

Jordan Smith  
Faculty Advisor: Awo Osei-Anto

## ACA Verdict: Disparities Persist for Medicaid Beneficiaries in Non-Expansion States

### **Background**

Although uninsured rates are lower than ever and coverage access has greatly increased, we still see coverage gaps persisting (Garfield, 2016). Millions of Americans are still uninsured, and even some who are insured face persistent barriers to gaining affordable, quality healthcare. Roughly 3 million uninsured adults falling into the “Medicaid gap”, meaning their income exceeds the state Medicaid eligibility criteria, but are too low to qualify for the exchange subsidies (NEJM, 2015). Five years after the ACA’s implementation, 19 states have chosen to not expand based on the Supreme Court ruling that the states have the autonomy to expand or not expand their Medicaid program (Supreme Court, 2011). Looking at demographics of individuals who remain uninsured due to lack of state expansion, we see mostly poor, uninsured adults residing in the south. Almost 90% of individuals that fall into the coverage gap are living in the south (Garfield, 2016). Additionally, the race and ethnicity of those in the coverage gap reflects the disproportionality of those race/ethnicity’s residing in the states that are not expanding. Many states not expanding have a large African American population, which accounts for a slightly higher percentage of people in the gap. Also, non-disabled adults without dependent children are not eligible for Medicaid in nonexpanding states, this also accounts for a disproportionate (76%) of people in the coverage gap (Garfield, 2016).

Medicaid expansion has resulted in improved outcomes and costs savings for states. States that expanded eligibility have lower rates of comorbidities than nonexpanding states. Even after controlling for sociodemographic factors, body mass index, SES, and access to healthcare differences there was still a significantly higher number of comorbidities among people in non-expanded states (Tomi, 2016). States that did not expand Medicaid eligibility can expect to face higher healthcare costs and an overall greater burden on their state because people will be sicker and poorer.

### **Need for Social Justice Approach**

In order to understand why our healthcare system runs as it does, we need to examine our nation’s values and ideologies. Our government tends to favor a laissez-faire approach, meaning minimal involvement until there is a need for government intervention. Our nation also values capitalism and entrepreneurship, and many people believe you get what you work for (Beauchamp, n.d.). Approaching healthcare from this perspective leads to inequities because we ignore the social preconditions that may drive an individual’s actions. Viewing health care through a social justice lens helps us acknowledge that all people are equally entitled to healthcare and a minimum standard income. Further, social justice focuses on ‘fair share’ of burdens and benefits, so that the nation can thrive (Beauchamp, n.d.). The disproportionality of minority individuals that fall into the coverage gap is a social injustice. The decision of states to not expand directly ignores historical, socioeconomic and political barriers that leave the uninsured population sicker and poorer than those who are now covered.

### **Compounding Factors**

In addition to lacking access to health care insurance in non-expansion states, minorities of lower socioeconomic status (SES) tend to have less opportunity for education, leading to less job opportunities, which greatly influences an individual's health status. Education status greatly affects overall SES, but Blacks and Hispanics have substantially lower levels of average education and at each given level of educational attainment, they make significantly less than their White and Asian counterparts (Barr, 2008). Also, due to a multitude of stressors, including chronic discrimination, many non-White individuals face chronic stress that induces other adverse physical and mental health outcomes (Barr, 2008). All of these factors play a role in determining one's health outcomes.

### **Concluding Thoughts**

By choosing to not expand Medicaid eligibility, some states greatly restricted health care access for low income minorities, limiting access to beneficial preventative services. This lack of health care access, coupled with the other determinants of health care identified in earlier sections of the paper all contribute to expanding, the disparity gap, leaving behind a group of people who need health care the most.

## References

- Barr, D. A. (2008). *Health Disparities in the United States, Social Class, Race, Ethnicity and Health*, "Race/Ethnicity and Health" and "Introduction to the Social Roots of Health Disparities" Baltimore: The Johns Hopkins University Press.
- Beauchamp, D.E. (n.d.) Public Health and Social Justice, In R. Hofrichter (Ed.) *Health and Social Justice, Politics, Ideology and Inequity in the Distribution of Disease*. (pp. 267-284).
- Garfield, R. & Damico, A. (2016) The Coverage Gap: Uninsured Poor Adults in the States that Do Not Expand Medicaid – An Update. Retrieved from <http://files.kff.org/attachment/issue-brief-the-coverage-gap-uninsured-poor-adults-in-states-that-do-not-expand-medicaid-an-update-2>
- The New England Journal of Medicine (NEJM). (2015). Health Care Reform's Unfinished Work- Remaining Barriers to Coverage and Access. Retrieved from <http://www.nejm.org/doi/full/10.1056/NEJMp1509462#t=article>
- Supreme Court of the United States (2011). National Federation of Independent Business. Retrieved from <https://www.supremecourt.gov/opinions/11pdf/11-393c3a2.pdf>
- Tomi Akinyemiju, Megha Jha, Justin Xavier Moore, Maria Pisu, Disparities in the prevalence of comorbidities among US adults by state Medicaid expansion status, *Preventive Medicine*, Volume 88, July 2016, Pages 196-202, ISSN 0091-7435, <http://dx.doi.org/10.1016/j.ypmed.2016.04.009>.  
<http://www.sciencedirect.com/science/article/pii/S0091743516300640>