

MEASURING POVERTY ALLEVIATION THROUGH MEDICAID EXPANSION



Social Services Appropriations Subcommittee – August 20th, 2019

THEORY

- Getting Medicaid could raise people out of poverty through one or more of the following mechanisms:
 - Improved health
 - Can obtain employment
 - Can maintain employment
 - Less absenteeism
 - Retain more income
 - Fewer out-of-pocket medical expenses
 - Less likelihood of catastrophic expenses/medical bankruptcy

HOW TO OPERATIONALIZE

- Poverty
 - Federal poverty level (FPL)
 - \$12,490 for individuals
 - \$25,750 for family of four
- Poverty alleviation
 - Change in income
 - % change
 - Crossing FPL threshold
 - Change in utilization of other public assistance programs
- Improved health
 - Change in healthcare utilization

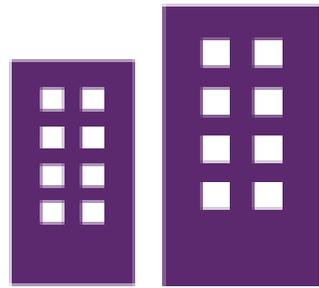
INTERVENING FACTORS

- Limited job skills
- Disability
- Lag in effect of coverage
- Utilization of coverage
- Childcare
- Housing stability

SOCIAL DETERMINANTS OF HEALTH/ INTERGENERATIONAL POVERTY FACTORS



Childhood experiences



Housing



Education



Social support



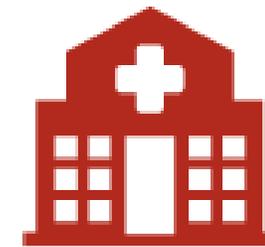
Family income



Employment



Our communities



Access to health services

PROPOSED MODELS

- Dependent variables
 - Change in income
 - Participation in other public assistance programs
 - Duration of enrollment
- Independent variables
 - Gender
 - Age
 - Primary language
 - Race
 - Marital status
 - Median income of zip code
 - Member of Native American tribe
 - Duration of coverage
 - Disability status
 - Offender status
 - Veteran status
 - Family size

OTHER NOTES

- Research shows that the smallest poverty reduction effect has been found among nondisabled adults, the primary expansion population.
- Medicaid's effect on poverty alleviation may become more pronounced over time, as healthcare costs continue to rise.

PROPOSED NEXT STEPS

- LFA, in coordination with DWS, can provide summary statistics for the included variables at time of enrollment for the expansion population during the 2020 General Session.
- LFA, in coordination with DWS, can provide an analysis of the first year of data during the 2020 interim.

SUMMARY STATISTICS

Adults on AEM		
Total number of households	39,414	
<u>Unique adults on Adult Expansion (AEM)</u>	<u>44,401</u>	
Of the unique adults on AEM		
Avg age	39	
Avg household size	2	
Women	24,361	54.9%
Men	20,040	45.1%
Affiliated with American Indian tribe	749	1.7%
Veteran	587	1.3%
Offender	584	1.3%
<u>Disability</u>	<u>2,561</u>	<u>5.8%</u>

Family Size		
1	24,761	55.8%
2	5,195	11.7%
3	4,175	9.4%
4	3,697	8.3%
5	2,769	6.2%
<u>6+</u>	<u>3,431</u>	<u>7.7%</u>

Income (household)	
Average monthly	\$ 530.81
<u>Average annual</u>	<u>\$ 6,369.72</u>

Duration of Coverage	
Average duration of coverage (max of seven months between beginning of eligibility and end of data collection)	4.7 months



OTHER PUBLIC ASSISTANCE

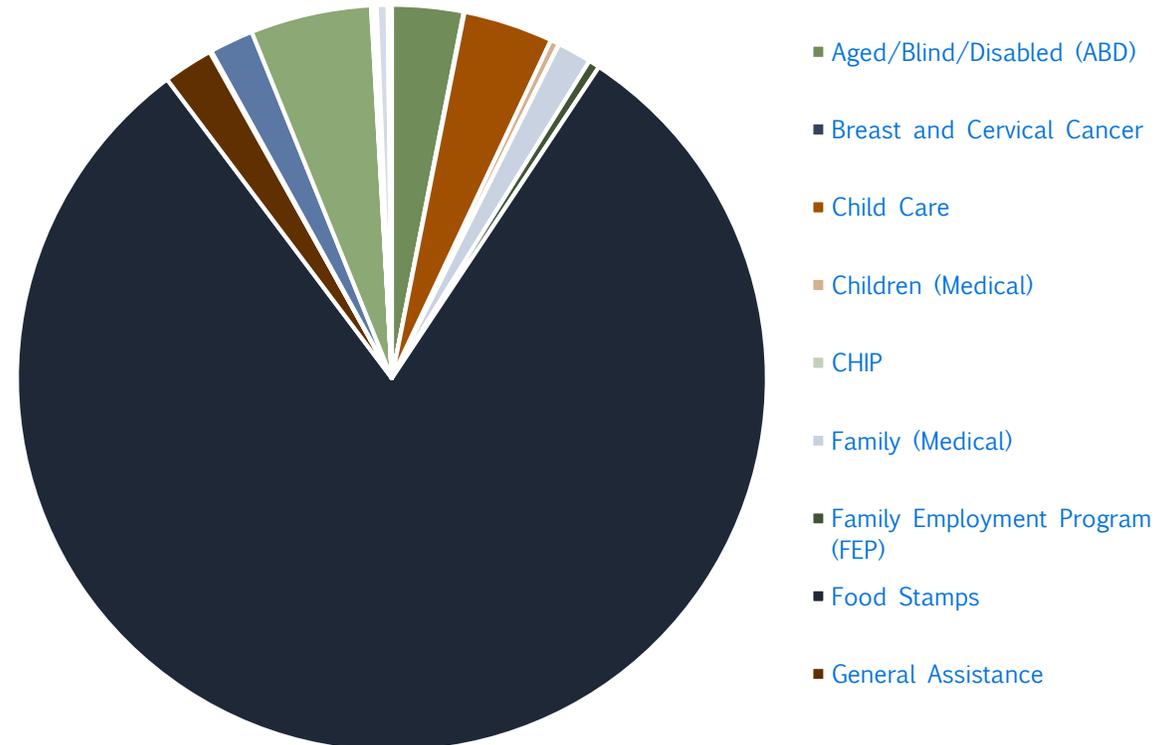
Other Public Assistance		
Only on AEM	19,833	44.7%
<u>On other public programs</u>	<u>24,568</u>	<u>55.3%</u>

Other Public Assistance			
Of those on other public programs	Number	% on other	% of total
Aged/Blind/Disabled (ABD)	860	3.5%	1.9%
Breast and Cervical Cancer	11	0.0%	0.0%
Child Care	1,083	4.4%	2.4%
Children (Medical)	104	0.4%	0.2%
CHIP	4	0.0%	0.0%
Family (Medical)	412	1.7%	0.9%
Family Employment Program (FEP)	134	0.5%	0.3%
Food Stamps	22,532	91.7%	50.7%
General Assistance	605	2.5%	1.4%
<u>Medicare Cost Sharing</u>	<u>10</u>	<u>0.0%</u>	<u>0.0%</u>

Other Public Assistance			
Nursing Home	11	0.0%	0.0%
Pregnant Woman	532	2.2%	1.2%
Presumptive Eligibility	1,459	5.9%	3.3%
Primary Care Network	7	0.0%	0.0%
Refugee	2	0.0%	0.0%
Refugee Cash Assistance	26	0.1%	0.1%
TAM - Chronically Homeless	32	0.1%	0.1%
TAM - Individuals Needing Treatment	132	0.5%	0.3%
TAM - Justice Involved	18	0.1%	0.0%
Transitional Cash Assistance	15	0.1%	0.0%
Utah's Premium Partnership (UPP)	8	0.0%	0.0%
<u>Waiver</u>	<u>9</u>	<u>0.0%</u>	<u>0.0%</u>

OTHER PUBLIC ASSISTANCE

Other Public Assistance



RESOURCES

- Hill, S.C., Abdus, S., Hudson, J.L., & Selden, T.M. (2014). Adults in the income range for the Affordable Care Act's Medicaid expansion are healthier than pre-ACA enrollees. *Health Affairs*, 33(4), 691-699.
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- Sommers, B.D., & Oellerich, D. (2013). The poverty-reducing effect of Medicaid. *Journal of Health Economics*, 32(5), 816-832.
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