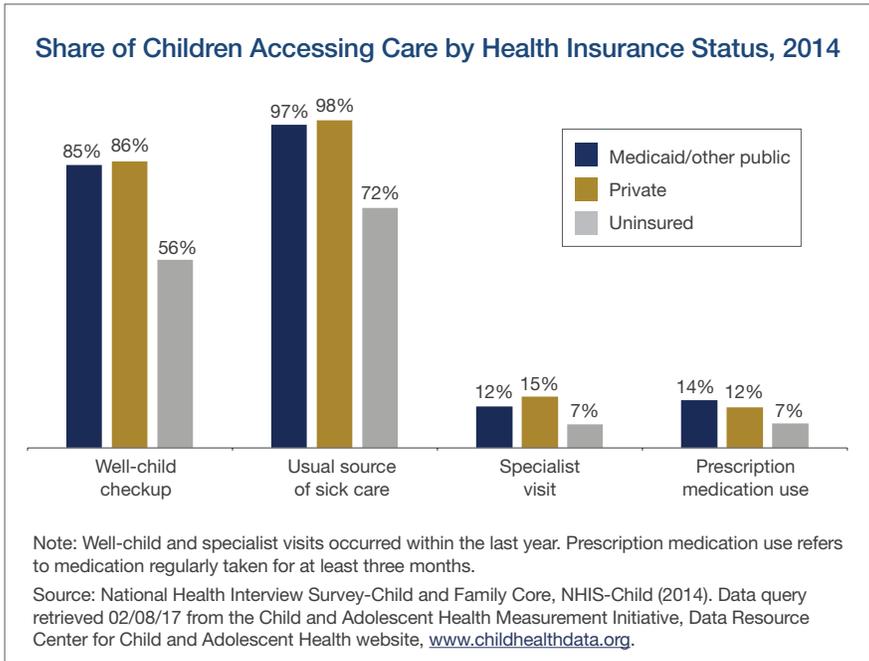




Medicaid Provides Needed Access to Care for Children and Families

Children and parents who rely on Medicaid for health care receive coverage that is comparable to private insurance and far better than the access accorded uninsured families, research shows. Children comprise the largest group of Medicaid beneficiaries, accounting for over 40 percent of all enrollees.¹ In addition, a significant number of their parents also receive health coverage through Medicaid.² This coverage makes health care affordable for families and provides them with economic security. The substantial financial impact that comes from having Medicaid coverage makes it clear that millions of families are accessing and using health care.^{3, 4, 5} *Particularly when controlling for socioeconomic differences, their access is comparable to private insurance, while uninsured families lag behind.*



Access to care for children and families with Medicaid coverage is comparable to private insurance coverage.

Children covered by Medicaid and those with private insurance access health care services across a variety of measures at comparable rates (see figure). Medicaid plays a particularly important role providing children with health care: 76.5 percent of pediatricians accept new Medicaid patients.⁶

However, a widely-cited study in *Health Affairs* found that 69.4 percent of all physicians accepted new patients with Medicaid coverage, compared to 81.7 percent of physicians who accepted new patients with private insurance.⁷ This finding has engendered criticism that families relying on Medicaid have fewer options for health care. But the magnitude of the difference is small: roughly seven in 10

physicians accepted new Medicaid patients, compared to roughly eight in 10 physicians accepted new privately insured patients. Medicaid's provider payment rates are lower than rates in private insurance, and that has been shown to affect provider participation.⁸ More importantly, even with differences in payments to providers, there is considerable evidence that *access to care in Medicaid and the Children's Health Insurance Program (CHIP) is as good as private insurance, and in some cases may be better.* To the extent that access problems exist in Medicaid, they are often reflective of broader access problems in the health care system.



► Children's Access to Care

- One study found that children with Medicaid/CHIP coverage are more likely than children with employer-sponsored insurance (ESI) to have a routine checkup.⁹ Children with Medicaid/CHIP are equally likely to have a regular source of care, and they experienced similar levels of difficulty finding general doctors, specialists and dentists compared to children with ESI.¹⁰
- Compared to children with ESI, children who have Medicaid/CHIP coverage had significantly lower rates of forgoing medical care, prescription drugs, dental care, specialist care, mental health care, and vision care because it was unaffordable.¹¹ There was no significant difference between children with Medicaid/CHIP and ESI on: satisfaction with the range of available health services, satisfaction with provider choice, and confidence that necessary health care could be obtained.¹²
- Another analysis, published in *JAMA Pediatrics*, focused on children whose families fall between 100 and 300 percent of the federal poverty level (FPL) and found that children covered through Medicaid/CHIP fared similarly to children with private insurance. *Children with Medicaid/CHIP coverage are significantly more likely to have preventive medical and dental visits, compared to privately insured children.*¹³ They are just as likely as those privately insured to have a personal physician or nurse and have a regular source of care.¹⁴ There is no significant difference between Medicaid and private insurance with respect to problems seeing specialists and obtaining referrals.¹⁵
- A study that used 2011-2012 data from the National Survey of Children's Health found that *children living in rural areas with Medicaid/CHIP coverage have comparable levels of access to care as children living*

in rural areas with private insurance. No significant differences were found in the proportion delaying or forgoing needed care and share of families who experience difficulty obtaining needed specialty care.¹⁶

► Adults' Access to Care

- Adults with Medicaid coverage are as likely to have a regular source of care and significantly more likely to report general doctor visits and specialist visits in the last year compared to privately insured adults.¹⁷
- Compared to adults with private coverage, adults with Medicaid experience more barriers to care, including: difficulty finding providers, delays scheduling appointments and a lack of transportation to providers.¹⁸
- The widely-cited *Health Affairs* study that found the national physician rate of accepting new patients was 69.4 percent for Medicaid compared to 81.7 percent for private insurance also concluded that there was substantial state variation. In almost half of states, doctors accepted new Medicaid patients at a rate significantly higher than the national, while only one state accepted new Medicaid patients at a rate significantly lower. There was also variation by area of the state: *physicians in rural areas were 19 percent more likely to accept new Medicaid patients than others,* building on evidence presented above that Medicaid plays a particularly important role in ensuring access to health care in rural areas.
- There are fewer studies that focus on access for parents. However, one study found that low-income mothers with Medicaid coverage fare similarly on access to care to low-income mothers with private insurance.¹⁹ This includes measures of usual source of care, doctor visit, dental visit, unmet need, and others.²⁰

Children and families with Medicaid coverage have significantly better access to health care than those who are uninsured.

While children covered by Medicaid and private insurance have comparable rates on measures of access to health care, rates for uninsured children are consistently lower (see figure).

- *Children with Medicaid/CHIP are significantly more likely to have a regular source of care and to have a physician visit and dental visit in the last two years compared to uninsured children.*²¹

- According to a study that focused on children between 100 and 300 percent of the FPL, children with Medicaid/CHIP are also more likely to receive preventive care and have a personal physician or nurse than children who are uninsured.²² The same study found that children who are uninsured are more likely to have unmet medical and dental needs than children with Medicaid/CHIP coverage.²³



- *Adults impacted by the Medicaid expansion under the ACA were more likely to have a personal doctor and have a dental visit than adults living in states that did not expand Medicaid.*²⁴ Uninsured adults who gained coverage through Medicaid were almost twice as likely to have an annual checkup than individuals who remained uninsured.²⁵
- Adults living in states that expanded Medicaid under the ACA had an estimated seven additional prescription drugs a year compared to adults in non-expansion states.²⁶ Increases in prescription drugs are indicative of increases in visits to physicians, as a visit is required to obtain the prescription.²⁷
- *In the Oregon Experiment, which used a lottery to determine randomly who would receive Medicaid, adults who gained coverage were significantly more likely to have a usual source of care and receive all needed care.*²⁸ Preventive care also increased: They were significantly more likely to have a cholesterol screening, mammogram,

pap smear, and prostate cancer screening; and were no more likely to have a colonoscopy or a flu shot.²⁹ The widely-cited result from this study is that there was no significant change in the use of the emergency department.³⁰ Cited less often are the significant increases in office visits and use of prescription drugs.³¹

- *Medicaid coverage may play a particularly important role improving access to mental health care.* Participants in the Oregon Experiment reported overall health to be the same or better one year after gaining coverage, and significantly better mental health with no significant changes in physical health.³² Similarly, a study that focused on Medicaid eligibility expansions for parents between 1997 and 2009 found improved mental health outcomes for low-income parents.³³
- A different study solely on mothers concluded that mothers covered by Medicaid are more likely than uninsured mothers to have a regular source of care, a doctor visit, and to receive preventive care.³⁴

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Endnotes

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