

State medicaid expansions did not erode perceived access to care or increase emergency services

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Previous expansions in Medicaid eligibility by states were not associated with an erosion of perceived access to care or an increase in emergency department (ED) use.

In January 2014, the Patient Protection and Affordable Care Act (ACA) expanded Medicaid eligibility so coverage in the public insurance program could be offered to more low-income Americans. However, some have suggested that the demand for medical services created by Medicaid expansion may erode access to care for individuals already enrolled in Medicaid, which can be restrictive.

The authors examined previous Medicaid expansions to gauge self-reported perceptions of access to care and the use of ED services by enrollees. The authors examined data from 1,714 adult Medicaid enrollees in 10 states that expanded Medicaid between June 2000 and October 2009, and from 5,097 Medicaid enrollees in 14 bordering states that did not expand Medicaid.

In Medicaid expansion states, the proportion of Medicaid enrollees reporting poor access to care declined from 8.5 percent before the expansion to 7.3 percent after the expansion. In the control states where Medicaid was not expanded, enrollees reporting poor access to care remained constant at 5.3 percent. The proportion of Medicaid enrollees reporting [emergency department](#) use decreased from 41.2 percent to

40.1 percent in expansion states and from 37.3 percent to 36.1 percent in states that did not expand Medicaid.

"We found no evidence that expanding the number of individuals eligible for Medicaid coverage eroded perceived access to care or increased the use of emergency services among adult Medicaid enrollees," said Chima D. Ndumele, Ph.D., of the Yale School of Public Health, New Haven, Conn., and the Brown University School of Public Health, Providence, R.I., and colleagues in their *JAMA Internal Medicine* paper.

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