldh.la.gov/HealthyLaDashboard/.

196 Montana Healthcare Foundation. (2024). Medicaid in Montana - How Medicaid Impacts Montana's State Budget, Economy, and Health. https://mthf.org/wp-content/uploads/2024-Medicaid-in-Montana-Annual-Report_FINAL-2.pdf.

197 American Diabetes Association. (2021). The Burden of Diabetes in South Carolina. https://www2.diabetes.org/sites/default/files/2021-11/ADV_2021_State_Fact_sheets_South%20Carolina_rev.pdf.

198 American Diabetes Association. (2021). The Burden of Diabetes in South Carolina. https://www2.diabetes.org/sites/default/files/2021-11/ADV_2021_State_Fact_sheets_South%20Carolina_rev.pdf.

199 American Diabetes Association. (2021). The Burden of Diabetes in South Carolina. https://www2.diabetes.org/sites/default/files/2021-11/ADV_2021_State_Fact_sheets_South%20Carolina_rev.pdf.

200 Centers for Disease Control and Prevention. (2022, September 15). South Carolina Diabetes Profile. https://www.cdc.gov/diabetes/programs/stateandlocal/state-diabetes-profiles/southcarolina.html.

201 Centers for Disease Control and Prevention. (2016). Diabetes State Burden Toolkit – South Carolina. https://nccd.cdc.gov/Toolkit/DiabetesBurden/Perspective.

202 Gaskin, D. J., Thorpe, R. J., Jr, McGinty, E. E., Bower, K., Rohde, C., Young, J. H., LaVeist, T. A., & Dubay, L. (2014). Disparities in diabetes: the nexus of race, poverty, and place. American journal of public health, 104(11), 2147–2155. https://doi.org/10.2105/AJPH.2013.301420.

203 American Diabetes Association. (2021). The Burden of Diabetes in South Carolina. https://www2.diabetes.org/sites/default/files/2021-11/ADV_2021_State_Fact_sheets_South%20Carolina_rev.pdf.

204 America's Health Rankings – United Health Foundation. (2023). 2023 Annual Report. https://www.americashealthrankings.org/learn/reports/2023-annual-report.

205 Louisiana Department of Health. (2024). LDH Medicaid Expansion Dashboard. https://ldh.la.gov/HealthyLaDashboard/.

206 Montana Healthcare Foundation. (2024). Medicaid in Montana - How Medicaid Impacts Montana's State Budget, Economy, and Health. https://mthf.org/wp-content/uploads/2024-Medicaid-in-Montana-Annual-Report_FINAL-2.pdf.

207 Lam, M. B., Phelan, J., Orav, E. J., Jha, A. K., & Keating, N. L. (2020). Medicaid Expansion and Mortality Among Patients With Breast, Lung, and Colorectal Cancer. JAMA network open, 3(11), e2024366. https://doi.org/10.1001/jamanetworkopen.2020.24366.

208 Sanderson, B. (2021). Health Outcomes Associated with Medicaid Expansion in Adults Reaching Retirement Age. South Carolina Institute of Medicine and Public Health. https://imph.org/wp-content/uploads/2021/10/Health-Outcomes-Associated-with-Medicaid-Expansion-IMPH-Oct-2021.pdf.

209 Lam, M. B., Phelan, J., Orav, E. J., Jha, A. K., & Keating, N. L. (2020). Medicaid Expansion and Mortality Among Patients With Breast, Lung, and Colorectal Cancer. JAMA network open, 3(11), e2024366. https://doi.org/10.1001/jamanetworkopen.2020.24366.

210 National Cancer Institute – National Institute of Health. (n.d.). Hazard Ratio. https://www.cancer.gov/publications/dictionaries/cancer-terms/def/hazard-ratio#:~:text=A%20measure%20of%20how%20often,in%20another%20group%2C%20over%20time.

211 Lam, M. B., Phelan, J., Orav, E. J., Jha, A. K., & Keating, N. L. (2020). Medicaid Expansion and Mortality Among Patients With Breast, Lung, and Colorectal Cancer. JAMA network open, 3(11), e2024366. https://doi.org/10.1001/jamanetworkopen.2020.24366.

212 Live Healthy South Carolina. (2024, January 8). 2023 South Carolina State Health Assessment. https://scdhec.gov/sites/default/files/media/document/SHA-Report-1.8.24.pdf.

213 Live Healthy South Carolina. (2024, January 8). 2023 South Carolina State Health Assessment. https://scdhec.gov/sites/default/files/media/document/SHA-Report-1.8.24.pdf.

214 Live Healthy South Carolina. (2024, January 8). 2023 South Carolina State Health Assessment. https://scdhec.gov/sites/default/files/media/document/SHA-Report-1.8.24.pdf.

215 Barnes, J. M., Johnson, K. J., Adjei Boakye, E., Schapira, L., Akinyemiju, T., Park, E. M., Graboyes, E. M., & Osazuwa-Peters, N. (2021). Early Medicaid Expansion and Cancer Mortality. Journal of the National Cancer Institute, 113(12), 1714–1722. https://doi.org/10.1093/jnci/djab135.

216 Arnold School of Public Health – Office for the Study of Aging. (2023). 2023 Annual Report South Carolina Alzheimer's Disease Registry. University of South Carolina. https://osa-sc.org/wp-content/uploads/2024/03/alzheimers_registry_report_2023.pdf.

217 Arnold School of Public Health – Office for the Study of Aging. (2023). 2023 Annual Report South Carolina Alzheimer's Disease Registry. University of South Carolina. https://osa-sc.org/wp-content/uploads/2024/03/alzheimers_registry_report_2023.pdf.

218 Degenholtz H. (2023). PROJECTION OF MEDICAID SPENDING ON PEOPLE WITH ALZHEIMER'S DISEASE AND OTHER RELATED DEMENTIAS. Innovation in Aging, 7(Suppl 1), 879–880. https://doi.org/10.1093/geroni/igad104.2831.

219 Degenholtz H. (2023). PROJECTION OF MEDICAID SPENDING ON PEOPLE WITH ALZHEIMER'S DISEASE AND OTHER RELATED DEMENTIAS. Innovation in Aging, 7(Suppl 1), 879–880. https://doi.org/10.1093/geroni/igad104.2831.

220 Alzheimer's Association. (n.d.). Improving Care. https://www.alz.org/get-involved-now/advocate/improving-care.

221 South Carolina Department of Health and Environmental Control – Division of Injury and Substance Abuse Prevention. (2023). South Carolina Statewide Plan to Address Alzheimer's Disease & Related Dementias (ADRD). https://scdhec.gov/sites/default/files/media/document/FINAL_SC%20Statewide%20Plan%20to%20Address%20ADRD_3.22.23.pdf.

222 South Carolina Department of Health and Environmental Control – Division of Injury and Substance Abuse Prevention. (2023). South Carolina Statewide Plan to Address Alzheimer's Disease & Related Dementias (ADRD). https://scdhec.gov/sites/default/files/media/document/FINAL_SC%20Statewide%20Plan%20to%20Address%20ADRD_3.22.23.pdf.

223 South Carolina Department of Health and Environmental Control – Division of Injury and Substance Abuse Prevention. (2023). South Carolina Statewide Plan to Address Alzheimer's Disease & Related Dementias (ADRD). https://scdhec.gov/sites/default/files/media/document/FINAL_SC%20Statewide%20Plan%20to%20Address%20ADRD_3.22.23.pdf.

224 America's Health Rankings – United Health Foundation. (2023). 2023 Annual Report. https://www.americashealthrankings.org/learn/reports/2023-annual-report.

225 Elani, H. W., Kawachi, I., & Sommers, B. D. (2021). Dental Outcomes After Medicaid Insurance Coverage Expansion Under the Affordable Care Act. JAMA network open, 4(9), e2124144. https://doi.org/10.1001/jamanetworkopen.2021.24144.

226 South Carolina Department of Health and Human Services. (2023). Healthy Connections Medicaid – Medicaid Member Handbook. https://www.scdhhs.gov/sites/default/files/documents/Medicaid%20Handbook%20November%202023%20Final.pdf.

227 South Carolina Department of Health and Human Services. (2023). Healthy Connections Medicaid – Medicaid Member Handbook. https://www.scdhhs.gov/sites/default/files/documents/Medicaid%20Handbook%20November%202023%20Final.pdf.

228 South Carolina Department of Health and Human Services. (2023). Healthy Connections Medicaid – Medicaid Member Handbook. https://www.scdhhs.gov/sites/default/files/documents/Medicaid%20Handbook%20November%202023%20Final.pdf.

229 South Carolina Department of Health and Human Services. (2023). Healthy Connections Medicaid – Medicaid Member Handbook. https://www.scdhhs.gov/sites/default/files/documents/Medicaid%20Handbook%20November%202023%20Final.pdf.

230 Montana Healthcare Foundation. (2024). Medicaid in Montana - How Medicaid Impacts Montana's State Budget, Economy, and Health. https://mthf.org/wp-content/uploads/2024-Medicaid-in-Montana-Annual-Report_FINAL-2.pdf.

231 Montana Healthcare Foundation. (2024). Medicaid in Montana - How Medicaid Impacts Montana's State Budget, Economy, and Health. https://mthf.org/wp-content/uploads/2024-Medicaid-in-Montana-Annual-Report_FINAL-2.pdf.

232 Vujicic, M., Fosse, C., Reusch, C., Burroughs, M. (2021). Making the Case for Dental Coverage for Adults in All State Medicaid Programs Health Policy Institute. https://familiesusa.org/wp-content/uploads/2021/07/HPI-CC-FUSA-WhitePaper_0721.pdf.

233 Vujicic, M., Fosse, C., Reusch, C., Burroughs, M. (2021). Making the Case for Dental Coverage for Adults in All State Medicaid Programs. Health Policy Institute. https://familiesusa.org/wp-content/uploads/2021/07/HPI-CC-FUSA-WhitePaper_0721.pdf.

234 Elevance Health – Public Policy Institute. (2019). Early Findings from South Carolina's Behavioral Health Carve-In. https://www.elevancehealth.com/content/dam/elevance-health/articles/ppi_assets/34/34_Report_Early-Findings-From-South-Carolinas-Behavioral-Health-Carve-In.pdf.

235 https://www.elevancehealth.com/content/dam/elevance-health/articles/ppi_assets/34/34_Report_Early-Findings-From-South-Carolinas-Behavioral-Health-Carve-In.pdf.

236 Mental Health America. (2023). Access to Care Ranking – 2023. https://mhanational.org/issues/2023/mental-health-america-access-care-data.

237 National Alliance on Mental Illness. (2023). Mental Health in South Carolina. https://www.nami.org/wp-content/uploads/2023/07/SouthCarolinaStateFactSheet.pdf.

238 National Alliance on Mental Illness. (2023). Mental Health in South Carolina. https://www.nami.org/wp-content/uploads/2023/07/SouthCarolinaStateFactSheet.pdf.

239 Live Healthy South Carolina. (2024, January 8). 2023 South Carolina State Health Assessment. https://scdhec.gov/sites/default/files/media/document/SHA-Report-1.8.24.pdf.

240 Live Healthy South Carolina. (2024, January 8). 2023 South Carolina State Health Assessment. https://scdhec.gov/sites/default/files/media/document/SHA-Report-1.8.24.pdf.

241 Sommers, B. D., Blendon, R. J., Orav, E. J., & Epstein, A. M. (2016). Changes in Utilization and Health Among Low-Income Adults After Medicaid Expansion or Expanded Private Insurance. JAMA internal medicine, 176(10), 1501–1509. https://doi.org/10.1001/jamainternmed.2016.4419.

242 U.S. Department of Health and Human Services – Office of the Assistant Secretary for Planning and Evaluation. (2017, January 10). Continuing Progress on the Opioid Epidemic: The Role of the Affordable Care Act. https://aspe.hhs.gov/reports/continuing-progress-opioid-epidemic-role-affordable-care-act.

243 Bailey, A., Hayes, K., Katch, H., Solomon, J. (2021, March 18). Medicaid Is Key to Building a System of Comprehensive Substance Use Care for Low-Income People. Center on Budget and Policy Priorities. https://www.cbpp.org/research/health/medicaid-is-key-to-building-a-system-of-comprehensive-substance-use-care-for-low.

244 March of Dimes. (2023). 2023 March of Dimes Report Card for South Carolina. https://www.marchofdimes.org/peristats/reports/south-carolina/report-card.

245 Live Healthy South Carolina. (2024, January 8). 2023 South Carolina State Health Assessment. https://scdhec.gov/sites/default/files/media/document/SHA-Report-1.8.24.pdf.

246 March of Dimes. (2023). 2023 March of Dimes Report Card for South Carolina. https://www.marchofdimes.org/peristats/reports/south-carolina/report-card.

247 Eliason E. L. (2020). Adoption of Medicaid Expansion Is Associated with Lower Maternal Mortality. Women's health issues : official publication of the Jacobs Institute of Women's Health, 30(3), 147–152. https://doi.org/10.1016/j.whi.2020.01.005.

248 Eliason E. L. (2020). Adoption of Medicaid Expansion Is Associated with Lower Maternal Mortality. Women's health issues : official publication of the Jacobs Institute of Women's Health, 30(3), 147–152. https://doi.org/10.1016/j.whi.2020.01.005.

249 Eliason E. L. (2020). Adoption of Medicaid Expansion Is Associated with Lower Maternal Mortality. Women's health issues : official publication of the Jacobs Institute of Women's Health, 30(3), 147–152. https://doi.org/10.1016/j.whi.2020.01.005.

250 World Health Organization (WHO). (n.d.). Maternal Mortality Ratio. https://www.who.int/data/gho/indicator-metadata-registry/imr-details/26#:~:text=Maternal%20mortality%20ratio%20%3D%20(Number%20of,household%20surveys%20or%20other%20sources.

251 Medicaid and CHIP Payment and Access Commission (MACPAC). (2018). Access in Brief: Pregnant women and Medicaid. https://www.macpac.gov/publication/access-in-brief-pregnant-women-and-medicaid/.

252 Robbins, C., Boulet, S. L., Morgan, I., D'Angelo, D. V., Zapata, L. B., Morrow, B., Sharma, A., & Kroelinger, C. D. (2018). Disparities in Preconception Health Indicators - Behavioral Risk Factor Surveillance System, 2013-2015, and Pregnancy Risk Assessment Monitoring System, 2013-2014. Morbidity and mortality weekly report. Surveillance summaries (Washington, D.C. : 2002), 67(1), 1–16. https://doi.org/10.15585/mmwr.ss6701a1.

253 Eliason E. L. (2020). Adoption of Medicaid Expansion Is Associated with Lower Maternal Mortality. Women's health issues : official publication of the Jacobs Institute of Women's Health, 30(3), 147–152. https://doi.org/10.1016/j.whi.2020.01.005.

254 Eliason E. L. (2020). Adoption of Medicaid Expansion Is Associated with Lower Maternal Mortality. Women's health issues : official publication of the Jacobs Institute of Women's Health, 30(3), 147–152. https://doi.org/10.1016/j.whi.2020.01.005.

255 Jang, J., & Lee, K. H. (2023). Dynamics of Macroeconomy, Medicaid, and State Fiscal Conditions: A Role of Medicaid Expansion. Risk management and healthcare policy, 16, 2323–2337. https://doi.org/10.2147/RMHP.S425539.

256 Mazurenko, O., Balio, C. P., Agarwal, R., Carroll, A. E., & Menachemi, N. (2018). The Effects Of Medicaid Expansion Under The ACA: A Systematic Review. Health affairs (Project Hope), 37(6), 944–950. https://doi.org/10.1377/hlthaff.2017.1491.

257 Guth, M., Garfield, R., Rudowitz, R. (2020, March 17). The Effects of Medicaid Expansion under the ACA: Studies from January 2014 to January 2020. Kaiser Family Foundation. https://www.kff.org/report-section/the-effects-of-medicaid-expansion-under-the-aca-updated-findings-from-a-literature-review-report/#:~:text=For%20example%2C%20despite%20concerns%20that,physician%20availability%20for%20Medicare%20patients.&text=Other%20studies%20found%20expansion%20was%20linked%20to%20problems%20with%20provider%20availability.

258 Romero, T., & Ponomariov, B. (2023). The effect of medicaid expansion on access to healthcare, health behaviors and health outcomes between expansion and non-expansion states. Evaluation and program planning, 99, 102304. https://doi.org/10.1016/j.evalprogplan.2023.102304.

259 Sommers, B. D., & Gruber, J. (2017). Federal Funding Insulated State Budgets From Increased Spending Related To Medicaid Expansion. Health affairs (Project Hope), 36(5), 938–944. https://doi.org/10.1377/hlthaff.2016.1666.

260 Cross-Call, J. (2018, October 9). Medicaid Expansion Continues to Benefit State Budgets, Contrary to Critics' Claims. Center on Budget and Policy Priorities. https://www.cbpp.org/research/health/medicaid-expansion-continues-to-benefit-state-budgets-contrary-to-critics-claims#:~:text=Medicaid%20expansion%20will%20produce%20net,tax%20revenue%2C%20among%20other%20factors.

261 Gruber, J., Sommers, BD. (2020). Fiscal Federalism and the Budget Impacts of the Affordable Care Act's Medicaid Expansion. National Bureau of Economic Research. https://www.nber.org/papers/w26862.

262 Jang, J., & Lee, K. H. (2023). Dynamics of Macroeconomy, Medicaid, and State Fiscal Conditions: A Role of Medicaid Expansion. Risk management and healthcare policy, 16, 2323–2337. https://doi.org/10.2147/RMHP.S425539.

263 Romero, T., & Ponomariov, B. (2023). The effect of medicaid expansion on access to healthcare, health behaviors and health outcomes between expansion and non-expansion states. Evaluation and program planning, 99, 102304. https://doi.org/10.1016/j.evalprogplan.2023.102304.

Appendix

TABLE 1

Louisiana and South Carolina Selected Demographics (2022)

	Louisiana					South Carolina				
	Total	Insured	Percent Insured	Uninsured	Percent Uninsured	Total	Insured	Percent Insured	Uninsured	Percent Uninsured
Civilian noninstitutionalized population	4,494,008	4,181,812	93.1%	312,196	6.9%	5,185,489	4,715,009	90.9%	470,480	9.1%
Age										
Under 19 years	1,119,755	1,080,301	96.5%	39,454	3.5%	1,190,146	1,133,942	95.3%	56,204	4.7%
19 to 64 years	2,615,711	2,346,950	89.7%	268,761	10.3%	3,005,248	2,596,727	86.4%	408,521	13.6%
65 years and older	758,542	754,561	99.5%	3,981	0.5%	990,095	984,340	99.4%	5,755	0.6%
Disability S tatus										
With a disability	753,487	727,981	96.6%	25,506	3.4%	751,476	694,939	92.5%	56,537	7.5%
No disability	3,740,521	3,453,831	92.3%	286,690	7.7%	4,434,013	4,020,070	90.7%	413,943	9.3%
Percent Below the Poverty Threshold										
Below 138 percent of the poverty threshold	1,181,784	1,071,988	90.7%	109,796	9.3%	1,040,138	867,921	83.4%	172,217	16.6%

Sources: U.S. Census Bureau. (2024).Public Health Insurance Coverage by Type and Selected Characteristics. American Community Survey, ACS 1-Year Estimates Subject Tables, Table S2704, 2022 and Selected Characteristics of Health Insurance Coverage in the United States." American Community Survey, ACS 1-Year Estimates Subject Tables, Table S2701, 2022.

TABLE 2

West Virginia and South Carolina Selected Demographics (2022)

	West Virginia					South Carolina				
	Total	Insured	Percent Insured	Uninsured	Percent Uninsured	Total	Insured	Percent Insured	Uninsured	Percent Uninsured
Civilian noninstitutionalized population	1,741,322	1,638,252	94.1%	103,070	5.9%	5,185,489	4,715,009	90.9%	470,480	9.1%
Age										
Under 19 years	375,214	364,535	97.2%	10,679	2.8%	1,190,146	1,133,942	95.3%	56,204	4.7%
19 to 64 years	999,164	907,940	90.9%	91,224	9.1%	3,005,248	2,596,727	86.4%	408,521	13.6%
65 years and older	366,944	365,777	99.7%	1,167	0.3%	990,095	984,340	99.4%	5,755	0.6%
Disability S tatus										
With a disability	337,766	327,248	96.9%	10,518	3.1%	751,476	694,939	92.5%	56,537	7.5%
No disability	1,403,556	1,311,004	93.4%	92,552	6.6%	4,434,013	4,020,070	90.7%	413,943	9.3%
Percent Below the Poverty Threshold										
Below 138 percent of the poverty threshold	442,974	412,035	93.0%	30,939	7.0%	1,040,138	867,921	83.4%	172,217	16.6%

Sources: U.S. Census Bureau. (2024). Public Health Insurance Coverage by Type and Selected Characteristics. American Community Survey, ACS 1-Year Estimates Subject Tables, Table S2704, 2022 and Selected Characteristics of Health Insurance Coverage in the United States. American Community Survey, ACS 1-Year Estimates Subject Tables, Table S2701, 2022.

TABLE 3

Montana and South Carolina Selected Demographics (2022)

	Montana					South Carolina				
	Total	Insured	Percent Insured	Uninsured	Percent Uninsured	Total	Insured	Percent Insured	Uninsured	Percent Uninsured
Civilian noninstitutionalized population	1,104,997	1,013,725	91.7%	91,272	8.3%	5,185,489	4,715,009	90.9%	470,480	9.1%
Age										
Under 19 years	249,130	232,019	93.1%	17,111	6.9%	1,190,146	1,133,942	95.3%	56,204	4.7%
19 to 64 years	635,153	561,731	88.4%	73,422	11.6%	3,005,248	2,596,727	86.4%	408,521	13.6%
65 years and older	220,714	219,975	99.7%	739	0.3%	990,095	984,340	99.4%	5,755	0.6%
Disability S tatus										
With a disability	159,544	152,050	95.3%	7,494	4.7%	751,476	694,939	92.5%	56,537	7.5%
No disability	945,453	861,675	91.1%	83,778	8.9%	4,434,013	4,020,070	90.7%	413,943	9.3%
Percent Below the Poverty Threshold										
Below 138 percent of the poverty threshold	199,364	175,062	87.8%	24,302	12.2%	1,040,138	867,921	83.4%	172,217	16.6%

Sources: U.S. Census Bureau. (2024). Public Health Insurance Coverage by Type and Selected Characteristics. American Community Survey, ACS 1-Year Estimates Subject Tables, Table S2704, 2022 and Selected Characteristics of Health Insurance Coverage in the United States. American Community Survey, ACS 1-Year Estimates Subject Tables, Table S2701, 2022.

TABLE 4

Kentucky and South Carolina Selected Demographics (2022)

	Kentucky					South Carolina				
	Total	Insured	Percent Insured	Uninsured	Percent Uninsured	Total	Insured	Percent Insured	Uninsured	Percent Uninsured
Civilian noninstitutionalized population	4,428,274	4,181,313	94.4%	246,961	5.6%	5,185,489	4,715,009	90.9%	470,480	9.1%
Age										
Under 19 years	1,060,721	1,015,081	95.7%	45,640	4.3%	1,190,146	1,133,942	95.3%	56,204	4.7%
19 to 64 years	2,599,012	2,400,261	92.4%	198,751	7.6%	3,005,248	2,596,727	86.4%	408,521	13.6%
65 years and older	768,541	765,971	99.7%	2,570	0.3%	990,095	984,340	99.4%	5,755	0.6%
Disability S tatus										
With a disability	801,061	774,983	96.7%	26,078	3.3%	751,476	694,939	92.5%	56,537	7.5%
No disability	3,627,213	3,406,330	93.9%	220,883	6.1%	4,434,013	4,020,070	90.7%	413,943	9.3%
Percent Below the Poverty Threshold										
Below 138 percent of the poverty threshold	1,024,730	944,671	92.2%	80,059	7.8%	1,040,138	867,921	83.4%	172,217	16.6%

Sources: U.S. Census Bureau. (2024). Public Health Insurance Coverage by Type and Selected Characteristics. American Community Survey, ACS 1-Year Estimates Subject Tables, Table S2704, 2022 and Selected Characteristics of Health Insurance Coverage in the United States. American Community Survey, ACS 1-Year Estimates Subject Tables, Table S2701, 2022.

South Carolina Institute of Medicine & Public Health

The South Carolina Institute of Medicine & Public Health (IMPH) is a nonpartisan, nonprofit organization working to collectively inform policy to improve health and health care in South Carolina. In conducting its work, IMPH takes a comprehensive approach to advancing health issues through data analysis and translation and collaborative engagement. The work of IMPH is supported by a diverse array of public and private sources. This policy brief was produced with support from John I. Smith Charities.

Please direct any questions to: info@imph.org

For more information, please visit: imph.org

1301 Gervais Street
Suite 300
Columbia, SC 29201

@SC.IMPH @SC_IMPH

South Carolina Institute of Medicine and Public Health