



California's Implementation of the Affordable Care Act: How Medi-Cal expansion has impacted health care access and health status for low-income Californians

Online presentation and discussion of *CJPP* journal article
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Overview of webinar

- **Summary of study findings**

- Schwehr, Natalie, Giovann Alarcón, and Lacey Hartman. 2021. “Impacts of the Affordable Care Act Medicaid Expansion in California.” *California Journal of Politics and Policy* 13(1).
- Link to article: <https://escholarship.org/uc/item/17d520j7>
- Commentary by Scott Bain, Principal Consultant for the California State Assembly Committee on Health
- Discussion

Funding

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- I have no conflicts of interest to disclose.



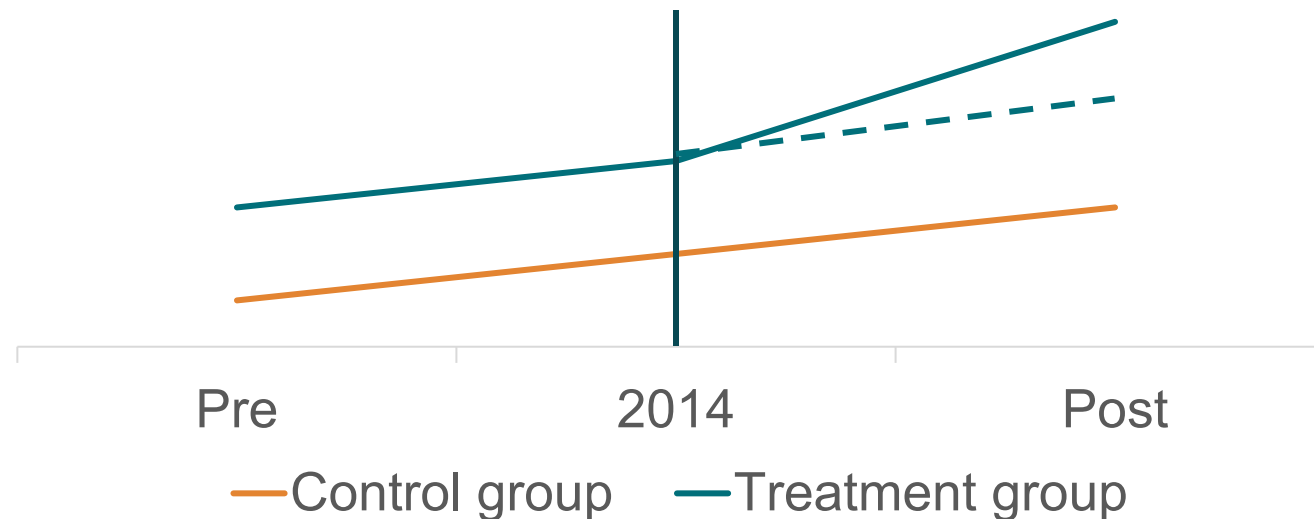
Affordable Care Act (ACA) and Medicaid

- ACA aimed to improve access to health insurance
 - Federal subsidies and Marketplaces
 - **Expansion of Medicaid** at the state level
- Importance of Medicaid for **low-income families**
 - Financial stability
 - Health care access
 - Health outcomes



Affordable Care Act (ACA) and Medicaid

- Expansion of Medicaid was optional for states
 - 2012 Supreme court decision created a natural experiment
 - **Comparison** of expansion vs. nonexpansion states
 - Difference-in-differences (DD) study design



Affordable Care Act (ACA) and Medicaid

- California chose to expand Medi-Cal
 - Partial expansion, 2010-2013
 - 2014 expansion remained pivotal in increased coverage for Californians
 - **“Welcome mat”** effect of outreach encourages enrollment
 - Childless adults were most likely to gain eligibility via the policy change, but coverage increases were also significant among children

National studies of the ACA Medicaid expansion

- Substantial body of research literature
 - Consistent evidence that expansion **increased coverage**
 - Mostly supportive evidence for **improved access and affordability**
 - Weaker evidence regarding **improved health outcomes**
 - Harder to study; fewer studies
 - Important for population health and health equity
 - Low-income adults experience worse health, higher risks of death

California studies of the ACA Medicaid expansion

- Low-income Californians
 - Medi-Cal expansion led to historic gains in coverage
 - Race/ethnic disparities in access persisted
 - Previous California-based studies had not examined **self-reported health and physical/mental health** for low-income adults



Research objectives

- We examined the impact of Medi-Cal expansion on healthcare coverage and access, health status, and affordability for Californians (age 19-64) with incomes below 100% of the federal poverty guidelines (FPG)
- We described post-ACA disparities by race/ethnicity among childless low-income adults

Data

- Behavioral Risk Factor Surveillance System (BRFSS), 2011-2019
 - Nationally representative
 - Includes measures of health status as well as health care access

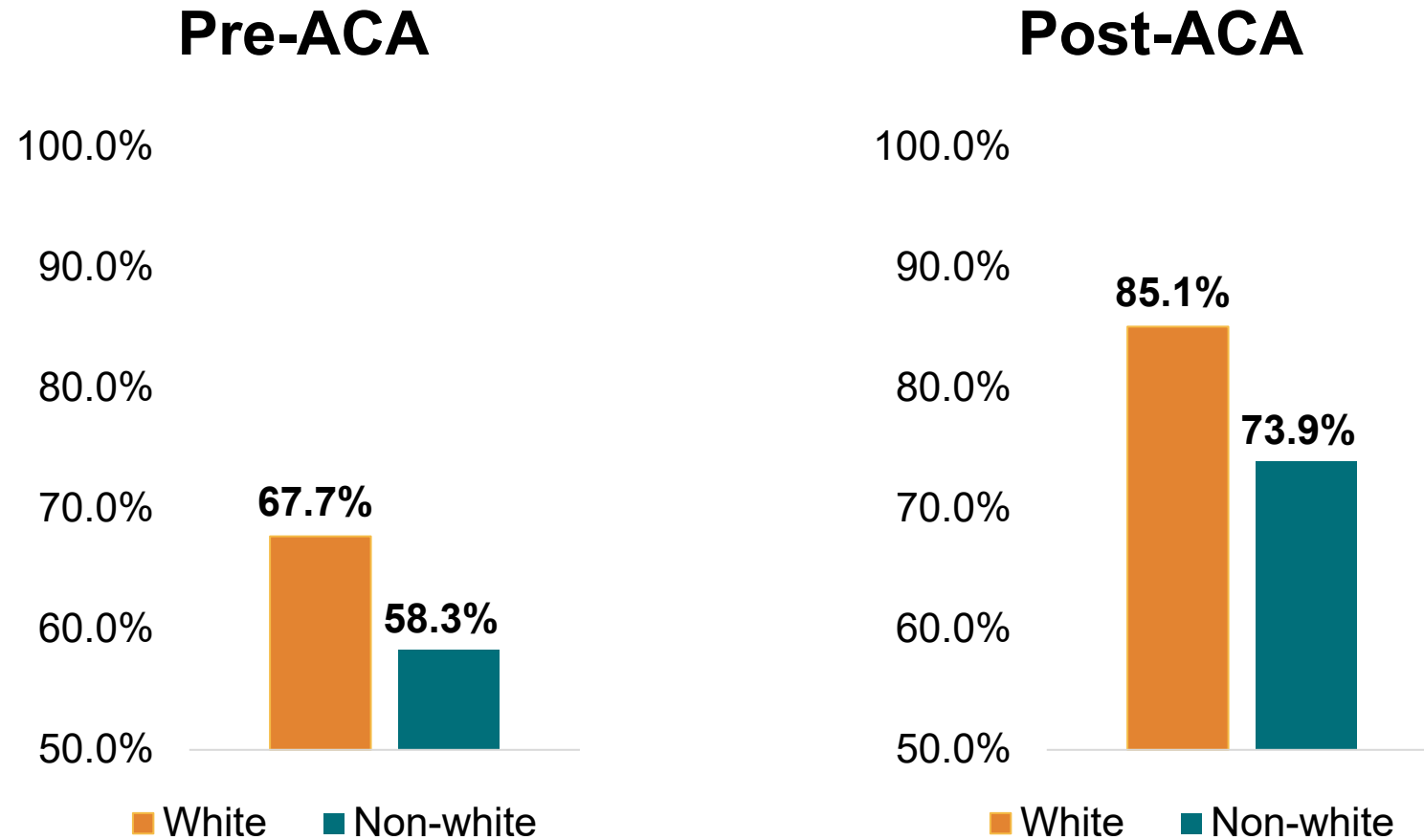
Study outcomes

- Health insurance coverage
- Usual source of care (personal doctor or healthcare provider)
- Could not see a doctor because of cost in the past year
- Self-reported health (fair/poor versus excellent, very good, or good)
- Frequent unhealthy days
(≥ 14 unhealthy days in the past 30 days)
 - Physical, mental, or either physical/mental distress

Descriptive Results

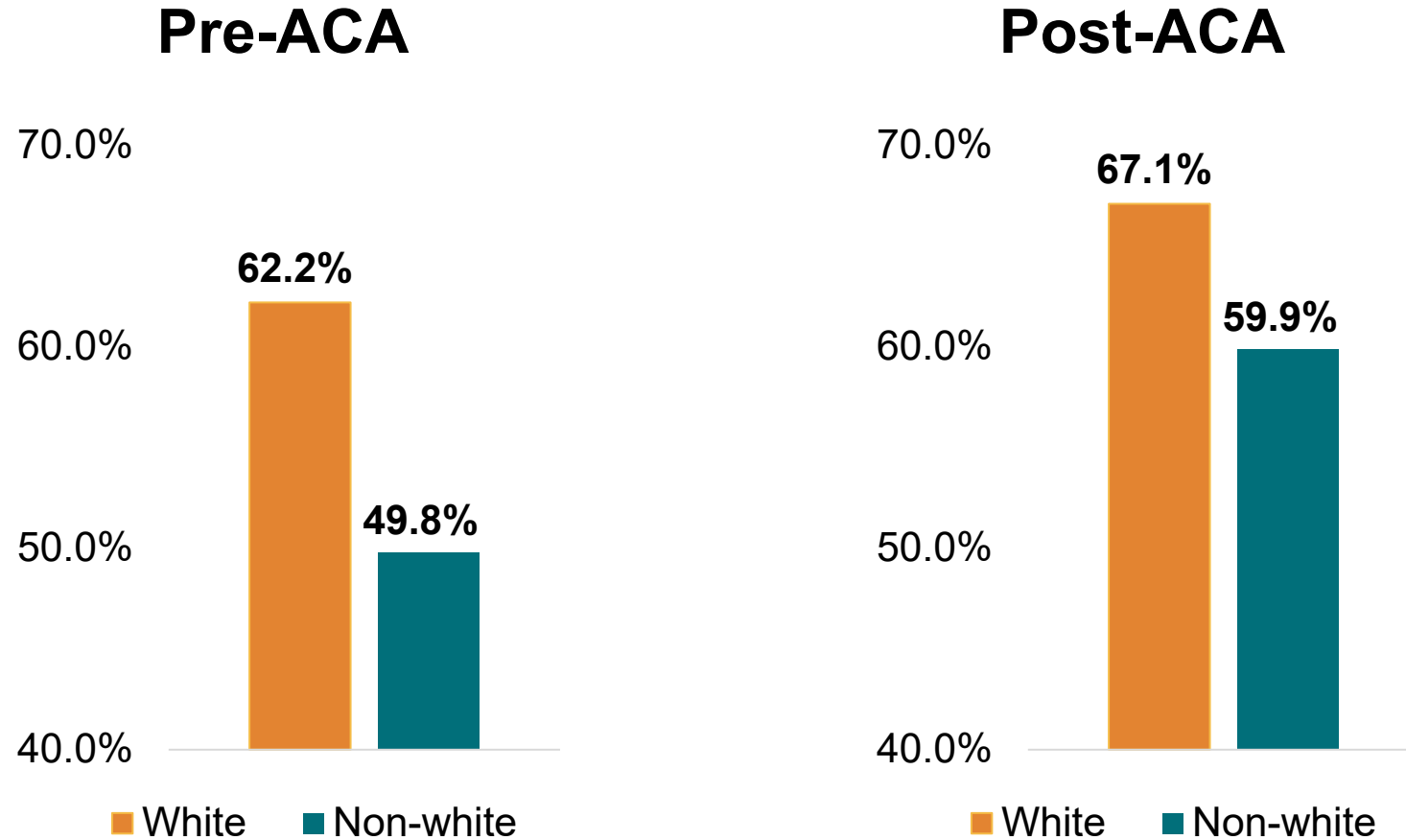
Health insurance coverage by race/ethnicity

Childless low-income adults in California



Usual source of care by race/ethnicity

Childless low-income adults in California



Multivariate Results

Impact of Medicaid expansion among low-income adults (19-64) and childless low-income adults by race/ethnicity in California compared with nonexpansion states, 2011-2019

Health care coverage, affordability, and access

	All	Childless adults	White, childless	Non-white, childless
Health insurance coverage	0.039**	0.075***	0.084**	0.069*
Could not see a doctor because of cost	-0.039**	-0.058**	-0.084**	-0.036
Had a personal doctor or healthcare provider	0.077***	0.052*	0.015	0.066*

*** p<0.001, ** p<0.01, * p<0.05

All models adjusted for age, sex, race/ethnicity, education, marital status, employment status, and parental status (N/A for childless adults).

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Health status and unhealthy days

	All	Childless adults	White, childless	Non-white, childless
Self-reported health (fair/poor)	-0.042***	-0.056**	-0.069*	-0.050
Frequent physical distress	-0.016	-0.032	-0.078**	-0.002
Frequent mental distress	-0.036**	-0.082***	-0.085**	-0.064*
Frequent physical or mental	-0.039**	-0.062**	-0.070*	-0.043

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Summary

- Medi-Cal expansion benefitted the target population of low-income and childless low-income adults
 - **Coverage, affordability, usual source of care, health status, mental health**
- Both white and POC childless adults saw improvements
 - White childless adults: 6 of 7 measures
 - POC childless adults: 3 of 7 measures
- All groups reported improved **health insurance coverage and mental health**

Summary

- Our findings provide evidence the coverage gains seen under Medi-Cal expansion translated into **improved health** for Californians, as well as gains in coverage and access to health care.
- Ongoing disparities in health insurance coverage and access by race/ethnicity may require more **targeted policy changes**.

Contact Information

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