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Analysis of KFF's Recent Research on the Effects of ACA Medicaid Expansion

Key Points

- KFF's research highlights themes in healthcare outcomes from studies that suggest there is a consensus that Medicaid expansion contributes to positive outcomes of expanded healthcare coverage and affordability.
- The KFF literature review does not provide empirical unanimity that Medicaid expansion has helped enrollees receive better medical care.

Executive Summary

The Kaiser Family Foundation (KFF) released its most recent update to a collection of studies on the effects of Medicaid expansion from January 2014 to March 2021. The KFF review (Guth & Ammula, 2021) divides the 601 studies into a variety of themes, including but not limited to mortality, behavioral health, and socioeconomic disparities, and examines them through the lenses of cost, accessibility, and quality of care. Our examination takes a closer look at some of the shortcomings of the KFF review and reveals weak points that require further exploration.

As a response to KFF's research, Texas Public Policy Foundation provides an alternative approach to Medicaid expansion in the form of more targeted programs. Blase and Balat (2020) provide the ideal retort to questions in the wake of an incisive examination of KFF's review. Because the KFF review is preoccupied with touting the improvements that expansion brings to the general population of ill and injured patients, it misses Medicaid's original goal to address lower-income Americans, namely children, pregnant women, and the disabled. Currently, children and young adults ages 0-26 comprise 61% of all Medicaid (Centers for Medicare & Medicaid Services, 2020). Citing a study that assesses the marginal value of public funds, Blase and Balat note that health programs geared toward lower-income children had a substantially positive rate of return. That same return was negative for health programs broadly targeted at lower-income adults (Hendren & Sprung-Keyser, 2020). The Foundation notes that large coverage expansions have a poor return on investment because of the plethora of other pre-existing government programs that help low-income people obtain medical care. The phenomenon of private coverage crowd-out and indirect effect of longer wait times are other concerns that the Foundation highlights as important failures of expansion.

Furthermore, the KFF review also suffers from statistical biases. Many studies highlighted in the review lack reference data from non-expansion states that would otherwise elicit more honest trends than what KFF purports to gather. The gaps in analysis mount to a skewed perspective of Medicaid expansion—one that insinuates Medicaid's overall effects are more substantial than they actually are.

The KFF review takes a favorable perspective of Medicaid expansion and bases it on the overwhelming volume of studies that suggest expansion has improved enrollees' healthcare coverage and financial well-being. However, this conclusion glazes over the effects of expansion on health outcomes and provider capacity where the studies' results are decidedly mixed and limited in reach. Make no

continued

mistake, the dearth of data on health outcomes is no fault of KFF. If anything, they have revealed what the Texas Public Policy Foundation has said all along: Medicaid is quite good at providing insurance for the sake of coverage, but less effective at providing quality healthcare services.

Analysis of KFF's Recent Research on the Effects of ACA Medicaid Expansion Introduction

In the literature review, *Building on the Evidence Base: Studies on the Effects of Medicaid Expansion* (Guth & Ammula, 2021), the Kaiser Family Foundation (KFF) presents an update to its collection of studies published between January 2014 and March 2021, assessing the effects of Medicaid expansion under the Affordable Care and Protection Act (ACA). This review of nearly 200 new studies is the latest contribution to an earlier report consisting of over 400 studies examining the same themes of Medicaid expansion. Despite the heterogeneous results of the studies, the literature review erroneously concludes there is widespread agreement that Medicaid expansion has produced sweeping benefits ranging from gains in coverage to health status improvement for large populations. However, although the review's structure and curated volume of studies lead one to believe that expansion has resulted in comprehensive improvements in coverage, costs, and most importantly care, this is not the case.

Our research deconstructs the misleading portions of the KFF review, namely that the collection of studies intentionally focuses on expansion's effects on insurance coverage and exaggerates the narrow improvements in concrete health outcomes among the few. The KFF review ultimately ignores that only smaller, targeted groups reap the benefits while the blunted medical services and overwhelming tax burdens of expansion fall on the majority. Also, many studies pertaining to specific outcome categories are missing counterfactual data sets that would otherwise serve as a reference to non-expansion states. By relying on sources that only discuss expansion states with no direct comparison to non-expansion states, one cannot honestly attribute changes in health and medical access outcomes strictly to expansion policies. The missing data, therefore, is a key metric in many of the sources included that would otherwise help confirm or deny that healthcare improvement is due to expansion.

In general, the KFF literature review does not demonstrate that this increase in healthcare coverage from Medicaid expansion is widespread, cost-effective, or equivalent to a substantive increase in care.

Design of the Review

We note that the studies examined in the KFF review do not cover the entire body of research on Medicaid expansion. Despite adhering to objective standards in the collection process, the review inevitably suffers from confirmation bias. The authors admit that their selection methods rely on a snowballing technique of cherry-picking additional studies from the reference list of previously collected studies (Guth & Ammula, 2021, p. 3). Under normal circumstances, snowballing is a popular method for researching multiple aspects of the same topic. Using snowballing to compile a meta-analysis, on the other hand, can be skewed toward a favored narrative. In this review, the technique in question generates a contrived rabbit hole of biased references leading to an unsurprising list where most of the studies in **Figure 1** found "positive effects of expansion." The studies that found negative effects have reference lists that are just as extensive in volume and just as relevant as studies that found positive effects, yet that is not accurately reflected in the review.

A Greater Consensus on Insurance Coverage Than Health and Care

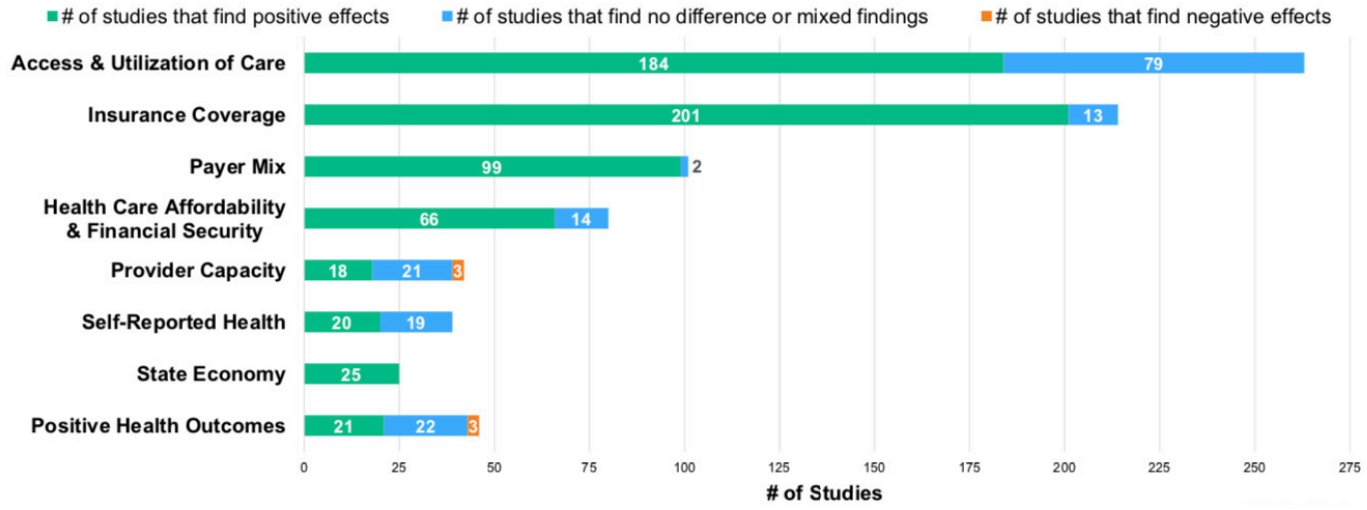
Insurance coverage and affordability turn out to be the themes from the KFF review with studies that show the most uniformity in positive Medicaid expansion outcomes. Actual health-based themes have substantially more mixed results.

The gaps in analysis mount to a skewed perspective of Medicaid expansion—one that insinuates Medicaid's overall effects are more substantial than they actually are.

Most of the studies in the KFF review that analyze a target population in a narrow set of circumstances demonstrate certain positive effects but calculated based on **Figure 1**, 30-54% of the studies in categories assessing access to care, provider capacity, self-reported health, and positive health outcomes have found no difference or negative effects in patient outcomes after Medicaid expansion. In other words, between a third to half of all the studies concerning the most crucial aspects of healthcare delivery are not thematically consistent with KFF's overall positive message about Medicaid expansion. The KFF review fails to confront the fact that the number of reports directly analyzing both

Figure 1

General Medicaid Expansion Themes in KFF Analysis of 601 Studies



Note. Figure taken from *Building on the Evidence Base: Studies on the Effects of Medicaid Expansion, February 2020 to March 2021* by M. Guth and M. Ammula, Kaiser Family Foundation, 2021, p. 12 (https://files.kff.org/attachment/Report-Building-on-the-Evidence-Base-Studies-on-the-Effects-of-Medicaid-Expansion.pdf).

healthcare access and improvements in overall health metrics post-expansion are nowhere near as numerous and uniform as proponents of Medicaid expansion might expect. **Figure 1**, which is a comprehensive illustration of all 601 studies that KFF collected about expansion data, cannot hide the fact that the volume of studies that find positive effects on direct health outcomes is significantly lower than the other themes included in the graph.

For example, 19 of the 39 studies that assess self-reported health found no difference after expansion. Nearly half the studies on the subject reveal that, from the beneficiaries' point of view, the effects of Medicaid expansion on the improvement of health and well-being are imperceptible. Furthermore, 21 of the 42 studies that evaluate provider capacity—a physician's bandwidth to see patients—found no difference after expansion, and an additional three studies found negative effects (Guth & Ammula, 2021, p. 12). That is not surprising when considering that a growing number of physicians are refusing to accept new Medicaid patients (Dunn et al., 2021). Lower reimbursement rates for Medicaid recipients and increased administrative friction make physicians reluctant to treat Medicaid patients and, as a result, distort the availability of care.

Like over-medication, the government-based health insurance program values quantity over quality. The results of **Figure 1** illustrate the Texas Public Policy Foundation's longstanding position that coverage is not synonymous with care. A total of 201 out of 214 studies affirm the positive impact of expansion on coverage but over two thirds of the studies about quality of care show no change post-expansion (Guth & Ammula, 2021, p. 14). The evidence indicates that the emphasis on patient improvement is put on the back burner in exchange for the opportunity to tout the superficial effects of insurance.

Gaps in Empirical Analysis

The KFF literature review does not display an empirical unanimity that those whom Medicaid expansion has allegedly helped have in fact experienced better medical care overall.

First at issue are those studies that observe positive effects in Medicaid expansion states but never examine the data from non-Medicaid expansion states. Without drawing that comparison, the changes experienced in Medicaid expansion states cannot necessarily be attributed to the policy change. (Much of the literature does, however, use difference-in-differences techniques, and those studies warrant more attention.) Similarly, some studies found that primary care appointments for Medicaid enrollees increased, on average, across those states that expanded Medicaid. However, the studies fail to note that appointment availability in states like Texas, which did not expand Medicaid, remained consistently higher than expansion states before and after Medicaid expansion policies took effect in 2014 and 2015 (Candon et al., 2017).

To say the quiet part out loud, there is no guarantee that those who are covered by Medicaid will receive treatment.

To say the quiet part out loud, there is no guarantee that those who are covered by Medicaid will receive treatment. Hospitals, both private and nonprofit, are guilty of turning Medicaid patients away despite their ability to admit them (Venkatesh et al., 2017). Yet, many studies are designed to demonstrate that coverage is synonymous with care and do not investigate whether those newly enrolled in Medicaid receive a higher quality of medical treatment than they previously experienced. In fairness, some of the cited studies do attempt to answer that specific point, and a minority of them find that limited populations did experience an increase in healthcare outcomes, likely attributable to better care. But the research has not uniformly reached this conclusion for most people in Medicaid expansion states. In fact, some of the studies explicitly acknowledge that while an increase in coverage is observed, there was no corresponding increase in care (Khouja et al., 2020; Kino & Kawachi, 2018; Kobayashi et al., 2019).

While the KFF review discusses a range of positive effects of Medicaid expansion across a range of outcomes, 33 of 46 studies in the review on healthcare quality report no difference or mixed findings in outcomes due to expansion (Guth & Ammula, 2021, p. 14). The consistent results needed to support the claims in the KFF review are distinctly lacking in empirical literature. Rather, the varied results present in the literature support the fact that there has been an increase in coverage in expansion states, but they also observe a coverage increase in non-expansion states, albeit smaller. Moreover, since coverage is not equivalent to care, the selected observations in the KFF literature review have no real bearing on whether Medicaid expansion is the most efficient method to provide patient improvement for as many people as possible.

Lack of Transparency in the Economics of Expansion

Hospital Profits

Numerous studies cited in the literature review observed wider profit margins for hospitals after a state expanded Medicaid, while hospital margins tended to decline slightly in non-expansion states. If Medicaid distributes the same proportion of the program's financial benefits (outlays) to patients the way that private insurance does, one would not expect to see this change in hospitals' profit *margins*, only total profit. This calls into question whether most of the benefits from Medicaid expansion are going toward patients or hospitals. Further investigation into this area is needed to determine if alternatives to Medicaid expansion would benefit patients more than hospitals and thus be more cost-efficient while providing higher quality healthcare.

Additionally, even when Medicaid expansion resulted in a lower percentage of uninsured hospitalizations, it did not affect the mortality rates of the specific conditions being studied (Wadhera et al. 2018; Wiggins et al., 2020; Anderson et al., 2016). Although care increased during the pre-expansion period, it stagnated after expansion. Thus, neither quality of care nor mortality were affected, despite the increase in coverage.

Likewise, while insurance coverage increased across racial, ethnic, and income groups, ACA benefits were distributed highly unevenly, so many groups were insured post-expansion but were still underserved in terms of care. In short, coverage did not equal care.

Impact on State Budgets

Much of the literature on Medicaid expansion examines only the benefits and not the total costs of expansion to the entire healthcare system. Regardless of how accurately the benefits of Medicaid expansion have been studied, a majority of the literature reviewed in the KFF publication observes reduced costs to individuals and, in the respective conclusions of the various studies, erroneously extrapolates from their initial findings that overall healthcare costs have been reduced. That conclusion ignores the considerable federal and state costs associated with expanding Medicaid, as investigated in a 2018 study by the Foundation for Government Accountability (Ingram & Horton, 2018). The *Health Affairs* report by Callison et al. (2021), for example, is one of many studies in the review that touts reduced uncompensated care costs as a result of expansion but fails to acknowledge the impacts on state and federal budgets. Reducing direct costs to a small number of individuals does not imply a reduction in systemwide costs. Without considering the change in total costs, it is also impossible to appraise the program's efficiency compared to its alternatives.

Such alternatives have been largely ignored or left unexplored when proposed. The Foundation's research piece about Medicaid expansion's impacts by Blase and Balat (2020) questions the efficacy and efficiency of simply increasing taxpayer funds to mitigate a problem and demonstrates the disconnect between insurance coverage and care, and between medical care and health.

Opioid Question

The KFF review fails to adequately examine the connection between Medicaid expansion and opioid mortality, a link already established by the Foundation's research (Blase & Balat, 2020) which considers how opioid deaths have been exacerbated in expansion states. Even without establishing causality, it merits noting that expansion states had more individuals die from overdose than non-expansion states, and Medicaid, like other coverage programs, allows for easier access to fraudulently obtained addictive drugs (Letter from Ron Johnson, 2017). In addition to covering treatment costs, Medicaid cards help patients pay for any medications that a doctor deems necessary for a Medicaid beneficiary. Patients can easily exploit Medicaid cards by obtaining opioid prescriptions and often resell the drugs at an enormous profit (Senate Committee on Homeland Security and Governmental Affairs, 2018).

The KFF review assembles a substantial collection of studies suggesting that Medicaid expansion provides higher rates of coverage among low-income people in expansion states, but there was no corresponding increase in the treatment rate of that group. While it is possible that none of the newly insured sought treatment, it is also possible that some did, but they were replaced in approximately the same number by newly insured who became addicted to prescribed substances. Empirical research with longitudinal data could test this possibility if the data were readily available. Merely mentioning this possibility is not done to assert its validity, but to point out that there may be other explanations than those that first come to mind, or that are purported in a literature review.

Despite the opacity of the opioid conundrum and the resultant deaths, several studies in the review find overall death rates decreasing after expansion. Other studies specifically focused on cancer, cardiovascular disease, liver disease, etc., found a decrease in death rates among specific populations (Barrington et al., 2020; Khatana et al., 2019; Barakat et al., 2020). Interestingly, there is a more substantial decline in mortality for those closer to retirement age, despite the general aim of Medicaid to focus on providing care for younger beneficiaries. It is therefore unclear if Medicaid expansion is primarily benefiting older populations or if there are correlation issues within the models being used in these studies. This is left unexplored.

Crowding-Out

Furthermore, conspicuously absent from the studies reviewed is a deliberate analysis of those people who lost their private insurance because of Medicaid expansion. Of the 46 studies concerning the rate of private coverage, 27 found no effect of Medicaid expansion while 17 revealed negative effects. The data are there, but the review does not examine this drawback with the same degree of scrutiny as other themes of expansion. For example, one glaring issue associated with crowding-out is the disproportionate overreliance on unnecessary emergency departments (ED) visits among Medicaid recipients despite having insurance (Kim et al., 2017). Patients who were either previously uninsured or switched from private insurance begin to routinely visit the ED for non-emergency reasons which limit the hospital's capacity to treat every patient appropriately. Nonetheless, the KFF review promulgates an incomplete picture of the benefits of adding more people onto Medicaid without acknowledging the structural failures resulting from crowd-out.

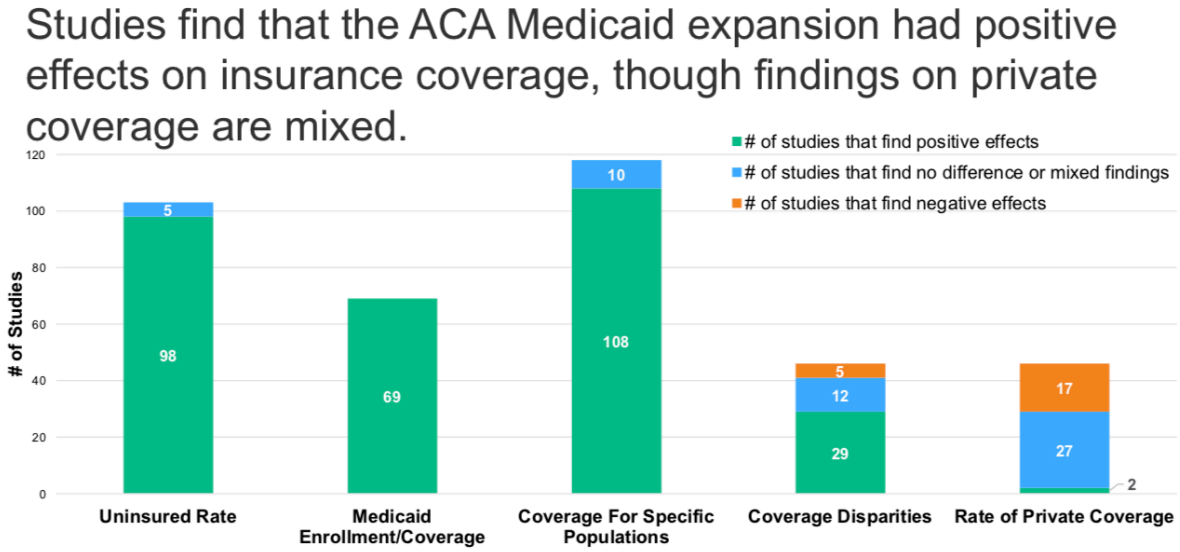
Additionally, many studies implicitly assume that those newly enrolled on Medicaid had neither coverage nor care beforehand. This completely ignores all those whose employers were incentivized to eliminate health insurance benefits after Medicaid expansion. By assuming a baseline of zero in terms of care, the increase in actual healthcare delivery may be drastically overstated. Moreover, those who paid for routine care out of pocket at an average annual cost less than typical health insurance premiums were no better off after being forced onto Medicaid. Insurance-based discrimination, the situation whereby health providers deny patients care depending on their ability to pay, is the smoking gun for this problem. One in four uninsured patients experience insurance-based discrimination and one in five publicly insured patients reported the same. Privately insured patients only experience discrimination 9% of the time (Han et al., 2015). Discrimination includes delays in needed care, suboptimal services, and outright refusal of accepting public insurance coverage prior to a doctor's visit. Uninsured and publicly insured individuals experience the same stigma and vulnerability in the doctor's office. Having Medicaid insurance does not necessarily mean receiving superior medical care compared to the out-of-pocket payer.

In some cases, the crowding-out effect can cause such a loss in private coverage that the net change in total care is negative.

In some cases, the crowding-out effect can cause such a loss in private coverage that the net change in total care is negative. While coverage is not equal to care, the fact remains that, in general, private coverage provides better access to care than government programs, which pay providers low-

Figure 2

Studies Examining Medicaid Coverage Gains and Reductions in Uninsured Rates



Note. Figure taken from *Building on the Evidence Base: Studies on the Effects of Medicaid Expansion, February 2020 to March 2021* by M. Guth and M. Ammula, Kaiser Family Foundation, 2021, p. 14 (https://files.kff.org/attachment/Report-Building-on-the-Evidence-Base-Studies-on-the-Effects-of-Medicaid-Expansion.pdf).

er rates, disincentivizing providers from supplying care to those on public assistance (Gotlieb et al., 2021). Wait times are a compelling metric for care quality based on insurance type. Multiple studies included in the review observed increased wait times for care post-expansion, likely due to the incentives at work in the marketplace, and increased demand in the presence of price controls (government-set rates). Even without expansion, Medicaid patients observe longer wait times in general (Oostrom et al., 2017). Whether it is the heightened demand resulting from increased patient volume, lower reimbursement rates, or narrow provider networks, expanding Medicaid has adverse effects on low-income patients' experience in the hospital lobby or the doctor's office.

Blase and Balat's research (2020), on the other hand, directly examines crowding-out. Expanding public coverage causes private coverage to contract and limits the health benefits of public expansion. Private coverage provides better access to better care than government-sponsored programs, which pay providers lower rates. Many studies included in the KFF review tacitly allude to crowd-out under the column "rate of private coverage" seen in **Figure 2**, but the issue is never directly introduced to the reader. Blase and Balat argue that proponents of Medicaid would rather sacrifice higher-quality care for the chance to demonstrate purely an increase in coverage.

Conclusion

Medicaid expansion is not a panacea. The data do not support the idea that expansion would bring sizable benefits to all who fall in the "coverage gap" with little or no added costs. The observed benefits from Medicaid expansion are limited to small groups of people who are certainly in need of medical care but are served ineffectually by the program. A limited population with specific needs seems to be the only appropriate demographic receiving tolerable care from the program, but that is not to say a different form of assistance would not be a better alternative, from the perspective of both the needy and those paying for the services.

On that note, the KFF review shrouds the effects of Medicaid expansion on economic measures in a veneer of "free" or "low-cost" care and overlooks the discussion of tax dollars taken out of the states to fund the program. By this Bastiatian reasoning, the federal government is that fiction by which every man can live at the expense of every other man. The review ignores the concept that there is no such thing as a free lunch, or in this instance, free medical care.

While it is true that Medicaid accommodates certain groups with specific needs and casts a wide coverage net, it does not function well as a one-stop shop for acute, primary,

and long-term care across the diverse spectrum of all beneficiaries across the country. KFF's next addition to its extensive review stands to benefit from acknowledging the drawbacks and areas in need of stark improvement that come in the wake of Medicaid expansion, lest they continue to perpetuate an incomplete narrative about government-sponsored healthcare. ✯

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