Unintended Consequences: Medicaid Expansion and Racial Inequality in Access to Health Insurance

The Patient Protection and Affordable Care Act of 2010 (ACA) included the greatest expansion of Medicaid in history.

After the ACA passed, there was a judicial ruling that it is unconstitutional to deny all federal funding for Medicaid to states that declined Medicaid expansion.

Hence, states were allowed decide whether or not to expand.

- This resulted in major gaps in coverage: approximately 5 million low-income Americans are ineligible for Medicaid and for insurance subsidies (Kaiser Commission on Medicaid and the Uninsured, 2014).

(Andrews, 2014)
• There has been a consistently strong, inverse relationship between size of state’s African American population and generosity of social welfare benefits (Cummings, Wen, Ko, & Druss, 2014)
  – Medicaid criteria and coverage less generous in states with higher proportion of African Americans
  – Providers less likely to accept Medicaid in areas that are predominantly African American (Greene, Blustein, & Wetzman, 2006)

(Andrews, 2014)
African Americans are disproportionately represented in the coverage gap – Majority live in the South, which is also where about 80% of people in the coverage gap live (Kaiser Commission on Medicaid and the Uninsured, 2014)
– Also heavily overrepresented among poorest poor (United States Census Bureau, 2012)
Allowing states to decline Medicaid expansion will widen gap in health insurance coverage between white and African Americans

- Lack of coverage is major barrier to receipt of health care (Lillie-Blanton & Hoffman, 2005)

States that have declined Medicaid expansion also have fewer safety-net clinics (Marquis, Rogowski, & Escarce, 2004)

(Andrews, 2014)
Implications for Practice

• Social work has a responsibility to lead the efforts to achieve Medicaid expansion
• Activism can make a difference in non-expansion states
• Need to go beyond traditional partners to include hospitals and insurers
• Need to do outreach, assistance, and advocacy to support people in the coverage gap
  – Maximize current resources without diverting from goal of Medicaid expansion

(Andrews, 2014)
References


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