

Medicaid Myths v. Facts

More than 75 million Americans—including children, veterans, and people with disabilities—rely on Medicaid for reliable, quality health care. It’s an essential part of American health care, and a safety net that’s there when we need it. You’ve probably already heard about the benefits of Medicaid, but you may have heard some myths as well: things like “low-quality care” or “out-of-control costs.” Let’s set the record straight.

MYTH #1: Medicaid does not provide quality health care. Americans who have commercial coverage, and even those without coverage, receive better care than Medicaid enrollees.

FACT: This myth is based on very outdated, flawed research. In fact, recent studies show that Americans with Medicaid have access to care and preventive services similar to people with commercial coverage, and significantly better access than people with no health coverage at all.¹ The data demonstrate that both adults and children with Medicaid are 4 to 5 times more likely to have a stable source of care and 2 to 3 times more likely to receive important preventive services compared to people without insurance.

MYTH #2: Expanding Medicaid coverage puts a strain on the health care system and limits access to care for Americans who need it most.

FACT: Quite the contrary:

- 84 percent of Medicaid enrollees reported regular access to the care they need.²
- A survey conducted in 10 states that expanded Medicaid found that appointment availability actually increased by over 5 percent and wait times decreased by more than 6 percent after expansion.
- A state’s decision to expand Medicaid had no impact on the availability of resources for people with disabilities who are on waiting lists to receive home and community-based services (HCBS).³

MYTH #3: The Medicaid program is growing too fast and taking up valuable dollars in state budgets.

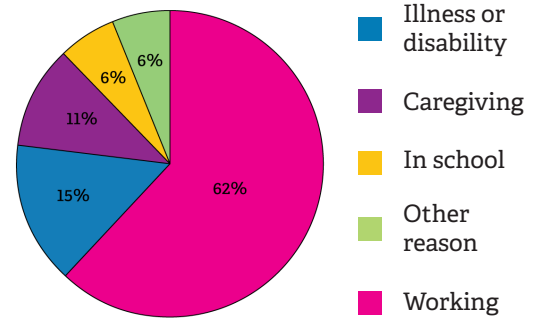
FACT: Medicaid is a cost-effective way of providing necessary care to Americans who could not otherwise afford it.

Between 2006 and 2016, state and local spending on Medicaid increased less than 3 percent and now make up less than 16 percent of state budgets. While states sometimes report significantly higher percentages of their budgets are spent on Medicaid, that is because they are including the Medicaid

dollars that are reimbursed by the federal government. States are generally reimbursed for their Medicaid spending at rates ranging from 50 to 77 percent, depending on the average per capita income in the state.⁵

MYTH #4: Medicaid coverage discourages people from working.

FACT: Approximately 62 percent of adult Medicaid enrollees are already working⁷:



- 15 percent have an illness or disability
- 11 percent are family caregivers
- 6 percent are attending school

Many of the few remaining adult Medicaid enrollees not working report they are currently looking for work. In Ohio, more than half of working enrollees said their Medicaid coverage helps them maintain their employment.⁸

Recent data also show that adding new populations to Medicaid has not resulted in decreases in employment rates or the number of hours worked.⁹ In fact, one study showed an increase in employment for Americans with disabilities living in expansion states.¹⁰

MYTH #5: Expansion of Medicaid has caused an increase in opioid addiction because doctors overprescribe opioids to Medicaid enrollees.

FACT: There is no evidence that opioid addiction increases in states that expanded their Medicaid programs. On the contrary, the number of opioid prescriptions written has remained stable in states following expansion.¹¹

And there is evidence that Medicaid helps combat opioid addiction by giving people access to the treatment they need to improve their health. A five-state study show that expansion of Medicaid led to a significant increase in people filling prescriptions for medications to treat opioid addiction.¹²

¹ America's Health Insurance Plans. *The Value of Medicaid: Access to Care and Preventive Services*. April 9, 2018. <https://www.ahip.org/value-of-medicaid-access-to-care-report/>. ² Barnett ML, Sommers BD. A National Survey of Medicaid Beneficiaries' Experiences and Satisfaction with Health Care, *JAMA Network Open*. September 2017. <https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/2643347>. ³ Watts MO and Musumeci MB. *Medicaid Home and Community-Based Services: Results From a 50-State Survey of Enrollment, Spending, and Program Policies*. Kaiser Family Foundation. January 19, 2018. <https://www.kff.org/report-section/medicaid-home-and-community-based-services-results-from-a-50-state-survey-of-enrollment-spending-and-program-policies-report/>. ⁴ Medicaid and CHIP Payment and Access Commission. *Report to Congress on Medicaid and CHIP*. June 2016. <https://www.macpac.gov/publication/trends-in-medicaid-spending/>. ⁵ Medicaid and CHIP Payment and Access Commission. *Medicaid's Share of State Budgets*. <https://www.macpac.gov/subtopic/medicaids-share-of-state-budgets/>. ⁶ Includes all adult Medicaid enrollees except those dually eligible for Medicare and Medicaid, Supplemental Social Security Income recipients, and elderly adults. ⁷ Garfield R, Rudowitz R, Musumeci M, Damico A. *Implications of Work Requirements in Medicaid: What Does the Data Say?* Kaiser Family Foundation. June 2018. <https://www.kff.org/medicaid/issue-brief/implications-of-work-requirements-in-medicaid-what-does-the-data-say/>. ⁸ The Ohio Department of Medicaid. *Ohio Medicaid Group VIII Assessment: A Report to the Ohio General Assembly*. December 20, 2016. <http://medicaid.ohio.gov/Portals/0/Resources/Reports/Annual/Group-VIII-Assessment.pdf>. ⁹ Antonisse L, Garfield R, Rudowitz R, Artiga S. *The Effects of Medicaid Expansion under the ACA: Updated Findings from a Literature Review*. Kaiser Family Foundation. March 28, 2018. <https://www.kff.org/medicaid/issue-brief/the-effects-of-medicaid-expansion-under-the-aca-updated-findings-from-a-literature-review-march-2018/>. ¹⁰ Hall JP, Shartz A, Kurth NK, Thomas KC. *Effect of Medicaid Expansion on Workforce Participation for People with Disabilities*. *American Journal of Public Health*. October 20, 2016. <https://ajph.aphapublications.org/doi/full/10.2105/AJPH.2016.303543>. ¹¹ Saloner B, Levin J, Chang H-Y, Jones C, Alexander CG. *Changes in Buprenorphine-Naloxone and Opioid Pain Reliever Prescriptions After the Affordable Care Act Medicaid Expansion*. *JAMA Network Open*. August 17, 2018. <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2696873>. ¹² Saloner B, Levin J, Chang H-Y, Jones C, Alexander CG. *Changes in Buprenorphine-Naloxone and Opioid Pain Reliever Prescriptions After the Affordable Care Act Medicaid Expansion*. *JAMA Network Open*. August 17, 2018. <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2696873>.