

## Access in Brief: Adults' Experiences in Accessing Medical Care

Medicaid plays an important role in providing health insurance to people who would otherwise face considerable financial barriers to health care, including low-income adults and people with disabilities. However, insurance coverage is just one of the many factors that contribute to whether adults can access needed health care. Other factors include having a usual source of care, availability of transportation, the distance to travel for care, and an ability to pay for services. These factors may affect adults' ability to receive needed care in a timely manner.

Research has shown that adults who gain Medicaid coverage have higher rates of health service use and experience greater reductions in unmet health care needs due to financial barriers compared to uninsured adults (McMorrow et al. 2016). New Medicaid beneficiaries are also more likely to use health care services, have a usual place for care, and receive preventive screenings compared to those not enrolled. They are also more likely to report reductions in some of the financial burden related to medical costs than those who are not enrolled (Baicker et al. 2013).<sup>1</sup>

Starting in 2014, states have had the option to expand Medicaid eligibility to cover adults with incomes up to 138 percent of the federal poverty level (FPL), a group of adults who were previously ineligible for coverage.<sup>2</sup> As of November 2021, 39 states and the District of Columbia had expanded Medicaid coverage to this group (KFF 2021). Studies have shown that Medicaid expansion has generally improved health outcomes, access to and use of health care services, and reduced some of the financial barriers to care for adult Medicaid enrollees (Guth et al. 2020; Manatt, Phelps & Phillips 2019). Even so, Medicaid enrollees continue to struggle to access dental services, delay needed health care because of concerns about costs, and experience delays in receiving timely care because of long wait times (Miller and Wherry 2017; Selden et al. 2017; Artiga et al. 2016).

In this issue brief, we update a previous MACPAC analysis, using data from the 2019 National Health Interview Survey (NHIS) to compare the demographics, health status, and difficulties accessing care for adults with Medicaid coverage compared to adults who either have private insurance or are uninsured. We also stratified the results by income to understand if individuals of similar income levels experience the same barriers regardless of coverage. We found that most adults with Medicaid and private insurance were able to access care when needed. This is consistent with prior work from MACPAC and others showing that the majority of adults covered by Medicaid have a usual source of care and only a small proportion experience delays in accessing needed care due to cost (Miller and Wherry 2017; Selden et al. 2017; MACPAC 2015, 2012).



We also found some significant differences between adults covered by Medicaid and those covered by private insurance. Although a high proportion of adults with Medicaid report having a usual source of care, it is a significantly smaller proportion than those with private coverage. Medicaid enrollees were also more likely to report not receiving or delaying care compared to adults with private insurance coverage. Our findings show that adults covered by Medicaid were less likely than those with private insurance to receive dental services. This may be due in part to the fact that Medicaid programs are not required to cover dental services for adults (MACPAC 2021).

When stratifying by income level, there were almost no significant difference in the rates of delayed care between Medicaid enrollees and those with private insurance. The differences between adults covered by Medicaid and private coverage in reporting delayed care were only significant when comparing adults with incomes greater than 138 percent of the FPL.

## Demographics

In 2019, the demographics of Medicaid enrollees differ from those with private coverage and those without coverage (Table 1).

- Medicaid beneficiaries were more likely to be between 19-44 years old, Hispanic and Black non-Hispanic, and to receive assistance from other public programs than those with private insurance.
- Medicaid beneficiaries were more likely to have family incomes less than 138 percent FPL (54.3 percent) than those with private coverage (7.3 percent) and who were uninsured (35.7 percent).
- Medicaid beneficiaries were significantly less likely to be working full time (66.7 percent) compared to those with private insurance (87.9 percent) and those without insurance (79.8 percent). Medicaid beneficiaries were significantly more likely to work part-time (42.8 percent) compared to those with private insurance (16.2 percent) and those without insurance (29.0 percent).
- Medicaid beneficiaries were significantly less likely to have a college degree (9.9 percent) compared to those with private insurance (39.2 percent).

**TABLE 1.** Demographic and Socioeconomic Characteristics of Adults Age 19-64 by Insurance Status, 2019

Demographic characteristics	Percentage of adults age 19-64			
	Total	Medicaid	Private	Uninsured
Total (all adults 19-64)		11.4%	66.7%*	14.7%*
<b>Age</b>				
19-25	15.1%	18.3	14.8*	18.0
26-44	42.1	47.5	41.2*	49.8
45-54	21.0	16.9	22.2*	17.5
55-64	21.8	17.3	21.8*	14.8*
<b>Sex</b>				
Male	49.1	38.1	49.8*	54.3*
Female	50.9	61.9	50.2*	45.7*



Demographic characteristics	Percentage of adults age 19-64			
	Total	Medicaid	Private	Uninsured
<b>Race and ethnicity</b>				
Hispanic	18.5	24.5	13.6*	38.5*
White, non-Hispanic	60.0	42.7	66.8*	42.2
Black, non-Hispanic	12.4	22.7	10.0*	12.2*
Native Indian, non-Hispanic	—	—	0.5	—
Asian, non-Hispanic	6.3	6.1	7.4	3.0*
Other single and multiple races, non-Hispanic	2.8	4.0	2.3	4.1
<b>Education</b>				
Less than high school	10.5	22.8	4.6*	26.1*
High school graduate	27.0	37.8	22.7*	35.6
Some college or associate degree	32.3	29.5	33.4*	27.0
College or graduate degree	30.2	9.9	39.2*	11.2
<b>Employment status</b>				
Working full time	84.6	66.7	87.9*	79.8*
Working part time	20.6	42.8	16.2*	29.0*
Unemployed	10.5	10.4	9.6	22.8*
<b>Family income as percent of FPL<sup>3</sup></b>				
Less than 100% FPL	12.2	41.1	4.1*	22.9*
Less than 138% FPL	18.6	54.3	7.3*	35.7*
100-199% FPL	19.4	33.4	—	33.6
200-399 % FPL	31.4	18.8	34.0	30.2
400% FPL or higher	37.1	—	—	13.6
<b>SSI income</b>				
Family members receive income from SSI or SSDI	9.6	24.2	3.9*	7.1*
<b>Receipt of other benefits</b>				
WIC	6.4	18.8	2.9*	12.3*
Income from public assistance	3.4	14.4	1.2*	3.9*
SNAP (self or any family member)	11.9	48.4	3.2*	18.2*

**Notes:** FPL is federal poverty level. SSI is Supplemental Security Income. SSDI is Social Security Disability Insurance. WIC is Supplemental Nutrition Program for Women, Infants, and Children. SNAP is Supplemental Nutrition Assistance Program, formerly referred to as food stamps. Percentage calculations for each item in the exhibit exclude individuals with missing and unknown values. The individual components listed under the subcategories are not always mutually exclusive and may not sum to 100 percent. Income was calculated using multiple imputation technique as specified by the National Center for Health Statistics. Multiple imputation was used to address nonresponse for income, for this reason, the estimates presented in this table differ slightly from those estimates presented in MACStats using the 2019 NHIS data.

\* Difference from Medicaid is statistically significant at the 0.05 level.

– Estimate not reported due to too small of a sample size or is unreliable because it has a relative standard error greater than or equal to 30 percent.

**Source:** MACPAC, 2021, analysis of NHIS, 2019.



## Health status

Medicaid enrollees were significantly less likely than those with private insurance (43.3 percent compared to 68.1 percent) and individuals without insurance (54.2 percent) to report having very good or excellent health. Additionally, a greater share of Medicaid enrollees reported having chronic conditions, including asthma, diabetes, heart disease, hypertension, arthritis, anxiety disorder, and depression in comparison to those with private coverage and those without coverage (Table 2).

**TABLE 2.** Selected Health Measures for Adults Age 19-64 by Insurance Status, 2019

Health measures	Percentage of adults age 19-64			
	Total	Medicaid	Private	Uninsured
<b>Self-reported health status</b>				
Very good/excellent	60.9%	43.3%	68.1%*	54.2%*
Good	26.3	30.7	24.9*	30.4
Fair/poor	12.8	25.9	7.0*	15.4*
<b>Chronic conditions</b>				
Anxiety disorder	14.8	23.6	12.2*	11.5*
Arthritis	14.7	19.8	12.5*	9.7*
Asthma	14.0	19.5	13.3*	11.0*
Depression	16.0	25.9	12.8*	13.8*
Diabetes	6.6	9.7	5.3*	5.0*
Heart disease, angina, or heart attack	3.3	5.5	2.2*	2.0*
Hypertension	23.9	28.4	22.0*	19.2*

**Notes:**

\* Difference from Medicaid is statistically significant at the 0.05 level.

– Estimate not reported due to too small of a sample size or is unreliable because it has a relative standard error greater than or equal to 30 percent.

**Source:** MACPAC, 2021, analysis of National Health Interview Survey, 2019.

## Obtaining medical care

In 2019, access and use of care for those covered by Medicaid was similar those covered by private insurance, although Medicaid enrollees were less likely to have had certain types of care. Across all measures, individuals with Medicaid were more likely to access services in comparison to those who were uninsured (Table 3).

**Usual source of care.** Most adult Medicaid enrollees had a usual source of care in 2019. Medicaid enrollees were significantly more likely to have a usual source of care than uninsured adults (85.6 percent compared to 59.1 percent), but were less likely to have a usual care compared to adults with private insurance coverage (85.6 percent compared to 90.2 percent).



**TABLE 3.** Usual Source of Care for Adults Age 19-64 by Insurance Status, 2019

Access and utilization measures	Percentage of adults age 19-64			
	Total	Medicaid	Private	Uninsured
Has a usual source of care	85.3%	85.6%	90.2%*	59.1%*
<b>Type of usual source of care</b>				
Doctor's office or health center	89.8	90.1	91.2	77.8*
Urgent care center or clinic in a drug store or grocery store	9.0	8.7	8.0	19.3*
Some other place	1.1	—	0.8	2.9

**Notes:**

\* Difference from Medicaid is statistically significant at the 0.05 level.

– Estimate not reported due to too small of a sample size or is unreliable because it has a relative standard error greater than or equal to 30 percent.

**Source:** MACPAC, 2021, analysis of National Health Interview Survey, 2019.

**Use of care.** Medicaid enrollees were more likely than those who were uninsured to have used health care services in the past 12 months. However, there were significant differences in use of care and rates of cancer screenings between Medicaid enrollees and individuals with private insurance (Table 4).

While Medicaid enrollees were as likely as those with private coverage to have seen a general doctor in the past 12 months, they were more likely to have received counseling from a mental health professional compared to those with private insurance. However, Medicaid enrollees were less likely than those with private insurance to have had a dental exam (55.3 percent compared to 73.5 percent), an eye exam (44.7 percent compared to 54.4 percent) or received the flu shot (36.9 percent compared to 44.3 percent) in the past 12 months.

**TABLE 4.** Selected Health Care Utilization Measures for Adults Age 19-64 by Insurance Status, 2019

Access and utilization measures	Percentage of adults age 19-64			
	Total	Medicaid	Private	Uninsured
<b>Utilization in the past 12 months</b>				
Dental exam	65.0%	55.3%	73.5%*	38.3%*
Seen a general doctor	81.9	85.6	85.2	58.3*
Received counseling or therapy from mental health professional	10.5	15.5	9.7*	5.5*
Eye exam	49.4	44.7	54.4*	27.1*
Received care at home	1.8	4.0	1.0*	—
Flu shot	40.5	36.9	44.3*	21.0*
Hospitalized overnight	7.6	12.9	6.0*	5.8*
<b>Utilization of services in lifetime</b>				
Ever received HPV shot/vaccine	15.4	19.6	15.7*	12.0*

**Notes:** HPV is human papillomavirus.



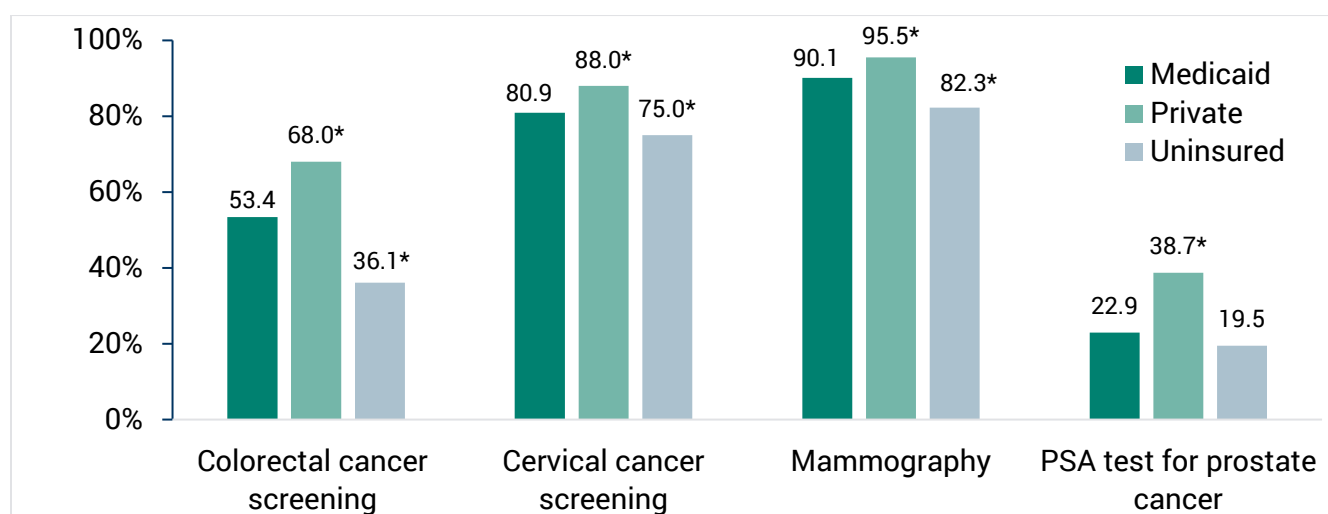
\* Difference from Medicaid is statistically significant at the 0.05 level.

- Estimate not reported due to too small of a sample size or is unreliable because it has a relative standard error greater than or equal to 30 percent.

Source: MACPAC, 2021, analysis of National Health Interview Survey, 2019.

**Selected cancer screenings.** Medicaid enrollees were more likely than those who were uninsured to receive most recommended cancer screenings (Figure 1). However, Medicaid enrollees were less likely to have ever had a colorectal cancer screening (53.4 percent compared to 68.0 percent), to have ever had a cervical cancer screening (80.9 percent compared to 88 percent), to have had a mammogram (90.1 percent compared to 95.5 percent) and to have ever had a prostate-specific antigen (PSA) test for prostate cancer (22.9 percent compared to 38.7 percent) compared to those with private coverage.

**FIGURE 1.** Ever Received Selected Cancer Screenings for Adults Age 19-64 by Insurance Status, 2019



Notes: PSA is prostate-specific antigen.

\* Difference from Medicaid is statistically significant at the 0.05 level.

The denominator for having a cervical cancer screening was limited to adults age 21-60. The denominators for colorectal cancer screening and mammography were limited to adults age 50-64.

Source: MACPAC, 2021, analysis of National Health Interview Survey, 2019.

**Delayed medical care.** Overall, Medicaid beneficiaries were significantly less likely than uninsured adults to delay medical care, to not get needed care or medications, and to have problems paying medical bills in 2019 (Figure 2). However, Medicaid enrollees were significantly more likely than individuals with private insurance to delay or not get needed care and to have concerns with paying medical bills.

More than 12 percent of Medicaid enrollees reported being unable to pay medical bills in the 12 months prior (Table 1-A). However, a relatively small share of Medicaid enrollees reported delaying or not receiving medical care or prescribed medications due to cost. Fewer than 10 percent of Medicaid enrollees reported delaying or not receiving needed medical care or prescribed medications due to cost.

The largest differences between Medicaid enrollees and individuals with private insurance were for dental care. Medicaid enrollees were significantly more likely to delay dental care (29 percent compared to 16.2

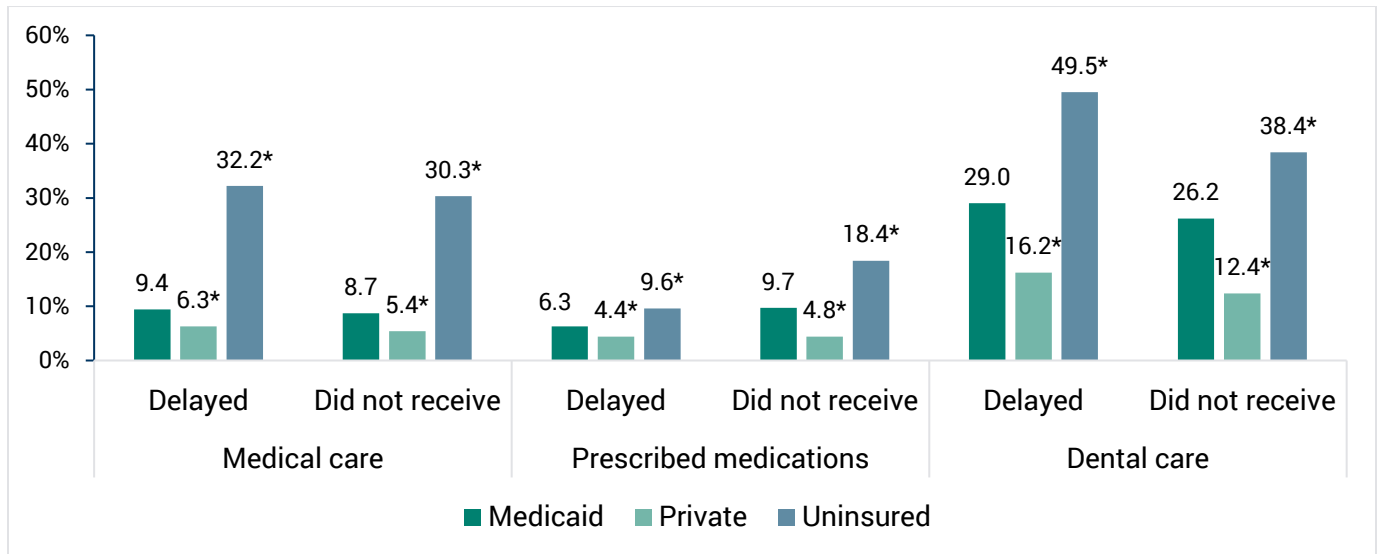


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percent) and to not get needed dental care due to cost (26.2 percent compared to 12.4 percent) compared to individuals with private coverage.

**FIGURE 2.** Delayed or Did Not Receive Needed Medical Care Due to Cost in the Past 12 Months for Adults Age 19-64 by Insurance Status, 2019



**Notes:**

\* Difference from Medicaid is statistically significant at the 0.05 level.

**Source:** MACPAC, 2021, analysis of National Health Interview Survey, 2019.

## Comparison by income

Among adults with incomes at or below 138 percent FPL in 2019, a similar share of those covered by Medicaid and with private coverage delayed medical care, dental care, and purchasing prescription medications (Table 5). Medicaid enrollees were significantly less likely to have had difficulties accessing care compared to uninsured individuals. However, for adults with incomes greater than 138 percent FPL, Medicaid enrollees were significantly more likely than those with private insurance to have difficulties accessing necessary health care and cancer screenings.

**Usual source of care.** About 86 percent of Medicaid enrollees in both income groups reported having a usual source care. However, for those with incomes above 138 percent FPL, the share of adults with a usual source of care was significantly lower for Medicaid enrollees than for those with private insurance (85.8 percent compared to 90.6 percent).



**TABLE 5.** Usual Source of Care for Adults Age 19-64 by Insurance Status and Income Category, 2019

Access and utilization measures	Less than or equal to 138 percent FPL			Greater than 138 percent FPL		
	Medicaid	Private	Uninsured	Medicaid	Private	Uninsured
Has a usual source of care	85.5%	85.3%	53.6%*	85.8%	90.6%*	62.1%*
<b>Type of usual source of care</b>						
Doctor's office or health center <sup>1</sup>	89.9	89.0	77.1*	90.3	91.3	78.2*
Urgent care center or clinic in a drug store or grocery store	8.5	8.8	18.3*	9.0	7.9	19.8*

**Notes:** FPL is federal poverty level.

\* Difference from Medicaid, within income category, is statistically significant at the 0.05 level.

Income was calculated using multiple imputation technique as specified by the National Center for Health Statistics.

– Estimate not reported due to too small of a sample size or is unreliable because it has a relative standard error greater than or equal to 30 percent.

<sup>1</sup> Includes a Veterans Affairs (VA) Medical Center or VA outpatient clinic.

**Source:** MACPAC, 2021, analysis of National Health Interview Survey, 2019.

**Use of care.** When stratified by income, the trends in Medicaid enrollees and those with private insurance used services at similar rates (Table 6). However, in both income groups, Medicaid enrollees were less likely to have had a dental exam in the past 12 months (54.6 percent among those with incomes less than 138 percent FPL and 56.1 percent among those with incomes above 138 percent FPL) compared to adults with private insurance (61.7 percent and 74.4 percent, respectively).

Among adults with incomes above 138 percent FPL, Medicaid enrollees were significantly less likely in the past 12 months to have had an eye exam (43.6 percent) or to have had a flu shot (35.4 percent) than those with private insurance (54.9 percent and 44.7 percent, respectively).

**TABLE 6.** Selected Health Care Utilization for Adults Age 19-64 by Insurance Status and Income Category, 2019

Access and utilization measures	Less than or equal to 138 percent FPL			Greater than 138 percent FPL		
	Medicaid	Private	Uninsured	Medicaid	Private	Uninsured
<b>Utilization in the past 12 months</b>						
Dental exam	54.6%	61.7%*	30.0%*	56.1%	74.4%*	42.9%*
Seen a general doctor	86.9	82.2*	53.2*	83.9	85.5	61.1*
Received counseling/therapy from mental health professional	17.0	10.5*	4.6*	13.4	9.7*	6.0*
Eye exam	45.5	47.0	20.7*	43.6	54.9*	30.7*
Received care at home	5.4	—	—	—	0.9	—
Flu shot	38.1	38.6	22.0*	35.4	44.7*	20.4*
Hospitalized overnight	15.2	8.1*	7.5*	9.8	5.9*	4.8*
<b>Utilization of services in lifetime</b>						
Ever received HPV shot/vaccine	17.8	28.9*	10.2*	22.1	14.8*	13.0*





**Notes:** FPL is federal poverty level. HPV is human papillomavirus.

\* Difference from Medicaid, within income category, is statistically significant at the 0.05 level.

Income was calculated using multiple imputation technique as specified by the National Center for Health Statistics.

– Estimate not reported due to too small of a sample size or is unreliable because it has a relative standard error greater than or equal to 30 percent.

**Source:** MACPAC, 2021, analysis of National Health Interview Survey, 2019.

**Selected cancer screenings.** Similar to Medicaid enrollees overall, those with incomes greater than 138 percent FPL were less likely than those with private insurance to have ever received selected cancer screenings (Table 7). Among adults with income less than or equal to 138 percent FPL, there were no significant differences in rates of the selected cancer screenings between Medicaid enrollees and those with private insurance.

**TABLE 7.** Selected Cancer Screenings for Adults Age 19-64 by Insurance Status and Income Category, 2019

Cancer screenings	Less than or equal to 138 percent FPL			Greater than 138 percent FPL		
	Medicaid	Private	Uninsured	Medicaid	Private	Uninsured
Ever had colorectal cancer screening (age 50-64)	49.4	54.8	29.2*	60.5	68.6*	39.6*
Ever had cervical cancer screening (age 21-60)	81.2	75.2	69.7*	80.4	88.9*	78.7
Ever had mammography (age 50-64)	90.7	88.6	82.7	88.9	95.9*	82.1
Ever had a PSA test for prostate cancer	20.5	–	–	26.2	39.4*	22.9

**Notes:** FPL is federal poverty level. PSA is prostate-specific antigen.

\* Difference from Medicaid, within income category, is statistically significant at the 0.05 level.

Income was calculated using multiple imputation technique as specified by the National Center for Health Statistics.

– Estimate not reported due to too small of a sample size or is unreliable because it has a relative standard error greater than or equal to 30 percent.

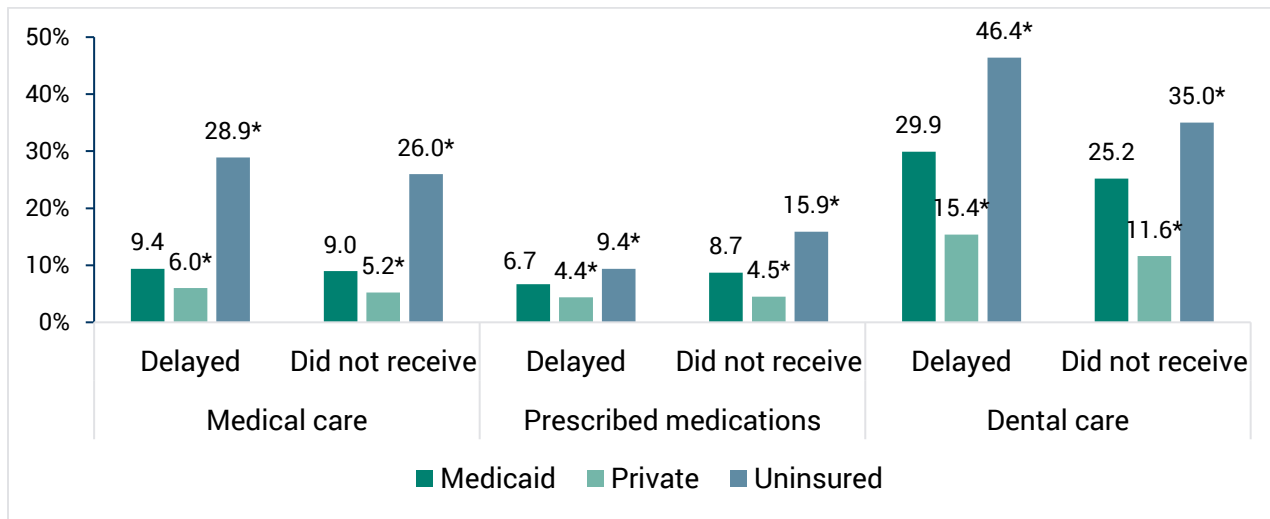
**Source:** MACPAC, 2021, analysis of National Health Interview Survey, 2019.

**Delayed medical care.** Delayed care did not differ by coverage source among those with incomes below 138 percent FPL; however, there were a number of differences among those with incomes above 138 percent FPL (Table 2-A). Specifically, Medicaid enrollees with incomes above 138 percent FPL were more likely than those with private coverage to delay or not get necessary medical care in the past 12 months. Additionally, Medicaid enrollees were more likely to not get needed prescriptions and to skip or take less medication than prescribed (Figure 3).

Of those with incomes above 138 percent FPL, Medicaid enrollees were significantly more likely to delay dental care (27 percent compared to 11.6 percent) and to not get needed dental care due to cost (17.3 percent compared to 11.6 percent) compared to individuals with private coverage.



**FIGURE 3.** Selected Unmet Health Care Measures for Adults Age 19-64 with Income Greater than 138 Percent FPL by Insurance Coverage, 2019



**Notes:** FPL is federal poverty level.

\* Difference from Medicaid, within income category, is statistically significant at the 0.05 level.

Income was calculated using multiple imputation technique as specified by the National Center for Health Statistics.

**Source:** MACPAC, 2021, analysis of National Health Interview Survey, 2019.

## Data and Methods

Data for this report come from the 2019 NHIS. The data were collected continuously throughout the year for the Centers for Disease Control and Prevention's National Center for Health Statistics by the U.S. Census Bureau. The NHIS collects information about the health and health care of the U.S. civilian non-institutionalized population. Interviews are conducted at respondents' homes, and follow-up interviews may be conducted by phone.

All differences discussed in the text of this report were computed using Z-tests and are significant at the 0.05 level.

### Insurance coverage

Coverage source is defined as of the time of the survey interview. Because an individual may have multiple coverage sources and because sources of coverage may change over time, responses to survey questions may reflect characteristics or experiences associated with a coverage source other than the one assigned in this report.

The following hierarchy was used to assign individuals with multiple coverage sources to a primary source: Medicare, private, Medicaid, other, uninsured for the past 12 months. Not separately shown are the estimates for those covered by any type of military health plan or other government-sponsored program. Private health insurance coverage excludes plans that cover only one type of service, such as accident or



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dental insurance. The Medicaid category also includes persons covered by other state-sponsored health plans. Individuals are defined as uninsured if they did not have any private health insurance, Medicaid, State Children’s Health Insurance Program (CHIP), Medicare, state- or other government-sponsored health plan, or military plan during the past year. Individuals were also defined as uninsured if they had only Indian Health Service coverage or had only a private plan that paid for one type of service, such as accident or dental coverage only.

## Endnotes

<sup>1</sup> The Oregon experiment demonstrated the effect of Medicaid coverage on improving health services use and reducing financial strain for Medicaid enrollees. In the study, a range of health care measures were compared between adults randomly selected in a lottery from the Oregon Medicaid waitlist to apply for Medicaid and those in the control group, adults from the waitlist who were not selected to apply for Medicaid

<sup>2</sup> The Patient Protection and Affordable Care Act (ACA, P.L. 111-148, as amended) expanded eligibility to adults with incomes up to 133 percent of the federal poverty level (FPL). Originally a requirement, the June 2012 Supreme Court ruling effectively made the Medicaid expansion an option. In addition to a number of other changes to Medicaid, the ACA set a single income eligibility disregard equal to 5 percentage points of the FPL. For this reason, eligibility is often referred to at its effective level of 138 percent FPL, even though the federal statute specifies 133 percent FPL.

<sup>3</sup> Families with household income equal to and below 100 percent FPL and households with income equal to or below 138 percent FPL are both reported in Table 1. The first category is reported along with three other FPL ranges to show the share of households with different ranges of incomes for Medicaid beneficiaries, adults covered by private insurance, and adults without insurance coverage. The category with household income equal to and below 138 percent FPL is also reported to show the share of adults below the expanded eligibility income level at its effective level of 138 percent FPL. This FPL is later used when stratifying adults by both income level and insurance status.

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# Appendix A: Measures of Unmet Health Care Needs

**TABLE 1-A:** Selected Health Care Access and Utilization Measures for Adults Age 19-64 by Insurance Status, 2019

Access and utilization measures	Percentage of adults age 19-64			
	Total	Medicaid	Private	Uninsured
<b>Difficulty accessing care in the past 12 months</b>				
Delayed medical care because of cost in past 12 months	10.7%	9.4%	6.3%*	32.2%*
Didn't get medical care due to cost in past 12 months	9.8	8.7	5.4*	30.3*
Needed prescription medication but did not get it due to cost	7.8	9.7	4.8*	18.4*
Problems paying medical bills	15.0	16.1	11.9*	24.1*
Unable to pay medical bills	9.5	12.3	6.3*	18.1*
Get sick or have accident, worry about paying medical bills	51.1	47.9	47.1	75.5*
Skipped medication doses to save money	4.3	5.6	3.0*	7.9*
Took less medication to save money	4.6	5.7	3.2*	8.6*
Delayed filling prescription to save money	5.8	6.3	4.4*	9.6*
Delayed dental care due to cost	23.6	29.0	16.2*	49.5*
Needed dental care but did not get it due to cost	18.9	26.2	12.4*	38.4*
<b>Cancer screenings</b>				
Ever had colorectal cancer screening (age 50-64)	63.7	53.4	68.0*	36.1*
Colorectal cancer screening in past 12 months (age 50-64)	18.9	20.9	19.6	7.1*
Ever had cervical cancer screening (age 21-60)	85.2	80.9	88.0*	75.0*
Cervical cancer screening in past 12 months (age 21-60)	44.7	44.1	48.7*	28.3*
Ever had mammography (age 50-64)	93.8	90.1	95.5*	82.3*
Ever had a PSA test for prostate cancer	35.7	22.9	38.7*	19.5

**Notes:** PSA is prostate-specific antigen.

\* Difference from Medicaid is statistically significant at the 0.05 level.

**Source:** MACPAC, 2021, analysis of National Health Interview Survey, 2019.



**TABLE 2-A:** Selected Unmet Health Care Measures for Adults Age 19-64 by Insurance Status and Income Category, 2019

Access and utilization measures	Less than or equal to 138 percent FPL			Greater than 138 percent FPL		
	Medicaid	Private	Uninsured	Medicaid	Private	Uninsured
<b>Difficulty accessing care in the past 12 months</b>						
Delayed Medical Care because of cost in past 12 months	9.3%	9.9%	38.1%*	9.4%	6.0%*	28.9%*
Didn't get medical care due to cost in past 12 months	8.4	8.6	37.8*	9.0	5.2*	26.1*
Needed prescription medication but did not get it due to cost	10.4	8.4	22.8*	8.7	4.5*	15.9*
Problems paying medical bills	17.3	15.5	27.2*	14.6	11.6*	22.3*
Unable to pay medical bills	13.8	10.1*	21.8*	10.2	6.1*	16.0*
Get sick or have accident, worry about paying medical bills	47.2	51.9	79.2*	48.9	46.7	73.4*
Skipped medication doses to save money	5.3	4.8	7.7*	6.0	2.9*	8.0
Took less medication to save money	5.4	5.1	8.8*	6.0	3.1*	8.5*
Delayed filling prescription to save money	6.1	5.5	9.9*	6.7	4.4*	9.4*
Delayed dental care due to cost	28.4	26.3	55.0*	29.9	15.4*	46.4*
Needed dental care but did not get it due to cost	27.0	23.3	44.6*	25.2	11.6*	35.0*

**Notes:** FPL is federal poverty level.

\* Difference from Medicaid, within income category, is statistically significant at the 0.05 level.

Income was calculated using multiple imputation technique as specified by the National Center for Health Statistics.

– Estimate not reported due to too small of a sample size or is unreliable because it has a relative standard error greater than or equal to 30 percent.

**Source:** MACPAC, 2021, analysis of National Health Interview Survey, 2019.

