

NAPCRG 52nd Annual Meeting — Abstracts of Completed Research 2024.

**Submission Id:** 6252

**Title**

*Expanding Medicaid eligibility to adults regardless of immigration status improved healthcare access among Latino communities*

**Priority 1 (Research Category)**

Economic or policy analysis

**Presenters**

Heather Holderness, MPH, Jorge Kaufmann, MS, Miguel Marino, PhD, Gretchen Mertes, MPH, John Heintzman, MD, MPH, Nathalie Huguet, PhD

**Abstract**

Context: Despite federal- and state-wide initiatives to boost access to health insurance (e.g., Affordable Care Act Medicaid Expansion and individual health insurance marketplaces), Latinos continue to have the highest uninsured rate of any racial or ethnic group in the United States. In January 2021, Oregon and California expanded Medicaid eligibility to adults 50 years and older regardless of immigration status, which could significantly improve access to care for socioeconomically disadvantaged Latino patients.

Objective: To assess whether Latino patients receiving care in community health clinics (CHCs) in Oregon and California have fewer uninsured visits post-eligibility expansion compared to patients seen in states that did not expand eligibility.

Design and Analysis: Retrospective cohort study.

Setting or Dataset: Electronic Health Record data from 599 CHCs in 11 states on the Accelerating Data Value Across a National Community Health Center Network clinical research network.

Population Studied: 117,648 non-pregnant patients ages 50-64 years living in eligibility expansion states (OR/CA) or states that did not expand eligibility (AK, CT, IN, MN, MT, NC, NJ, OH, WA) with a visit 2018-2019 (pre) and 2021-2023 (post).

Outcome measures: Health insurance at each visit: uninsured, Medicaid-, or privately-paid visits. We compared pre/post insurance rates by race/ethnicity in eligibility expansion and non-expansion states separately, and across expansion status using generalized estimating equations Poisson regression. Analyses were stratified by sex.

Results: Latina/o patients had more uninsured visits than other racial/ethnic groups in expansion and non-expansion states. In sex-stratified analyses, Latina patients in expansion states saw a Medicaid-insured visits rise from 49%-55%, while Latino patients saw an increase from 45%-51% (both <0.05). All other race/ethnicity groups experienced a decrease in Medicaid-insured visits, in both expansion and non-expansion states. The pre-to-post change in Medicaid visits between race/ethnicity groups in expansion versus non-expansion states was significant among Latina adults but not among Latino adults.

Conclusion: Study findings suggest a modest uptake of Medicaid-paid visits among Latina patients. Uptake in Medicaid visits may be higher among non-English speaking Latina/o adults. Unwinding of Medicaid continuous enrollment in the last months of 2023 may dampen the effect of this eligibility expansion.

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