

Access in Brief: Adults' Experiences in Accessing Medical Care

Medicaid provides health insurance to many people who would otherwise face financial barriers to health care, including low-income adults and people with disabilities. Medicaid covers many vital health care services for beneficiaries, including inpatient and outpatient hospital visits, physician services, and prescription drugs. Some state Medicaid programs include coverage for optional benefits such as dental care and optometry services. Medicaid also pays for Medicare premiums and cost-sharing for individuals enrolled in both programs.

States have the option to expand Medicaid eligibility to cover adults with incomes up to 138 percent of the federal poverty level (FPL).¹ As of March 2025, 41 states (including the District of Columbia) expanded Medicaid coverage to this group (KFF 2025). Research on the effects of expansion show that Medicaid coverage is associated with reduced mortality, higher rates of health insurance coverage, fewer individuals avoiding medical care due to cost, decreased catastrophic health expenditures, and reduced job loss (Guth and Ammula 2021, Glied and Weiss 2023). Research prior to the Patient Protection and Affordable Care Act (ACA, P.L. 111-148, as amended) eligibility expansions show that adults who gain Medicaid coverage utilize health care more often, face fewer financial barriers, are more likely to have a usual source of care, and receive more preventive screenings than uninsured adults (McMorrow et al. 2016, Baicker et al. 2013). In addition, Medicaid coverage nearly eliminates catastrophic out-of-pocket health care spending (Baicker et al. 2013).²

Even so, recent research shows that more than half of adult Medicaid beneficiaries report barriers to care. For example, one study found that nearly one in five beneficiaries were unable to see providers because they were out of network (Diana et al. 2023). Additionally, some Medicaid beneficiaries delayed needed health care because of concerns about costs, and experienced delays in receiving timely care because of long wait times (Miller and Wherry 2017; Selden et al. 2017). Medicaid beneficiaries also faced barriers accessing dental and vision services, which are optional benefits some states do not cover (Artiga et al. 2016).

In this issue brief, we use data from the 2023 National Health Interview Survey (NHIS) to compare the demographics, health status, and financial barriers for adult Medicaid beneficiaries with adults who have either private insurance or no insurance. We also stratify the results by income to understand how coverage impacts access to care at different income levels, and we examine differences in access and utilization between the disabled and non-disabled adult Medicaid beneficiary population.³

The results indicate that there were several differences in access to, use of, and barriers to health care among Medicaid beneficiaries and those with private or no insurance. Medicaid beneficiaries were more likely to have a usual source of care and more likely to have seen a doctor in the past 12 months than adults without insurance (Table 3). Medicaid beneficiaries were less likely to have encountered financial barriers than uninsured individuals, and more likely to have encountered financial barriers than individuals with private insurance (Figure 3).

These dynamics change at different income levels, with low income Medicaid beneficiaries reporting increased access to care and fewer financial barriers than adults with private insurance and uninsured adults. For example, Medicaid beneficiaries at or below 138 percent FPL were more likely to have a usual source of care and were more likely to have seen a doctor in the past 12 months than individuals with private insurance. Medicaid beneficiaries in this group were also less likely to delay care due to cost and were less likely to have problems paying their medical bills than individuals with private insurance (Table 6).

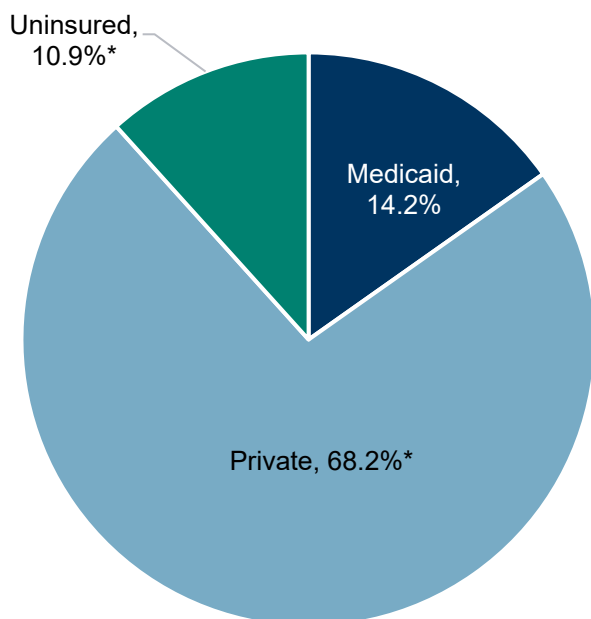


Among adult Medicaid beneficiaries, individuals with disabilities reported differences in access and use of care compared to adults without disabilities. For example, beneficiaries with disabilities were more likely to have a usual source of care and were more likely to have seen a doctor in the past 12 months than individuals without disabilities (Table 7). However, beneficiaries with disabilities were also more likely to have delayed or forgone care than beneficiaries without disabilities (Figure 5).

Population Characteristics

In 2023, Medicaid covered 14.2 percent of adults, private insurance covered 68.2 percent of adults, and 10.9 percent of adults had no coverage at all (Figure 1 and Table 1).⁴ Medicaid beneficiaries differed from individuals covered by private insurance and uninsured adults on key demographic variables. For example, Medicaid beneficiaries were disproportionately female, while uninsured individuals were disproportionately male. Additionally, Medicaid beneficiaries were more likely to be under age 45, and to be Black, non-Hispanic or Hispanic compared to adults with private insurance. Furthermore, Medicaid beneficiaries were also more likely to report having a disability than adults with private insurance or adults with no insurance.

FIGURE 1. Type of Health Insurance Coverage for Adults Aged 19-64, 2023



Notes: Percentages do not add up to 100 percent. Other types of insurance coverage not presented in the figure include Medicare and Tricare.

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

Source: SHADAC analysis of 2023 National Health Interview Survey (NHIS).

Adult Medicaid beneficiaries also differed from adults with private insurance and adults without insurance in key income and employment metrics, as well as receipt of other government benefits. For example, 33.9 percent of Medicaid beneficiaries had income less than 100 percent FPL compared to 3.6 percent of individuals with private coverage (Table 1). Medicaid beneficiaries and their family members were also more likely to receive other government benefits than adults with private insurance and uninsured adults. For example, 48.3 percent of Medicaid beneficiaries reported that either they or a family member received Supplemental Nutrition Assistance Program (SNAP) benefits, compared to only 5.0 percent of adults with private coverage.



TABLE 1. Demographic and Socioeconomic Characteristics of Adults Age 19–64 by Insurance Status, 2023

Demographic characteristics	Percentage of adults age 19-64			
	Total	Medicaid	Private	Uninsured
Age				
19–25	15.6%	23.1%	14.1%*	17.4%*
26–44	42.8	48.2	42.1*	50.6
45–54	20.4	14.5	22.0*	18.1*
55–64	21.2	14.2	21.7*	13.8
Sex				
Male	49.7	36.6	50.9*	57.7*
Female	50.3	63.4	49.1*	42.3*
Race and ethnicity				
Hispanic	19.5	27.0	14.3*	45.0*
White, non-Hispanic	58.5	43.3	64.8*	36.6*
Black, non-Hispanic	12.5	19.4	10.6*	11.9*
American Indian and Alaska Native, non-Hispanic	1.4	2.5	0.9*	2.4
Asian, non-Hispanic	6.7	6.2	7.9*	2.6*
Other single and Multiple Races, non-Hispanic	1.5	1.6	1.5	1.5
Disability status				
Has a disability	6.7	13.5	3.6*	5.0*
Education				
Less than high school	9.1	19.2	4.1*	25.4*
High school graduate	26.4	38.4	21.6*	36.7
Some college or associate degree	29.6	30.8	29.7	24.1*
College or graduate degree	34.9	11.6	44.5*	13.9*
Labor force participation				
Working full time	63.5	32.0	75.1*	54.5*
Working part time	13.8	22.8	11.7*	16.0*
Unemployed, laid off, or looking for work	2.7	7.0	1.2*	6.6
Taking care of house or family	5.5	12.2	3.5*	11.0
Going to school	2.4	3.4	2.2*	1.9*
Retired	3.4	1.7	3.3*	1.9
Unable to work for health reasons or disabled	6.7	17.2	1.6*	3.5*
Other reason for not being employed	1.8	3.3	1.1*	4.3
Family income as percent of FPL				
Less than 100%	10.9	33.9	3.6*	–
100–199%	18.2	34.5	–	–
200–399%	30.3	22.7	32.1	31.1
400% or higher	40.5	–	–	–
Supplemental security income (SSI)				
Family members receive income from SSI	9.6	22.1	4.3*	5.9*
Receipt of other benefits				
WIC benefits	6.7	20.1	2.9*	12.4*
Income from public assistance or welfare payments	3.9	13.2	1.6*	3.7*
SNAP benefits (self or any family member)	13.9	48.3	5.0*	16.5*

Notes: FPL is federal poverty level. WIC is Supplemental Nutrition Program for Women, Infants, and Children. SNAP is Supplemental Nutrition Assistance Program, formerly referred to as food stamps. Working full time is defined as working 35 or more hours per week, and working part time is defined as working fewer than 35 hours per week. Percentage calculations for each item in the exhibit exclude adults with missing and unknown values. Under labor force participation, individuals can report other reasons for not working if those specifically listed in the survey do not describe their reason for not being employed. 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 2023 National Health Interview Survey (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: SHADAC analysis of 2023 NHIS.

The majority of Medicaid beneficiaries (87.6 percent) reported working, taking care of a family member, going to school, or being unable to work for various reasons, such as a health issue or disability. Labor force participation among Medicaid beneficiaries differed significantly from that of individuals who had private coverage or no insurance. In 2023, 32 percent of Medicaid beneficiaries worked full time, compared to 75.1 percent of individuals with private insurance, and 54.5 percent of individuals with no insurance. Conversely, Medicaid beneficiaries were more likely to work part time than adults with private insurance (22.8 percent compared to 11.7 percent) and uninsured adults (22.8 percent compared to 16 percent). Seven percent of Medicaid beneficiaries reported being unemployed, laid off, or looking for work, compared to 1.2 percent of adults with private insurance, and 6.6 percent of uninsured adults.

Reasons for not working, such as health issues or caring for a family member, varied by coverage type. For example, 17.2 percent of Medicaid beneficiaries reported they were unable to work due to health issues or a disability, compared to 1.6 percent of adults with private insurance, and 3.5 percent of uninsured adults. Medicaid beneficiaries were also more likely to report going to school (3.4 percent compared to 2.2 percent) or being unable to work due to home or family care obligations (12.2 percent compared 3.5 percent) than adults with private insurance.

Health status

The majority of all respondents described themselves as having good, very good, or excellent health status. For example, forty-five percent of Medicaid beneficiaries reported very good or excellent health and approximately thirty-two percent reported good health. The majority of privately insured reported very good or excellent health (65.1 percent), and a smaller proportion reported good health (26.9 percent).

Medicaid beneficiaries were more likely to describe their health as “fair” or “poor” (23.1 percent) compared to adults with private insurance (8.1 percent) or no insurance (12.6 percent). Medicaid beneficiaries also had higher rates of reported chronic illnesses compared to adults with private insurance or no insurance. The largest difference was in mental health conditions. For example, 28.9 percent of Medicaid beneficiaries reported experiencing depression, compared to 16.9 percent of individuals with private insurance and 13.9 percent of uninsured individuals.



TABLE 2. Selected Health Measures for Adults Age 19–64 by Insurance Status, 2023

Health measures	Percentage of adults age 19-64			
	Total	Medicaid	Private	Uninsured
Self-reported health status				
Very good/excellent	59.2%	45.0%	65.1%*	55.7%*
Good	28.2	31.9	26.9*	31.7
Fair/poor	12.7	23.1	8.1*	12.6*
Chronic Conditions				
Asthma	16.0	23.1	14.7*	10.2*
Diabetes	6.8	9.7	5.5*	4.4*
Heart disease, angina, heart attack	3.3	4.7	2.4*	2.1*
Hypertension	24.2	25.6	23.5*	14.7*
Arthritis	13.9	15.4	12.6*	6.7*
Dementia	0.2	0.6	0.1*	–
Anxiety disorder	20.0	27.8	18.0*	12.5*
Depression	19.7	28.9	16.9*	13.9*

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.

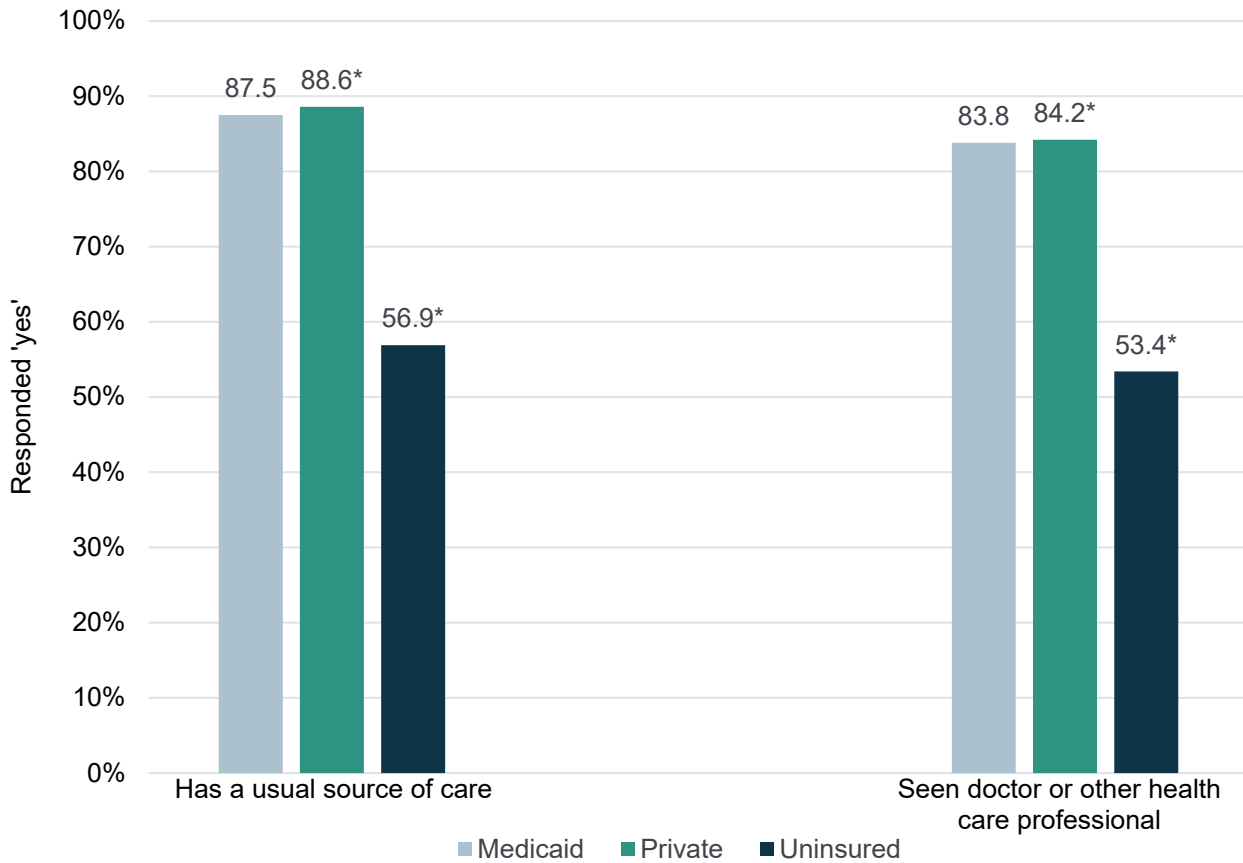
Source: SHADAC analysis of 2023 National Health Interview Survey.

Obtaining medical care

Medicaid beneficiaries reported significantly different experiences seeking care than those without insurance. For example, 87.5 percent of Medicaid beneficiaries had a usual source of care, compared to 56.9 percent of uninsured adults (Figure 2). Furthermore, 85.0 percent of Medicaid beneficiaries reported a doctor's office or health center as their usual source of care, compared to 69.8 percent of uninsured adults (Table 3).



FIGURE 2. Usual Source of Care and Health Care Utilization in the Past 12 Months for Adults Age 19–64 by Insurance Status, 2023



Notes:

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

Source: SHADAC analysis of 2023 National Health Interview Survey (NHIS).

Medicaid beneficiaries were more likely to report the emergency room as their usual source of care than adults with private insurance (Table 3). Medicaid beneficiaries were also more likely to have utilized health care services than uninsured adults in the past year. For example, 83.8 percent of Medicaid beneficiaries had seen a doctor or other health care professional in the past year, compared to 53.4 percent of uninsured adults (Figure 2). In addition, they also were more likely to have had a dental exam, counseling or therapy, or an eye exam than their uninsured counterparts (Table 3).

TABLE 3. Selected Health Care Utilization Measures for Adults Age 19–64 by Insurance Status, 2023

Access and utilization measures	Percentage of adults age 19-64			
	Total	Medicaid	Private	Uninsured
Type of usual source of care				
Doctor's office or health center	86.2%	85.0%	87.8%*	69.8%*
Urgent care or walk-in clinic	10.4	10.5	10.1	18.5*
Hospital emergency room	2.2	3.8	1.1*	7.5*
Utilization in the past 12 months				
Dental exam	65.1	52.9	72.3*	38.8*
Received counseling/therapy from mental health professional	15.5	18.9	15.5*	6.3*
Had eye exam	47.3	38.9	52.3*	23.3*
Received care at home	1.9	3.1	1.3*	–
Had a flu shot	41.1	35.0	44.9*	20.6*
Hospitalized overnight	7.1	13.3	5.6*	5.0*
Had a medical appointment by video	27.0	27.0	28.8	10.4*
Received physical, speech, rehabilitative, or occupational therapy	10.2	10.8	10.5	2.9*

Notes:

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

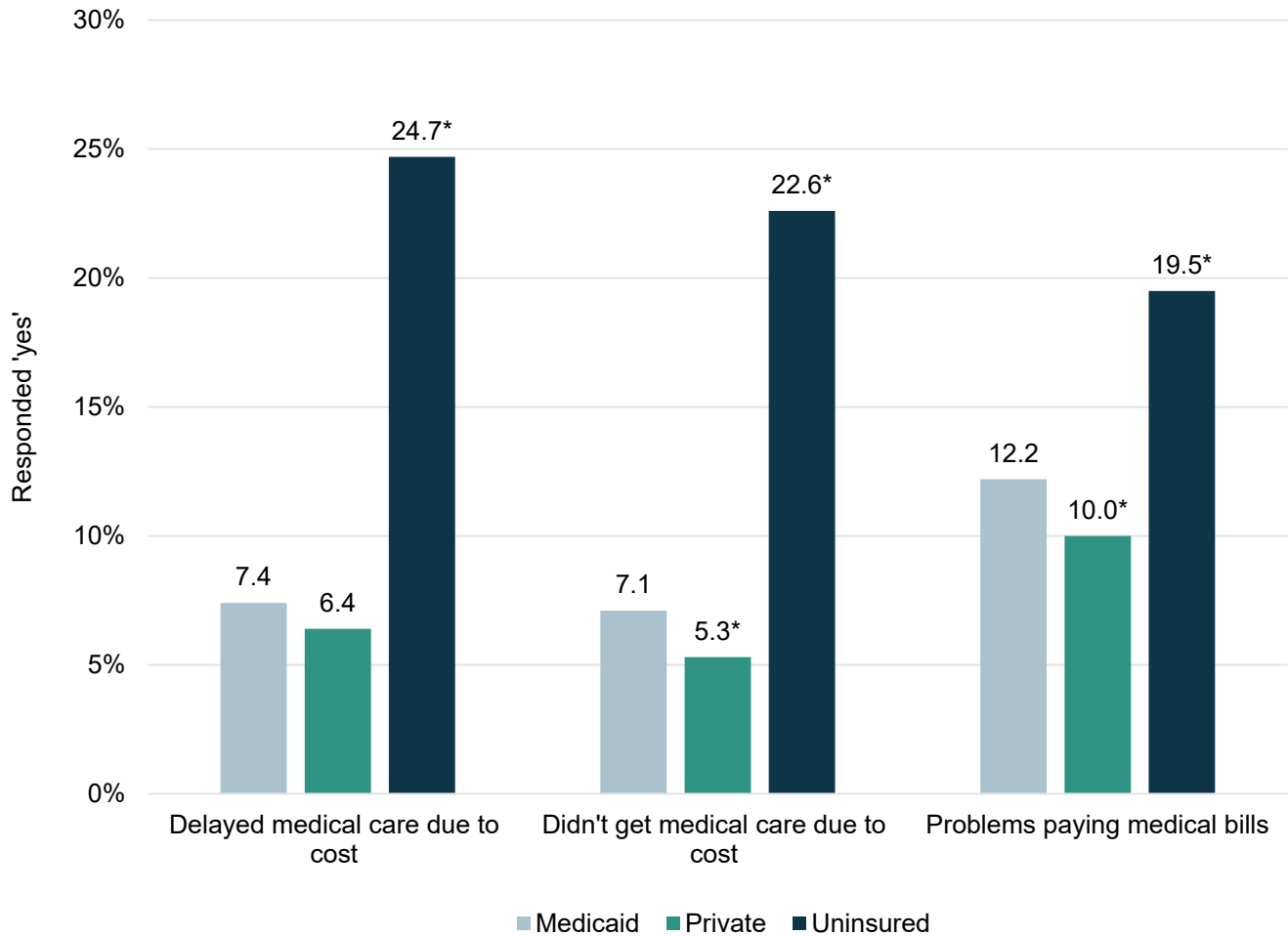
– Estimate not reported due to too small of a sample size or is unreliable because it has a relative standard error greater than or equal to 30 percent.

Source: SHADAC analysis of 2023 National Health Interview Survey.

Medicaid beneficiaries utilized certain health care services at different rates than adults with private insurance (Table 3). For example, Medicaid beneficiaries were less likely to report receiving a dental exam (52.9 percent compared to 72.3 percent), eye exams (38.9 percent compared to 52.3 percent)⁵, and flu shots (35.0 percent compared to 44.9 percent) than adults with private insurance. However, Medicaid beneficiaries were more likely to have received counseling or therapy from a mental health professional than adults with private insurance.



FIGURE 3. Financial Barriers to Health Care Experienced in the Past 12 Months for Adults Age 19–64 by Insurance Status, 2023



Notes:

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

Source: SHADAC analysis of 2023 National Health Interview Survey.

Reported financial barriers varied based on coverage type, with Medicaid beneficiaries experiencing more barriers than individuals with private insurance and fewer barriers than those without insurance (Figure 3, Table 4). The proportion of Medicaid beneficiaries who delayed care due to cost was not significantly different than those with private insurance (7.4 percent compared to 6.4 percent) and smaller than those without insurance (7.4 percent compared to 24.7 percent). Similarly, a higher proportion of Medicaid beneficiaries reported problems paying medical bills than adults with private insurance (12.2 percent compared to 10 percent), but Medicaid beneficiaries were less likely to report having trouble paying bills than uninsured adults (12.2 percent compared to 19.5 percent).



TABLE 4. Financial Barriers to Health Care, Adults Age 19–64 by Insurance Status, 2024

Delayed or experienced difficulty paying for care or medication in past 12 months	Percentage of adults age 19–64			
	Total	Medicaid	Private	Uninsured
Needed prescription medication but did not get it due to cost	6.5%	7.7%	4.9%*	12.7%*
Problems paying medical bills	11.9	12.2	10.0*	19.5*
Worried about paying bills after illness or injury	49.2	46.3	46.9	74.2*
Skipped medication doses to save money	5.4	5.7	4.0*	18.7*
Took less medication to save money	6.0	5.9	4.5*	20.3*
Delayed dental care due to cost	16.9	24.5	11.9*	36.0*
Delayed getting counseling/therapy	7.3	6.3	7.2	10.0*
Did not get counselor/therapy because of cost	6.8	6.8	6.4	9.8*

Notes:

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

Source: SHADAC analysis of 2023 National Health Interview Survey.

Medicaid beneficiaries were more likely to receive cancer screenings than uninsured individuals and were less likely to receive some screenings than those with private insurance (Table 5). For example, adult Medicaid beneficiaries were less likely than adults with private insurance to receive colorectal cancer screenings (32.4 percent compared to 45.9 percent), cervical cancer screenings (73.5 percent compared to 82.1 percent), and PSA tests for prostate cancer (20.7 percent compared to 35.3 percent). Additionally, 91.8 percent of Medicaid-covered women reported ever receiving a mammography, which is significantly greater than women without insurance (77.3 percent).

TABLE 5. Selected Cancer Screenings for Adults Age 19–64 by Insurance Status, 2023

Screenings	Percentage of adults age 19–64			
	Total	Medicaid	Private	Uninsured
Colorectal cancer screening (45–64 years)	42.4%	32.4%	45.9%*	16.1%*
Most recent Colorectal cancer screening in the past year (45–64 years)	27.8	32.7	27.1	26.8
Cervical cancer screening (women)	78.6	73.5	82.1*	65.2*
Most recent cervical cancer screening within 3 years	47.4	50.0	48.9	35.4*
Mammography (women 50–64)	94.6	91.8	96.3*	77.3*
PSA test for prostate cancer (men)	32.3	20.7	35.3*	14.7*

Notes: Screenings are reported as ever received across lifetime unless noted. PSA is prostate-specific antigen.

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

Source: SHADAC analysis of 2023 National Health Interview Survey.



Comparison by income

We also stratified survey data by income (at or below 138 percent FPL, and above 138 percent FPL) and insurance type to compare adults' experiences with accessing and using care at different income levels (Table 6 and Figure 4). Medicaid beneficiaries reported more access to care than other adults at or below 138 percent FPL. For example, 86.6 percent of Medicaid beneficiaries had a usual source of care, compared to 80.4 percent of adults with private insurance and 50.3 percent of uninsured adults. In addition, Medicaid beneficiaries in this group were more likely to report a doctor's office or health center as their usual source of care than their uninsured or privately insured counterparts. For additional access metrics see Table 1-A in Appendix A.

TABLE 6. Usual Source of Care for Adults Age 19–64 by Income and Insurance Status, 2023

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 case	86.6%	80.4%*	50.3%*	88.5%	89.1%	60.2%*
Doctor's office or health center is usual source of care	85.3	81.2*	67.5*	84.7	88.3*	70.8*

Notes: FPL is federal poverty level.

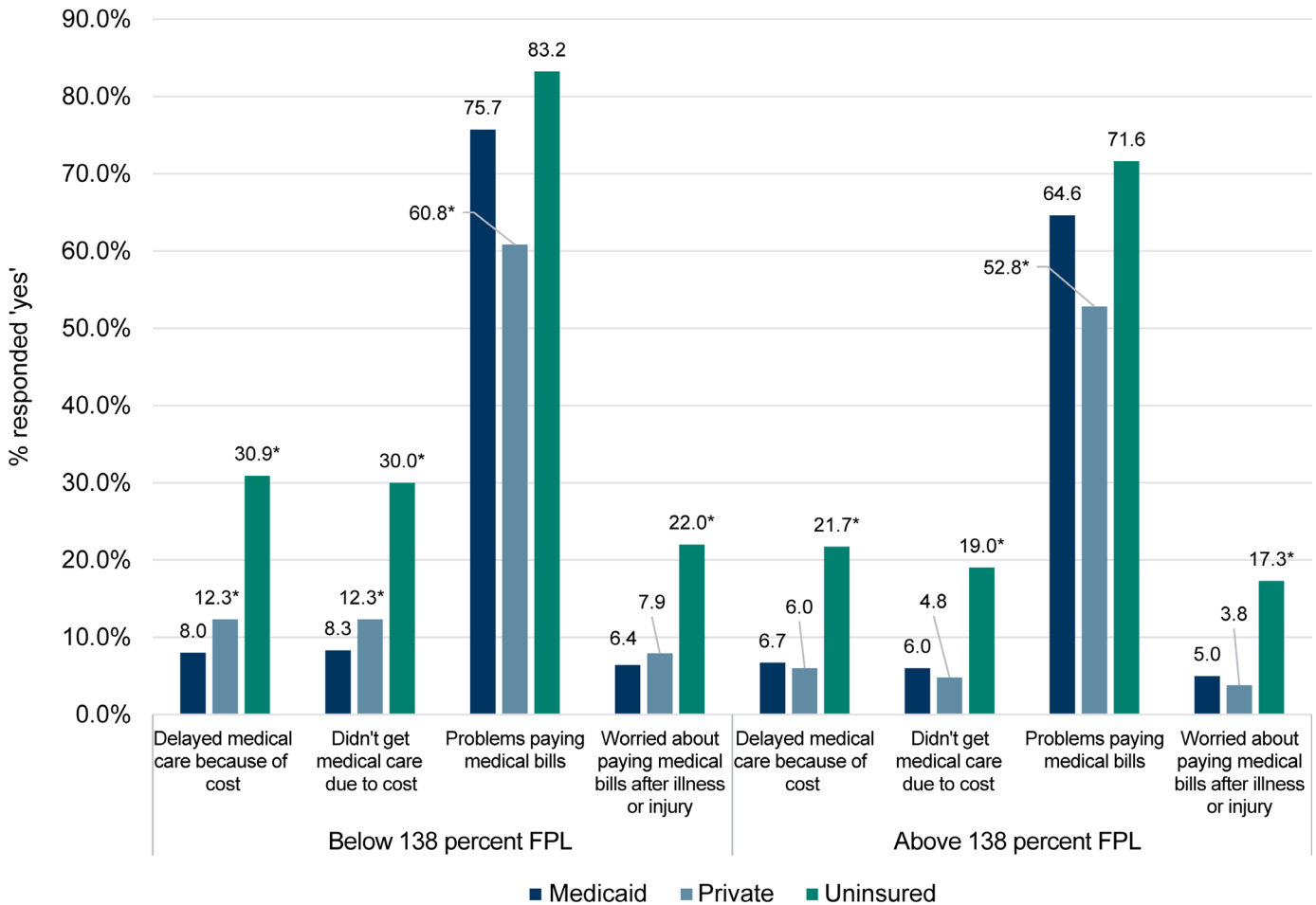
* Difference from Medicaid (within income category) is statistically significant at the 0.05 level.

Source: SHADAC analysis of 2023 National Health Interview Survey.

At or below 138 percent FPL, Medicaid beneficiaries were less likely to delay or forgo care, and less likely to worry about or be unable to pay medical bills (Figure 4). For those with incomes above 138 percent FPL, Medicaid beneficiaries demonstrate lower rates of delayed or forgone care than uninsured adults. For example, Medicaid beneficiaries were less likely than uninsured adults to delay medical care due to cost (6.7 percent compared to 21.7 percent) or forgo medical care due to cost (6.0 percent compared to 19.0 percent). An exception to this trend is reported problems paying medical bills: in both income groups Medicaid beneficiaries were more likely to report problems paying bills than adults with private insurance (75.7 percent compared to 60.8 percent). Additional financial barrier and screening metrics can be found in Tables 2-A and 3-A in Appendix A.



FIGURE 4. Financial Barriers to Health Care in the Past 12 Months for Adults Age 19–64 by Income and Insurance Status, 2023



Notes: FPL is federal poverty level.

Source: SHADAC analysis of 2023 National Health Interview Survey.

Comparison by disability

We also stratified data by disability to compare experiences with access between Medicaid-covered adults with and without disabilities. Adult Medicaid beneficiaries with disabilities were more likely to have a usual source of care and reported higher utilization than adults without disabilities (Table 7). However, they were also more likely to report financial barriers to accessing care (Figure 5).

Adult Medicaid beneficiaries with disabilities reported higher utilization rates for certain health care services compared to those without disabilities (Table 7). Beneficiaries with disabilities were more likely to have seen a doctor in the past 12 months than those without disabilities (90.2 percent compared to 80.5 percent) (Table 7). Likewise, beneficiaries with disabilities were also more likely to receive telemedicine than beneficiaries without disabilities (42.4 percent compared to 25.9 percent). Beneficiaries with disabilities reported receiving counseling or therapy from a mental health professional at over twice the rate of beneficiaries without disabilities (31.3 percent compared to 14.4 percent). However, beneficiaries with disabilities were less likely to have received a dental exam than beneficiaries without disabilities (51.4 percent compared to 66.1 percent).

TABLE 7. Usual Source of Care in the Past 12 Months for Medicaid Beneficiaries Age 19–64 by Disability Status, 2023

Access and utilization measures	Percentage of adults age 19–64	
	Disability	No disability
Has a usual source of care	88.5%	84.9%*
Type of usual source of care		
Doctor's office or health center	88.4	86.0*
Urgent care or walk-in clinic	6.8	10.7*
Hospital emergency room	3.7	2.1*
Health care use		
Dental exam	51.4	66.1*
Seen doctor or other health care professional	90.2	80.5*
Received counseling/therapy from mental health professional	31.3	14.4*
Had eye exam	48.4	47.2
Received care at home	11.3	1.2*
Had a flu shot	44.4	40.8*
Hospitalized overnight	19.5	6.2*
Had a medical appointment by video or phone	42.4	25.9*
Received physical, speech, rehabilitative, or occupational therapy	24.7	9.1*

Notes:

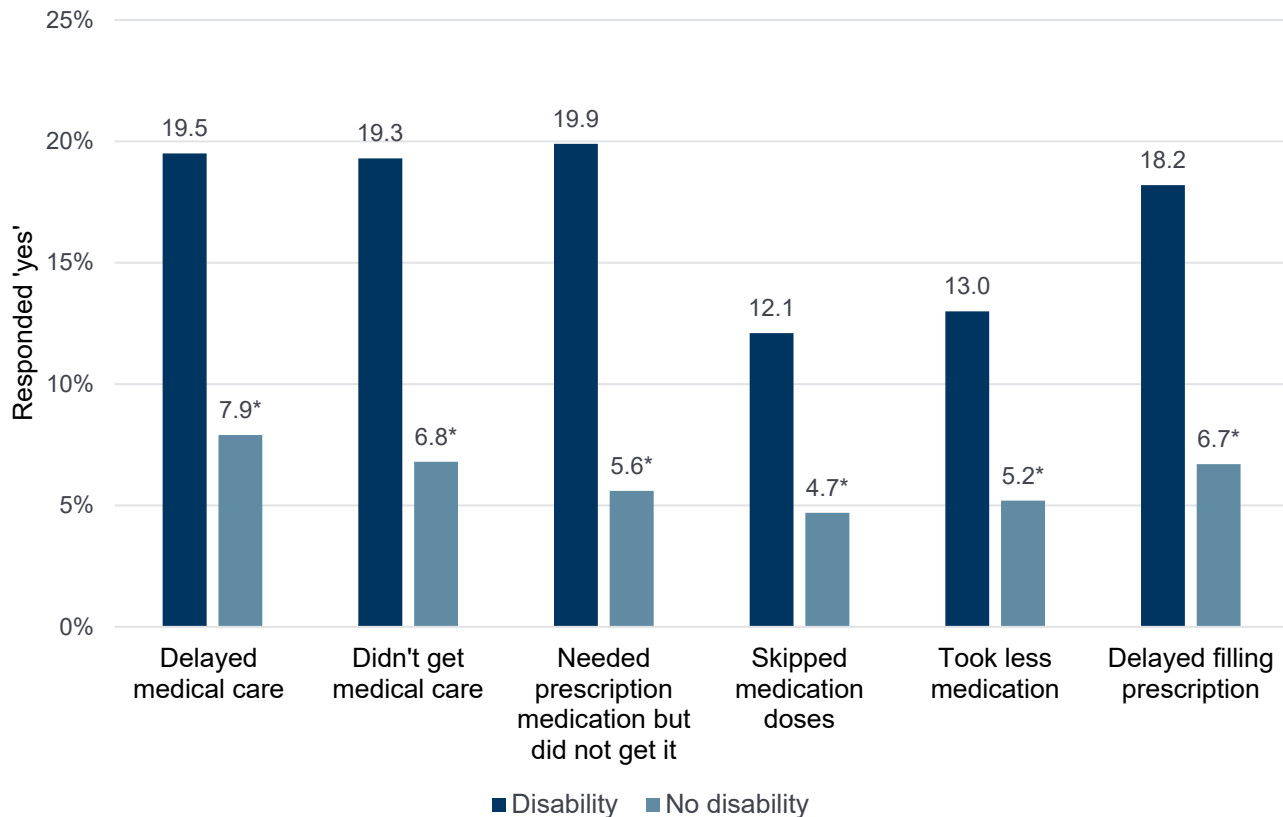
* Difference from adults with disabilities is statistically significant at the 0.05 level.

Source: SHADAC analysis of 2023 National Health Interview Survey (NHIS).

Medicaid beneficiaries with disabilities were more likely to report financial barriers in the past 12 months compared to those without disabilities. For example, 19.3 percent of beneficiaries with disabilities did not get medical care compared to 6.8 percent of those without disabilities. Similarly, 19.9 percent of beneficiaries with disabilities went without prescription medication because of cost compared to 5.6 percent of those without disabilities. Furthermore, 75.3 percent of beneficiaries with disabilities were unable to pay medical bills compared to 59.4 percent of those without disabilities (Table 4-A in Appendix A). For additional metrics, see Tables 4-A and 5-A in Appendix A.



FIGURE 5. Financial Barriers to Health Care in the Past 12 Months for Medicaid Beneficiaries Age 19–64 by Disability Status, 2023



Notes:

* Difference from adults with disabilities is statistically significant at the 0.05 level.

Source: SHADAC analysis of 2023 National Health Interview Survey.

Data and Methods

Data for this brief come from the 2023 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 t-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 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.

Disability status

Disabilities were identified using the Washington Group Short-Set cut-off criteria. Respondents were identified as disabled if they responded that they had great difficulty or were completely unable to function in at least one of five domains (vision, hearing, mobility, communication, cognition, and self-care) (Washington Group on Disability Statistics 2022).

Endnotes

¹ 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.

² The Oregon experiment demonstrated the effect of Medicaid coverage on improving health services use and reducing financial strain for Medicaid beneficiaries. 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.

³ This brief only examines the adult population, defined as those aged 19-64. All references to Medicaid beneficiaries, individuals with private insurance, and individuals without insurance from this point onward should be assumed to refer exclusively to the adult population. Medicaid beneficiaries are those respondents who identified Medicaid as their source of insurance coverage at the time of the survey.

⁴ The remainder were covered by another insurance source such as Medicare or Tricare.

⁵ Dental and eye benefits are optional for state Medicaid programs.

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APPENDIX A: Expanded Data Tables

TABLE 1-A. Access and Utilization Measures for Adults Age 19–64 by Insurance Status and Income, 2023

Access and Utilization Measures	Less than or equal to 138 percent FPL			Greater than 138 percent FPL		
	Medicaid	Private	Uninsured	Medicaid	Private	Uninsured
Type of usual source of care						
Urgent care or walk-in clinic	10.4%	11.6%	17.4%*	10.6%	10.0%	19.0%*
Hospital emergency room	3.7	5.0	10.2*	3.9	0.9*	6.4
Utilization in past 12 months						
Seen doctor or other health care professional	84.1	81.2	50.6*	83.5	84.4	54.7*
Dental exam	49.5	56.4*	33.4*	56.1	73.4*	41.5*
Received counseling/therapy from mental health professional	18.7	17.2	5.7*	19.1	15.4*	6.5*
Had eye exam	38.9	40.5	19.5*	38.9	53.0*	25.2*
Received care at home	3.9	2.4	–	2.3	1.2*	–
Had a flu shot	33.7	33.7	20.4*	36.3	45.6*	20.7*
Hospitalized overnight	15.2	8.9*	5.8*	11.5	5.3*	4.6*
Had a medical appointment by video or phone	25.8	27.0	9.3*	28.1	29.0	10.9*
Received physical, speech, rehabilitative, or occupational therapy	9.4	7.3	3.1*	12.2	10.7	2.8*

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: SHADAC analysis of 2023 National Health Interview Survey.

TABLE 2-A. Access and Payment Barriers for Adults Age 19–64 by Insurance Status and Income, 2023

Delayed Medical Care or difficulty paying for health care in past 12 months	Less than or equal to 138 percent FPL			Greater than 138 percent FPL		
	Medicaid	Private	Uninsured	Medicaid	Private	Uninsured
Needed prescription medication but did not get it due to cost	8.4%	10.3%	15.5%*	7.0%	4.5%*	11.4%*
Needed dental care but did not get it due to cost	12.7	19.3*	24.6*	11.6	9.4*	17.0*
Problems paying medical bills	75.7	60.8*	83.2	64.6	52.8*	71.6
Skipped medication doses to save money	6.3	9.7	26.0*	5.6	4.2	18.0*

Delayed Medical Care or difficulty paying for health care in past 12 months	Less than or equal to 138 percent FPL			Greater than 138 percent FPL		
	Medicaid	Private	Uninsured	Medicaid	Private	Uninsured
Took less medication to save money	9.1	13.3*	27.3*	7.3	5.8	19.7*
Delayed filling prescription to save money	26.8	26.7	46.0*	22.2	10.9*	31.1*
Delayed dental care due to cost	26.8	26.7	46.0*	22.2	10.9*	31.1*
Delayed getting counseling/therapy because of cost	5.0	10.4*	10.8*	7.7	7.0	9.7
Did not get counselor/therapy because of cost	5.3	9.7*	11.5*	8.2	6.1*	8.9

Notes:

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

Source: SHADAC analysis of 2023 National Health Interview Survey.

TABLE 3-A. Selected Cancer Screenings for Adults Age 19–64 by Insurance Status and Income, 2023

Screenings	Less than or equal to 138 percent FPL			Greater than 138 percent FPL		
	Medicaid	Private	Uninsured	Medicaid	Private	Uninsured
Colorectal cancer screening	33.6%	31.9%	10.7%*	31.1%	46.6%*	18.9%*
Most recent colorectal cancer screening	29.5	32.6	–	36.1	26.9*	24.8
Cervical cancer screening	74.1	66.9*	65.7*	72.9	83.3*	64.8*
Most recent cervical cancer screening (19–64 years)	51.9	49.6	32.9*	48.1	48.9	37.1*
Mammography (50–64 years)	89.8	89.1	75.1*	94.0	96.7	78.4*
PSA test for prostate cancer	20.5	23.5	–	20.9	35.8*	17.9

Notes: Screenings are reported as ever received across lifetime unless noted. PSA is prostate-specific antigen.

* 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: SHADAC analysis of 2023 National Health Interview Survey (NHIS).



TABLE 4-A. Financial Barriers to Healthcare for Medicaid Beneficiaries Age 19–64 by Disability Status, 2023

Delayed Medical Care or difficulty paying for health care in past 12 months	Percentage of adults age 19-64	
	Disability	No disability
Problems paying medical bills	27.2%	10.8%*
Unable to pay medical bills	75.3	59.4*
Get sick or have accident, worry about paying medical bills	54.8	48.8*
Delayed dental care due to cost	33.5	15.7*
Needed dental care but did not get it due to cost	33.5	15.7*
Delayed getting counseling/therapy because of cost	14.2	6.8*
Did not get counselor/therapy because of cost	15.3	6.2*

Notes:

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

Source: SHADAC analysis of 2023 National Health Interview Survey (NHIS).

TABLE 5-A. Selected Cancer Screenings for Medicaid Beneficiaries Age 19–64 by Disability Status, 2023

Screenings	Percentage of adults age 19-64	
	Disability	No disability
Colorectal cancer screening	46.4%	42.0%*
Most recent colorectal cancer	31.6	27.4
Cervical cancer screening	76.5	78.8
Most recent cervical cancer	32.8	48.5*
Mammography (50–64 years)	93.4	94.8
PSA test for prostate cancer	32.4	32.3

Notes: PSA is prostate-specific antigen.

* 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: SHADAC analysis of 2023 National Health Interview Survey (NHIS).

