

Affordable Care Act expands health coverage to more patients, although differences remain

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Expansion of Medicaid coverage under the Affordable Care Act has contributed to sizeable decreases in medical visits in which people were uninsured. This is true across all racial and ethnic groups, although disparities remain.

Using electronic health record data from 10 states that expanded Medicaid and six states that did not, a new study examined 359 community health centers and 870,319 [patients](#) with more than four million visits.

Rates of Medicaid-insured visits increased in [expansion](#) states for all racial/ethnic groups immediately following ACA Medicaid expansion, whereas no significant change was observed for Medicaid-insured visits for any racial/ethnic group in non-expansion states. Rates of uninsured visits decreased for all racial/ethnic groups in both expansion and non-expansion states, but the declines were more immediate and pronounced in expansion states.

Specifically, rates of Medicaid-insured visits in expansion states increased 60 percent from before the ACA to after its implementation among non-Hispanic whites (rate ratio [RR]=1.60; 95 percent confidence interval, 1.44-1.78), 77 percent for Hispanics (RR=1.77; 95 percent CI, 1.56-2.02), and 40 percent for non-Hispanic blacks (RR=1.40; 95percent CI, 1.23-1.61). The most notable changes in non-expansion states were in private insurance visit rates: all racial/ethnic groups increased significantly in the post-implementation period, with

Hispanics utilizing community health centers with private coverage at 3.6 times their rate prior to the ACA.

This suggests that fewer Hispanic patients were eligible for Medicaid and therefore sought private coverage to comply with the ACA's individual mandate. In spite of these improvements, disparities remain.

For example, Hispanic patients had the highest uninsured visit rates before Medicaid expansion and, after Medicaid expansion, a significantly smaller decline in rates of uninsured visits than non-Hispanic whites and non-Hispanic blacks.

Thus, gaps in Medicaid coverage appear to have continued for Hispanic patients while disparities have been reduced for non-Hispanic blacks. These findings suggest the need for continued and more equitable insurance expansion efforts to eliminate health insurance disparities.

More information: <http://www.annfammed.org/content/15/5/434.full>

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