

THE AFFORDABLE CARE ACT (ACA) – MEDICAID EXPANSION



Evidence-Informed for the Structural Intervention Chapter

POPULATION

- Persons eligible for Medicaid

KEY INTERVENTION EFFECTS

- Increased HIV diagnoses

BRIEF DESCRIPTION

The Affordable Care Act (ACA) - Medicaid Expansion is a structural-level intervention that expanded eligibility for the Medicaid program as a step to increase access to health care, which includes HIV diagnosis and PrEP uptake. Through ACA, the Medicaid program that previously covered only children who are low-income, pregnant women, adults with disabilities, and parents who are very low-income was expanded to include all families with incomes <138% of the federal poverty level. Expanding Medicaid eligibility is optional at the state level.

DURATION: Ongoing

SETTING: Counties in 32 U.S. states and the District of Columbia

STUDY YEARS: 2010 – 2017 data used; August 2019 – July 2020 data analyzed

STUDY DESIGN: Quasi-experimental using a difference-in-differences (DID) framework (differences in the outcome before and after the expansions were calculated, and then those differences between treatment and control counties were compared)

DELIVERERS: States with Medicaid expansion

DELIVERY METHODS: Medicaid coverage expansion

STUDY SAMPLE

The baseline study sample was obtained using the Kaiser Family Foundation categorization of states' status of Medicaid expansion. Mean percentages for select county characteristics of the states that expanded Medicaid*:

- 5% Black or African American persons
- 7% persons identifying as Hispanic, Latino, or Latina regardless of race
- 12% male persons who are 25 – 44 years old
- 12% persons who live in poverty

*Table F2 in the Appendix available at:

Farkhad, B. F., Holtgrave, D., & Albarracin, D. (2021). [Effect of Medicaid expansions on HIV diagnoses and pre-exposure prophylaxis use](#). *American Journal of Preventative Medicine*, 60(3), ofaa369. doi: 10.1016/j.ampre.2020.10.021.

STRUCTURAL COMPONENTS

Access – HIV care/HIV services/PrEP Care

- Increased access to health care from increased insurance coverage.

Policy/Procedure – Change in U.S. law

- Change in ACA to expand Medicaid

KEY INTERVENTION EFFECTS (see **Primary Study** for all outcomes)

- Medicaid expansions were associated with a statistically significant increase in HIV diagnoses, an average of 0.508 new cases per 100,000 population, which represents a 13.9% increase from pre-expansion levels.
 - Among persons who reported injection drug use, there was an average of 0.351 new HIV cases per 100,000 population.
 - Among persons who reported male-to-male sexual contact and injection drug use, there was an average of 0.133 new HIV cases per 100,000 population.

CONSIDERATIONS

- Medicaid expansions
 - decreased gonorrhea rates, but not diagnoses of chlamydia or syphilis
 - increased the number of PrEP users by 2.643 per 100,000 population but was not statistically significant
 - did not affect HIV incidence
 - did not change opioid-related outcomes

ADVERSE EVENTS

- The author did not report adverse events

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PRIMARY STUDY

Farkhad, B. F., Holtgrave, D., & Albarracin, D. (2021). [Effect of Medicaid expansions on HIV diagnoses and pre-exposure prophylaxis use](#). *American Journal of Preventative Medicine*, 60(3), ofaa369. doi: 10.1016/j.ampre.2020.10.021.

PLEASE CONTACT STUDY AUTHOR FOR TRAINING AND INTERVENTION MATERIALS.

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