



South Carolina Institute of
Medicine & Public Health

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

AUGUST 2024



Under the Affordable Care Act (ACA), states have the option to expand Medicaid coverage to all individuals living up to 138% below the federal poverty level (FPL).^{1,2} Generalizable findings suggest that the expansion of public insurance increases health care access and service utilization and subsequently improves health outcomes.³ A study conducted in 2021 demonstrates an association between Medicaid expansion and improved health behaviors, increased health care service utilization and increased access to health care coverage.⁴ It has also been demonstrated that 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

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.⁶ The number of Medicaid and individually purchased private insurance coverage

options has increased while the number of employer-sponsored insurance options has decreased since the passage of the ACA in 2010.^{7,8} When the ACA was designed, it was not anticipated that states would be able to opt out of expanding 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.⁹ To qualify for subsidized health care coverage through the ACA, an individual must have an income below 138% of the FPL which is \$20,782.80 in 2024 for a household of one.¹⁰ To be considered affordable in South Carolina, the annual average premium for a Marketplace insurance 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.¹¹ Medicaid eligibility income thresholds for adults in non-expansion states is comparatively low.¹² 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.¹³ This region reports significantly higher proportions of uninsured adults compared to other regions.¹⁴

In the most recent South Carolina 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.¹⁵ 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.¹⁶ It is also reported that South Carolina has the sixth highest rate of delayed medical care attributed to cost concerns with uninsured people being the most impacted.¹⁷

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 34.¹⁸ 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.¹⁹ 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.²⁰

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.²¹



Key Statistics: General Outcomes Associated with Medicaid Expansion

TABLE 1

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.²²

Medicaid expansion is associated with a decreased reliance on the emergency department for a usual source of care.²³

Expansion has been associated with a 3.6% decrease in all-cause mortality.²⁴

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.²⁵

Medicaid expansion has been linked to improved self-reported diabetes management.²⁶

The expansion of Medicaid is associated with a reduced incidence of advanced-stage breast cancer as a result of increased access to preventative care services.²⁷

Compared to nonexpansion states, Medicaid expansion is associated with a statistically significant decrease in mortality amongst patients with invasive breast, colorectal and lung cancer.²⁸

A 2021 study found that following expansion, the number of ED visits for uninsured patients decreased 44% compared to nonexpansion states.²⁹

Expansion has demonstrated improvements of self-reported health status amongst an estimated 21-27% of new enrollees.³⁰

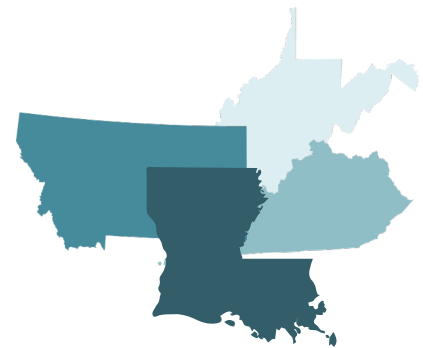
A 2022 study found that Medicaid expansion is associated with an average reduction of 11.8 deaths per 100,000 adults.³¹

Medicaid expansion has been associated with a reduction in self-reported depression, psychological distress and the number of poor mental health days experienced.³²

Compared to nonexpansion states, expansion states demonstrate evidence of increased diagnosis rates of diabetes and high cholesterol.^{33,34}

Key Statistics: State-Specific Outcomes Associated with Medicaid Expansion

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.



The Louisiana Department of Health (LADH) reports that 638,056 people have enrolled in Medicaid under the expanded eligibility guidelines since 2016.^{35,36} 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.³⁷

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.³⁸ 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.³⁹ 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.⁴⁰ Looking specifically at uncompensated costs, expansion in Montana significantly reduced uncompensated care costs from \$390 million in 2015 to \$208 million in 2021.⁴¹ In critical access hospitals and rural health clinics uncompensated care costs decreased from \$64 million in 2016 to \$41 million in 2021.⁴²

Medicaid expansion was also associated with a reduction in hospital uncompensated care costs in Louisiana. 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.⁴³ The reduction is attributed to having fewer uncompensated care costs with larger effects observed for rural and public hospitals.⁴⁴ A study conducted in 2022 found a significant change in payer mix for urgent care, primary care and EDs in Louisiana following expansion.⁴⁵ These findings demonstrate an increase in primary care visits resulting in a reduction in uncompensated care.⁴⁶ Another study conducted in 2022 observed a 6.8% decrease of adult survey respondents reporting affordability as a barrier to clinical care.⁴⁷

TABLE 2

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

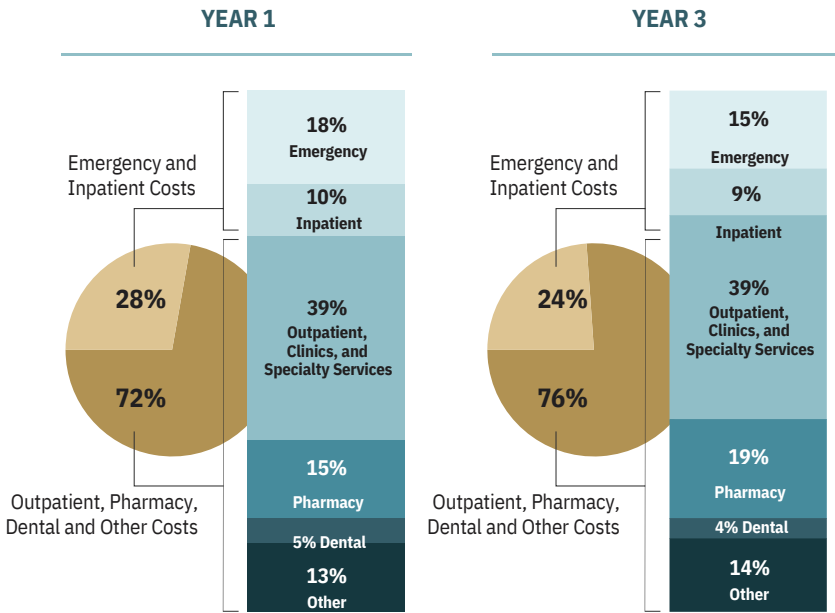
Source: Louisiana Department of Health. (2024). LDH Medicaid Expansion Dashboard.

In Montana, 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 1.⁴⁸

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.⁴⁹ Their findings demonstrate that the expansion of Medicaid was significantly associated with reduced maternal mortality by 7.01 maternal deaths per 100,00 live births.⁵⁰

FIGURE 1

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.

In 2022, only 63.1% of adults reported visiting a dentist or dental clinic within the past year in South Carolina.⁵⁷ 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.⁵⁸

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.⁵⁹ Figure 2 depicts the trends for Medicaid expansion enrollee ED utilization for preventable dental conditions.⁶⁰

Expansion states report that the number of low-income adults with a previously unmet behavioral health care need decreased 18% following expansion.⁶¹ 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.⁶²

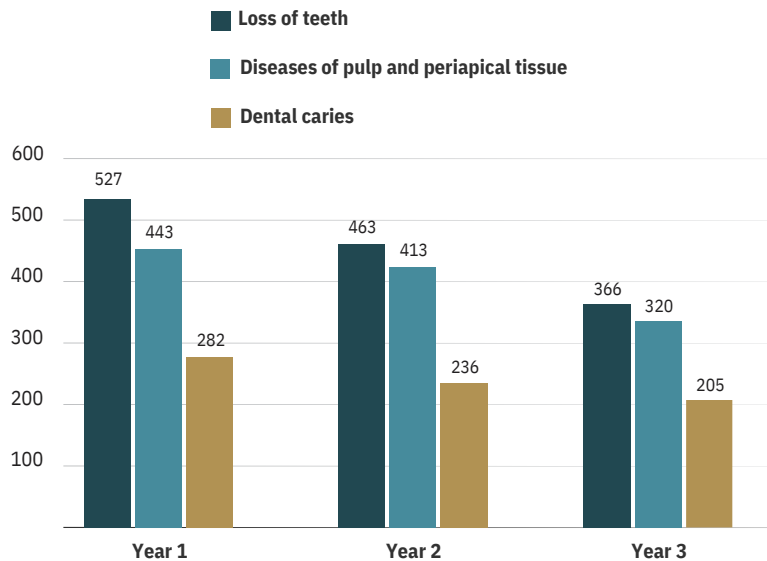
Increased access to care through expanded eligibility guidelines resulted in 6.7% increase in the incidence of colorectal cancer and a 9.3% increase in the proportion of early-stage colorectal cancer diagnoses in Kentucky.⁵¹ Kentucky Medicaid expansion has also been associated with earlier detection and diagnosis of breast cancer and relatively improved quality of breast cancer care.⁵² 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.⁵³

A 2020 study demonstrates that the uptake in Medicaid expansion can be contributing to a relative decrease in the national maternal mortality ratio.⁵⁴ The observed decrease in the maternal mortality ratio is larger when the estimates consider late maternal deaths.⁵⁵ 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.⁵⁶

The full report (accessible at imph.org) provides additional information on the impact of Medicaid expansion in Kentucky, Louisiana, Montana and West Virginia.

FIGURE 2

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.

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