

The Affordable Care Act Medicaid expansion is popular. That's true even in the 14 states that haven't yet expanded their programs. According to the Kaiser Family Foundation, in those states, 77% of people view Medicaid expansion favorably and nearly 60% would like to see their state adopt it.¹ Despite its popular support, expansion has not occurred in these states precisely because it is controversial among policy makers.

“IF AND WHEN STATES EXPAND MEDICAID, MANY FAMILIAR ISSUES REMAIN, INCLUDING ACCESS TO CARE AND CARE FRAGMENTATION, EVEN AS MEDICAID PROVIDES MYRIAD BENEFITS.”

Yet, Medicaid offers many benefits. The most direct benefit is enhanced access to care through reduction in financial barriers. For example, Cole et al² found that after Medicaid expansion, patients at community health centers were 12 percentage points less likely to be uninsured. The study also found no degradation in quality of care and, by some measures, improved quality. A systematic review of studies of Medicaid expansion by Mazurenko et al³ found that it was associated with increases in coverage and use of care and its quality. And the Oregon Medicaid study⁴ found increased use of some preventive care, improvements in financial well-being, and mental health benefits.

Politics and popularity aside—and despite its many benefits⁵—Medicaid does not address all healthcare access issues. In this issue of *The American Journal of Managed Care*[®], for example, Chaiyachati et al found that one-third of new Medicaid enrollees in Philadelphia lacked a usual source of primary care. More than half lacked a usual source of dental care. In a study of Michigan primary care providers, Tipirneni et al found that acceptance of Medicaid patients hinged on practice capacity, specialist availability, and the physical and mental health needs

of Medicaid patients. And Timbie et al documented challenges in access to specialty care for patients seen at community health centers in 9 states and the District of Columbia.

Medicaid also does not address the issues associated with fragmented care, which is the norm in the US health system. Also in this issue, Kern et al found that care fragmentation among Medicaid patients increased the hazard of emergency department visits.

Finally, as Denham and Veazie found, some states with generous pre-expansion eligibility levels have seen enrollment growth after expansion. This suggests that simplified enrollment processes and increased awareness may boost enrollment independent of eligibility. Yet, this too does nothing to address the other access and care fragmentation issues that pervade the US health system.

In total, studies in this issue demonstrate that if and when states expand Medicaid, many familiar issues remain, even as Medicaid provides myriad benefits. The remaining issues include access to care and care fragmentation. As policy makers in states that have not yet expanded gradually opt to do so, they can be confident that they are appealing to popular sentiment and that they are expanding coverage that will lead to increased healthcare use and benefits to health and well-being (including financial well-being). However, they should expect many of the familiar issues with the US health system to remain. ■

REFERENCES

1. Kirzinger A, Wu B, Brodie M. KFF Health Tracking Poll – November 2018: priorities for new Congress and the future of the ACA and Medicaid expansion. Kaiser Family Foundation website. kff.org/health-reform/poll-finding/kff-health-tracking-poll-november-2018-priorities-congress-future-aca-medicaid-expansion. Published November 28, 2018. Accessed February 25, 2019.
2. Cole MB, Wright B, Wilson IB, Galarraga O, Trivedi AN. Medicaid expansion and community health centers: care quality and service use increased for rural patients. *Health Aff (Millwood)*. 2018;37(6):900-907. doi: 10.1377/hlthaff.2017.1542.
3. Mazurenko O, Balio CP, Agarwal R, Carroll AE, Menachemi N. The effects of Medicaid expansion under the ACA: a systematic review. *Health Aff (Millwood)*. 2018;37(6):944-950. doi: 10.1377/hlthaff.2017.1491.
4. Baicker K, Taubman SL, Allen HL, et al; Oregon Health Study Group. The Oregon experiment—effects of Medicaid on clinical outcomes. *N Engl J Med*. 2013;368(18):1713-1722. doi: 10.1056/NEJMs1212321.
5. Carroll AE. Finally, some answers on the effects of Medicaid expansion. *The New York Times*. July 2, 2018. nytimes.com/2018/07/02/upshot/finally-some-answers-on-the-effects-of-medicaid-expansion.html. Accessed February 25, 2019.

Mission Statement

The American Journal of Managed Care[®] is an independent, peer-reviewed forum for the dissemination of research relating to clinical, economic, and policy aspects of financing and delivering healthcare. The journal's mission is to publish original research relevant to clinical decision makers and policy makers as they work to promote the efficient delivery of high-quality care.

Indexing

The American Journal of Managed Care[®] is included in the following abstracting and indexing sources:

- ▶ Medline/PubMed
- ▶ EMBASE/Excerpta Medica
- ▶ Current Contents/Clinical Medicine
- ▶ Science Citation Index Expanded
- ▶ Current Contents/Social & Behavioral Sciences
- ▶ Social Sciences Citation Index
- ▶ Cumulative Index to Nursing and Allied Health Literature (CINAHL)
- ▶ International Pharmaceutical Abstracts (IPA)
- ▶ Physiotherapy Evidence Database (PEDro)



Opinions expressed by authors, contributors, and advertisers are their own and not necessarily those of Managed Care & Healthcare Communications, LLC, the editorial staff, or any member of the editorial advisory board. Managed Care & Healthcare Communications, LLC, is not responsible for accuracy of dosages given in articles printed herein. The appearance of advertisements in this journal is not a warranty, endorsement, or approval of the products or services advertised or of their effectiveness, quality, or safety. Managed Care & Healthcare Communications, LLC, disclaims responsibility for any injury to persons or property resulting from any ideas or products referred to in the articles or advertisements.

The American Journal of Managed Care[®] ISSN 1088-0224 (print) & ISSN 1936-2692 (online), UPS 0015-973 is published monthly by Managed Care & Healthcare Communications, LLC, 2 Clarke Drive, Suite 100, Cranbury, NJ 08512. Copyright © 2019 by Managed Care & Healthcare Communications, LLC. All rights reserved. As provided by US copyright law, no part of this publication may be reproduced, displayed, or transmitted in any form or by any means, electronic or mechanical, without the prior written permission of the publisher. For subscription inquiries or change of address, please call 609-716-7777 or email Jon Severn at circulation@mjhassoc.com. For permission to photocopy or reuse material from this journal, please contact the Copyright Clearance Center, Inc, 222 Rosewood Drive, Danvers, MA 01923; Tel: 978-750-8400; Web: www.copyright.com. Reprints of articles are available in minimum quantities of 250 copies. To order custom reprints, please contact Gilbert Hernandez, *The American Journal of Managed Care*[®], ghernandez@ajmc.com; Tel: 609-716-7777. Periodicals class postage paid at Princeton, NJ, and additional mailing offices. POSTMASTER: Send address changes to: *The American Journal of Managed Care*[®], 2 Clarke Drive, Suite 100, Cranbury, NJ 08512. Subscription rates: US: Individual: \$239; institutional: \$359; Outside the US: Individual: \$359; institutional: \$479. Single copies: \$35 each. Payable in US funds. *The American Journal of Managed Care*[®] is a registered trademark of Managed Care & Healthcare Communications, LLC. www.ajmc.com • Printed on acid-free paper.