

New Research Points to Benefits of Medicaid Expansion

Written by Kathleen Vinehout, State Senator 31st District

Wednesday, 15 August 2018 11:59 - Last Updated Wednesday, 15 August 2018 12:16

<http://newiprogressive.com/images/stories/S5/affordablecareact-s5.jpg>



Sen. Kathleen Vinehout writes about recently released research that points to benefits of Medicaid expansion, under the Affordable Care Act. Unfortunately, Wisconsin leaders did not opt to expand Medicaid.

ALMA, WI - “The dramatic decline in the share of children without health insurance over the past two decades is an American health policy success story,” wrote Alan Weil, the Editor in Chief of the journal Health Affairs. The journal is widely seen as a leader in reporting research related to health policy.

Medicaid (MA), known in Wisconsin as BadgerCare, and the Children’s Health Insurance Program, are credited with an astounding ninety-four percent participation rate of eligible children. This is the highest level of health care coverage since researchers began measuring children’s coverage.

With one in six Wisconsin children living in poverty, and an increasing rate of childhood poverty, programs that provide health care coverage to children are even more important.

Unfortunately, researchers found states that did not expand MA coverage under the federal Affordable Care Act (ACA) had fewer eligible children and parents participating in Medicaid.

Wisconsin’s governor chose not to expand MA under the ACA.

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States that opted to expand MA successfully increased their level of health care coverage for eligible populations. Those states were effective at outreach, easy enrollment and easy renewal processes.

Researchers however cautioned that cuts to the funding available for outreach and elimination of the “individual mandate” (the requirement that everyone have health insurance) is predicted to lower health coverage for children in the future.

Health news from states that did expand MA coverage brings us a clearer picture of the benefits Wisconsin could reap under a change in our state policy.

Diabetes is one of Wisconsin’s top “avoidable” disease burdens. Diabetes can lead to many other health problems including eye and heart disease. Diabetic patients can control their blood sugar through lifesaving medications. But patients without health insurance frequently cannot afford costly medications.



Getting folks to fill their prescriptions and use their medicine as prescribed, can prevent other health problems, provide long-term benefits for the patient’s health and lower overall cost.

New research comparing MA expansion states with non-expansion states (like Wisconsin) show a significant increase in patients filling prescriptions for diabetic medication among the expansion states when compared to the non-expansion states. Researchers found older – below age 65 – patients experienced the largest increase in prescription fills.

The study looked at patterns in over ninety-six million prescription fills. Authors suggested that state savings can grow over time as people age but stay healthier. These savings could help justify the state’s investment in MA expansion.

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Researchers also looked into better understanding the effect of MA expansion on coverage for those suffering from addiction. Researchers in Oregon suggested MA expansion was associated with a decrease in depressive symptoms and an increase in self-reported mental and physical health.

Getting the full complement of treatment options to MA patients suffering from substance abuse is a challenge for many states. Limits on MA – the nation’s largest payer for addiction treatment – has been a problem for many years.

Restricting access to services for addiction makes no sense, especially with the often small window when patients realize how sick they are and are willing to comply with treatment. For MA expansion states, the Affordable Care Act “ushered in landmark reforms to Medicaid coverage for addiction treatment,” wrote researchers in the recent edition of Health Affairs.

Wisconsin has the option of expanding MA coverage under the ACA. The current administration rejected MA expansion even though data from the nonpartisan Legislative Fiscal Bureau showed over a billion dollar six-year savings to the state budget (fiscal years 2013-14 through FY 18-19).

If leaders chose MA expansion in the current budget, the state would save two hundred and eighty-six million as federal money replaced precious state “general fund” dollars. I proposed using this savings to make a long-needed investment in community-based mental health and addiction recovery services.

Uninsured patients cost all of us, as hospitals shift the costs of those unable to pay their bills onto other patients. Programs like MA help all of us by providing lifesaving coverage.