THE HENRY J. KAISER FAMILY FOUNDATION

Filling the need for trusted information on national health issues...

September 2017 | Issue Brief

The Effects of Medicaid Expansion under the ACA: Updated Findings from a Literature Review

Larisa Antonisse, Rachel Garfield, Robin Rudowitz, and Samantha Artiga

A substantial body of research has investigated effects of the Medicaid expansion under the Affordable Care Act (ACA) on coverage, access to care, and various economic measures. These findings can inform understanding of the broader effects of the ACA and ongoing debate over ACA repeal, including the Medicaid expansion.

This issue brief summarizes findings from 153 studies of the impact of state Medicaid expansions under the ACA published between January 2014 (when the coverage provisions of the ACA went into effect) and June 2017.[1] It includes peer-reviewed studies as well as freestanding reports, government reports, and white papers published by research and policy organizations, using data from 2014 or later. This brief only includes studies that examine impacts of the Medicaid expansion; it excludes studies on impacts of ACA coverage expansions generally (not specific to Medicaid expansion alone) and studies investigating potential effects of expansion in states that have not (or had not, at the time of the study) expanded Medicaid. Findings are separated into three broad categories: Medicaid expansion's impact on coverage; access to care, utilization, affordability, and health outcomes; and economic outcomes for the expansion states. The Appendix provides a list of citations for each of the included studies, grouped by the three categories of findings.

Key Findings

With ACA repeal and replacement remaining a priority for the Trump Administration and Congress, this research shows that gains in coverage, improvements in access and families' financial security, as well as economic benefits to states and providers are at stake if the Medicaid expansion is repealed.

- **Coverage**: Studies show that Medicaid expansion results in significant coverage gains and reductions in uninsured rates, both among the low-income population broadly and within specific vulnerable populations. States implementing the expansion through a waiver have seen similar gains in coverage, but some provisions in these waivers may present barriers to coverage.
- **Access to care, utilization, affordability, and health outcomes**: Most research demonstrates that Medicaid expansion positively affects access to care, utilization of services, the affordability of care, and financial security among the low-income population. Studies have also shown improved self-reported health following expansion, and one new study demonstrated a positive association between expansion and health outcomes. However, further research is needed to more fully determine effects on outcomes.
- **Economic measures**: Analyses find positive effects of expansion on multiple economic outcomes, despite Medicaid enrollment growth initially exceeding projections in many states. Studies also show that Medicaid expansions result in reductions in uncompensated care costs for hospitals and clinics as well as positive or neutral effects on employment and the labor market.

Impacts on Coverage

Studies show that Medicaid expansion results in significant coverage gains and reductions in uninsured rates.

- States expanding their Medicaid programs under the ACA have seen large increases in Medicaid enrollment, driven by enrollment of adults made newly eligible for Medicaid as well as enrollment growth among individuals who were previously eligible for but not enrolled in Medicaid. In comparison, non-expansion states have experienced slower enrollment growth.[2,3,4,5,6,7,8,9,10,11,12,13,14,15,16,17,18,19,20,21,22]
- Numerous analyses demonstrate that Medicaid expansion states experienced large reductions in uninsured rates and that these reductions significantly exceed those in non-expansion states.[23,24,25,26,27,28,29,30,31,32,33,34,35,36,37,38,39,40,41,42,43,44,45,46]
    - Recent studies have shown that expansion-related enrollment growth in Medicaid and declines in uninsured rates in expansion states continued in 2015 and 2016, and that the gap between coverage rates in expansion and non-expansion states continued to widen after 2014.[47,48,49,50,51]
- The sharp declines in uninsured rates among the low-income population in expansion states are widely attributed to gains in Medicaid coverage.[52,53,54,55,56]
- Studies exploring the potential for Medicaid expansion to "crowd-out" private insurance have found mixed results, with most showing no evidence of "crowd-out" and some showing slight declines in private coverage in expansion states following expansion.[57,58,59,60,61,62,63,64]

Similar coverage gain patterns have occurred within specific vulnerable populations.

- While many studies focused on the low-income population broadly, several studies identified larger coverage gains in expansion versus non-expansion states for specific vulnerable populations, including young adults, prescription drug users, people with HIV, veterans, parents, mothers, children, low-income workers, low-educated adults, early retirees, and childless adults with incomes under 100% of the Federal Poverty Level (FPL).[65,66,67,68,69,70,71,72,73,74,75,76,77,78]
- Multiple recent analyses demonstrate that Medicaid expansion is having a disproportionately positive impact in rural areas in expansion states, where growth in Medicaid coverage and declines in uninsured rates have exceeded those in metropolitan areas in expansion states and both rural and metropolitan areas in non-expansion states. One study found higher Medicaid growth rates in metropolitan counties compared to rural counties in both expansion and non-expansion states, but the geographic differential in growth rates was much less dramatic in expansion states and analysis at the state level showed much variability across the states.[79,80,81,82]
- Two studies showed that this trend of larger uninsured rate reductions and Medicaid coverage gains in expansion states compared to non-expansion states occurred across the major racial/ethnic categories. Additional research also suggests that Medicaid expansion has helped to reduce disparities in coverage by income, age, and race/ethnicity.[83,84,85,86,87,88]

States implementing the expansion through a waiver have seen similar gains in coverage, but some provisions in these waivers may present barriers to coverage.

- Studies show that states expanding Medicaid through Section 1115 waivers have experienced coverage gains that are similar to gains in states implementing traditional Medicaid expansions. Research comparing Arkansas (which expanded through a premium assistance model) and Kentucky (which expanded through a traditional, non-waiver model) showed no significant differences in uninsured rate declines between 2013 and 2015 in the two states. An analysis of expansion waiver programs in Michigan and Indiana showed that both states experienced uninsured rate reductions between 2013 and 2015 that were higher than the average decrease among expansion states as well as large gains in Medicaid enrollment.[89,90,91,92]
- Data from Indiana, which implemented the expansion through a Section 1115 waiver, show that its required monthly contributions may have created an enrollment barrier for some adults. In the Healthy Indiana Plan (HIP) 2.0 Medicaid expansion program, individuals above 100% FPL are either not enrolled or disenrolled from HIP 2.0 coverage for unpaid monthly contributions. A report assessing the program showed that between February 1, 2015 and November 30, 2016, 57,189 members were disenrolled or not enrolled due do non-payment (representing 29% of those that could be affected by the policy).[93]
- Evidence also suggests that beneficiaries and other stakeholders often do not fully understand complex enrollment policies such as the HIP 2.0 monthly contribution policy, and these policies can deter eligible people from enrolling in coverage. The March 2017 HIP 2.0 evaluation found that 14% of all HIP enrollees above 100% FPL, 33% of individuals who were disenrolled for not making a monthly contribution, and 40% of individuals who were not enrolled because they did not make a first monthly contribution reported being unaware that they could be disenrolled for non-payment.[94,95]

Impacts on Access to Care, Utilization, Affordability, and Health Outcomes

Most research demonstrates that Medicaid expansion positively impacts access to care and utilization of health care services among the low-income population, but some studies have not identified significant effects in these areas.

- Many expansion studies point to improvements across a wide range of measures of access to care as well as utilization of some medications and services. Some of this research also shows that improved access to care and utilization is leading to increases in diagnoses of certain chronic conditions and in the number of adults receiving consistent care for a chronic condition.[96,97,98,99,100,101,102,103,104,105,106,107,108,109,110,111,112,113,114,115,116,117,118,119,120,121,122,123,124,125,126,127,128,129,130,131,132,133,134] For example:
    - One study found that Medicaid expansion was correlated with increased heart transplant listing rates for African American patients (both overall and among Medicaid enrollees, specifically).[135]
    - Recent evidence demonstrates that compared to non-expansion states, Medicaid expansion states have seen greater improvements in access to medications and services for the treatment of behavioral and mental health conditions. This evidence includes studies that have shown that

Medicaid expansion is associated with increases in Medicaid-covered prescriptions for and Medicaid spending on medications to treat opioid use disorder and opioid overdose.[136,137,138,139,140,141,142]

  - Studies conducted in 2017 began to explore the effect of the Medicaid expansion on quality of care. One study found that at federally funded community health centers, expansion was associated with improved quality on four of eight measures examined: asthma treatment, Pap testing, body mass index assessment, and hypertension control. Another study found some improvement in perceived quality of care associated with expansion in 2015, but this result did not persist in 2016.[143,144]
  - Some studies point to improvements in patterns of use of emergency departments (EDs). Two recent single-state studies in Maryland and Illinois found declines in uninsured ED visits and increases in Medicaid-covered ED visits following expansion implementation. The Maryland study found no significant relationship between Medicaid expansion and changes in total ED volume by hospital. The Illinois study found an increase in total ED visits after ACA implementation, but this included an increase in visits by individuals with private coverage. One study in a single hospital in Maryland found that, in the year after expansion, there was a small but statistically significant reduction in the proportion of ED patients that were high utilizers and a reduction in visits to the ED for ambulatory care sensitive conditions. However high utilizers remained more likely than low utilizers to have ED visits for ambulatory care sensitive conditions before and after Medicaid expansion.[145,146,147]
  - Two studies found that Medicaid expansion was associated with declines in hospital length-of-stay for Medicaid patients. Another analysis found that, contrary to past studies associating Medicaid insurance with longer hospitalizations and higher in-hospital mortality, the shift in payer mix in expansion states (increase in Medicaid discharges and decrease in uninsured discharges) did not influence length of stay or in-hospital mortality for general medicine patients at academic medical centers.[148,149,150]

- Evidence suggests that beneficiaries and other stakeholders may lack understanding of some waiver provisions designed to change utilization or improve health outcomes. Multiple studies have demonstrated confusion among beneficiaries, providers, and advocates in expansion waiver states around the basic elements of the programs or requirements for participation, which has resulted in increased costs to beneficiaries, low participation, or programs not operating as intended in other ways.[151,152,153]
- While a few studies did not find significant positive effects of expansion on certain measures of access or utilization, in many cases these results may reflect the additional time needed for persons to enroll in Medicaid and establish care following initial expansion implementation. Authors of early studies using 2014 data note that changes in utilization may take more than one year to materialize. Consistent with this premise, a longer-term study found improvements in measures of access to care and financial strain in year two of the expansion that were not observed in the first year.[154,155,156,157,158]

- While some research indicates that provider shortages are a challenge in certain contexts, many studies show that providers have expanded capacity and are meeting increased demands for care.[159,160,161,162,163,164,165,166,167,168,169,170,171,172,173,174,175,176,177,178] For example:
    - One study found that Medicaid expansion was associated with longer wait times for appointments, suggesting remaining access challenges despite improvements in coverage and access measures.[179]
    - In contrast, another recent study found that Medicaid primary care appointment availability increased significantly in the five expansion states included in the analysis, whereas there were no significant changes in appointment availability in the non-expansion states studied.[180]
    - An additional study found improvements in receipt of checkups, care for chronic conditions, and quality of care even in areas with primary care shortages, suggesting that insurance expansions can have a positive impact even in areas with relative shortages.[181]

Research suggests that Medicaid expansion improves the affordability of care and financial security among the low-income population.

- Several studies show that expansion states have experienced greater reductions in unmet medical need because of cost than non-expansion states. Although a few studies did not identify statistically significant differences in changes in unmet medical need due to cost between expansion and non-expansion states, some of these findings may have been affected by study design or data limitations.[182,183,184,185,186,187,188,189,190,191,192]
- Research suggests that expansion states have seen larger reductions in out-of-pocket medical spending than non-expansion states. One study found that previously uninsured prescription drug users who gained Medicaid coverage in 2014 saw, on average, a $205 reduction in annual out-of-pocket spending in 2014.[193,194]
- Multiple studies found larger declines in trouble paying as well as worry about paying future medical bills in expansion states relative to non-expansion states.[195,196,197,198,199,200,201] For example:
    - One study found that, among those residing in areas with high shares of low-income, uninsured individuals, Medicaid expansion significantly reduced the number of unpaid bills and the amount of debt sent to third-party collection agencies.[202]
    - A study of Ohio's Medicaid expansion found that the percentage of expansion enrollees with medical debt fell by nearly half since enrolling in Medicaid (55.8% had debt prior to enrollment, 30.8% had debt at the time of the study).[203]

Continually emerging research has documented improvements in self-reported health following Medicaid expansion, and a new 2017 study found that Medicaid expansion was associated with improved health outcomes for cardiac surgery patients.

- Multiple studies have found improvements in measures of self-reported health following Medicaid expansions, and additional research has documented provider reports of newly eligible adults receiving life-saving or life-changing treatments that they could not obtain prior to expansion.[204,205,206,207,208]

- A recent 2017 study found that Medicaid expansion was associated with improved health outcomes for cardiac surgery patients, including a significant decrease in predicted preoperative risk of morbidity or mortality and a decreased risk-adjusted rate of postoperative major morbidity.[209]
- Four analyses did not find significant changes in self-reported health status. Given that it may take additional time for measureable changes in health to occur, researchers suggest that further work is needed to provide longer-term insight into expansion's effects on self-reported health and health outcomes.[210,211,212,213]

Economic Effects

Analyses find positive effects of expansion on multiple economic outcomes, despite Medicaid enrollment growth initially exceeding projections in many states.

- National, multi-state, and single state studies show that states expanding Medicaid under the ACA have realized budget savings, revenue gains, and overall economic growth. A 2016 study found that growth in state Medicaid spending in expansion states has been lower relative to non-expansion states, but an uptick was projected for fiscal year (FY) 2017 primarily due to the phase-down in the federal share for the expansion population from 100% to 95%.[214,215,216,217,218,219,220,221,222,223,224,225]
    - New national research found that there were no significant increases in spending from state funds as a result of Medicaid expansion and no significant reductions in state spending on education, transportation, or other state programs as a result of expansion during FYs 2010-2015.[226]
    - A Louisiana annual report on Medicaid expansion reported that expansion saved the state $199 million in FY 2017 due to multiple factors, including the higher federal match rate for Medicaid populations that were previously funded at the regular state match rate, additional revenue from a premium tax on managed care organizations, and a decrease in state disproportionate share payments to hospitals as the uninsured population decreased.[227]
    - A study on Montana revealed that Medicaid's role in the financing of substance use disorder (SUD) services is growing as a direct result of the state's decision to expand Medicaid and the concomitant decision to provide full SUD benefits to previously eligible as well as expansion adults. As Medicaid covers a larger share of SUD treatment costs, federal Medicaid dollars replace federal block grant and state dollars previously used to fund services for uninsured Montanans with SUD.[228]
- National studies have found lower Medicaid spending per enrollee for the new ACA adult eligibility group compared to traditional Medicaid enrollees and that per enrollee costs for newly eligible adults have declined over time since initial implementation of the expansion.[229,230,231]
    - One analysis found that in 2014, among those states reporting both spending and enrollment data, spending per enrollee for the new adult group was much lower than spending per enrollee for traditional Medicaid enrollees.[232]
    - A June 2017 study showed that per enrollee Medicaid spending declined in expansion states (-5.1%) but increased in non-expansion states (5.1%) between 2013 and 2014. Researchers

attributed these trends to the ACA Medicaid expansion, which increased the share of relatively less expensive enrollees in the Medicaid beneficiary population mix in expansion states.[233]

    - The 2016 Actuarial Report on the Financial Outlook for Medicaid shows that while the average per enrollee costs for newly eligible adults in initial years following expansion were higher than for previously eligible adults, these per enrollee costs have declined over time as states have adjusted capitation rates to better reflect actual use. By 2018, the cost for newly eligible adults is projected to be less than that of previously eligible adults.[234]

- Research suggests that Medicaid expansion may contribute to lower Marketplace premiums—one study found that Marketplace premiums are about 7% lower in expansion compared to non-expansion states. The study authors suggested that the difference in premiums reflects a difference in risk pool between expansion and non-expansion states, where individuals between 100 and 138% FPL make up a greater share of Marketplace enrollment in non-expansion compared to expansion states.[235,236]

    - An Arkansas-specific study showed that the "private option" expansion has helped to boost the number of carriers offering Marketplace plans statewide, generated a younger and relatively healthy risk pool in the Marketplace, and contributed to a 2% drop in the average rate of Marketplace premiums between 2014 and 2015.[237]

Medicaid expansion results in reductions in uncompensated care costs for hospitals and clinics.

- Research shows that Medicaid expansions result in reductions in uninsured hospital visits and uncompensated care costs, whereas providers in non-expansion states have experienced little or no decline in uninsured visits and uncompensated care. One study suggested that Medicaid expansion cut every dollar that a hospital in an expansion state spent on uncompensated care by 41 cents between 2013 and 2015, corresponding to a reduction in uncompensated care costs across all expansion states of $6.2 billion over that period.[238,239,240,241,242,243,244,245,246,247,248,249,250,251,252,253,254,255,256,257,258,259,260,261,262]

    - Recent evidence suggests that Medicaid expansion significantly reduced variation in provision of uncompensated care between hospitals that treat a disproportionate share of low-income patients (DSH hospitals) and those that do not, with DSH hospitals experiencing significantly larger reductions in uncompensated care days per bed.[263]

- Some studies demonstrate that Medicaid expansion has significantly improved hospital operating margins. A recent analysis found that while all types of hospitals in expansion states experienced reductions in uncompensated care costs and increases in Medicaid revenue compared with their counterparts in non-expansion states, expansion's effects on margins were strongest for small hospitals, for-profit and non-federal-government-operated hospitals, and hospitals located in non-metropolitan areas.[264,265,266]

Studies find that Medicaid expansion has had positive or neutral effects on employment and the labor market.

- State-specific studies have documented or predicted significant job growth resulting from expansion. A study in Colorado found that the state supports 31,074 additional jobs due to Medicaid expansion as of

FY 2015-2016, and a study in Kentucky estimated that expansion would create over 40,000 jobs in the state through SFY 2021 with an average salary of $41,000.[267,268,269]

- No studies have found negative effects of expansion on employment or employee behavior. Studies examining employment rates and other measures such as transitions from employment to non-employment, the rate of job switches, transitions from full- to part-time employment, labor force participation, and usual hours worked per week have not found significant effects of Medicaid expansion. One study showed that adults with disabilities living in expansion states are significantly more likely to be employed and less likely to be unemployed due to disability compared to adults with disabilities in non-expansion states. [270,271,272,273,274]
- In an analysis of Medicaid expansion in Ohio, most expansion enrollees who were unemployed but looking for work reported that Medicaid enrollment made it easier to seek employment. Over half of expansion enrollees who were employed reported that Medicaid enrollment made it easier to continue working.[275]
- One study found an association between Medicaid expansion and volunteer work (both formal volunteering for organizations and informally helping a neighbor), with significant increases in volunteer work occurring among low-income individuals in expansion states in the post-expansion period (through 2015) but no corresponding increase in non-expansion states. The researchers connect this finding to previous literature showing an association between improvements in individual health and household financial stabilization and an increased likelihood of volunteering.[276]
- An additional analysis found that Medicaid expansion is associated with increased responsiveness of the program to meet coverage needs during periods of high unemployment.[277]

Conclusion and Implications for ACA Repeal Debate

As a whole, the large body of research on the effects of Medicaid expansion under the ACA suggests that expansion has had largely positive impacts on coverage; access to care, utilization, and affordability; and economic outcomes, including impacts on state budgets, uncompensated care costs for hospitals and clinics, and employment and the labor market. With ACA repeal and replacement remaining a priority for the Trump Administration and Congress, these findings suggest that gains in coverage and access as well as economic benefits to states and providers are at stake if the Medicaid expansion is repealed.

Endnotes

[1] This is an update to two earlier versions of this issue brief that covered studies published through May 2016 and January 2017.

[2] Sarah Miller and Laura Wherry, "Health and Access to Care During the First 2 Years of the ACA Medicaid Expansions," The New England Journal of Medicine 376 no. 10 (March 2017), http://www.nejm.org/doi/full/10.1056/NEJMsa1612890

[3] Louisiana Department of Health, Medicaid Expansion 2016/17 (Baton Rouge, Louisiana Department of Health, June 2017), http://dhh.louisiana.gov/assets/HealthyLa/Resources/MdcdExpnAnnlRprt_2017_WEB.pdf

[4] Jack Hoadley, Karina Wagnerman, Joan Alker, and Mark Holmes, Medicaid in Small Towns and Rural America: A Lifeline for Children, Families, and Communities (Washington, DC: Georgetown Center for Children and Families, June 2017), https://ccf.georgetown.edu/wp-content/uploads/2017/06/Rural-health-final.pdf

[5] Sandra Decker, Brandy Lipton, and Benjamin Sommers, "Medicaid Expansion Coverage Effects Grew in 2015 With Continued Improvements in Coverage Quality," Health Affairs 36 no. 5 (May 2017): 819-825, http://content.healthaffairs.org/content/36/5/819.full

[6] Abigail Barker, Kelsey Huntzberry, Timothy McBride, and Keith Mueller, Changing Rural and Urban Enrollment in State Medicaid Programs (Iowa City, IA: Rural Policy Research Institute, May 2017), https://cph.uiowa.edu/rupri/publications/policybriefs/2017/Changing%20Rural%20and%20Urban%20Enrollment%20in%20State%20Medicaid%20Programs.pdf

[7] George Wehby and Wei Lyu, "The Impact of the ACA Medicaid Expansions on Health Insurance Coverage through 2015 and Coverage Disparities by Age, Race/Ethnicity, and Gender" *Health Services Research* epub ahead of print (May 2017), http://onlinelibrary.wiley.com/doi/10.1111/1475-6773.12711/abstract

[8] Robin Rudowitz, Laura Snyder, and Vernon Smith, *Medicaid Enrollment & Spending Growth: FY 2015 & 2016* (Washington, DC: Kaiser Commission on Medicaid and the Uninsured, October 2015), http://kff.org/medicaid/issue-brief/medicaid-enrollment-spending-growth-fy-2015-2016/

[9] Deloitte Development LLC, *Commonwealth of Kentucky Medicaid Expansion Report,* (Deloitte Development LLC, February 2015), http://jointhehealthjourney.com/images/uploads/channel-files/Kentucky_Medicaid_Expansion_One-Year_Study_FINAL.pdf

[10] Samantha Artiga, Jennifer Tolbert, and Robin Rudowitz, *Year Two of the ACA Coverage Expansions: On-the-Ground Experiences from Five States* (Washington, DC: Kaiser Commission on Medicaid and the Uninsured, June 2015), http://kff.org/health-reform/issue-brief/year-two-of-the-aca-coverage-expansions-on-the-ground-experiences-from-five-states/

[11] Laura Wherry and Sarah Miller, "Early Coverage, Access, Utilization, and Health Effects Associated with the Affordable Care Act Medicaid Expansions: A Quasi-experimental Study," Annals of Internal Medicine, Epub ahead of print (April 2016), http://annals.org/article.aspx?articleid=2513980

[12] Anne Martin et al., "National Health Spending: Faster Growth in 2015 As Coverage Expands and Utilization Increases," *Health Affairs* 36 no. 1 (January 2017): 166-176, http://content.healthaffairs.org/content/36/1/166.full?sid=982b20c0-0a17-4dc4-a35a-b0302d4ec289

[13] Benjamin Sommers, Robert Blendon, and E. John Orav, "Both the 'Private Option' And Traditional Medicaid Expansions Improved Access To Care For Low-Income Adults," *Health Affairs* 35, no. 1 (January 2016): 96-105, http://content.healthaffairs.org/content/35/1/96.abstract

[14] Robin Rudowitz, Allison Valentine, and Vernon Smith, *Medicaid Enrollment and Spending Growth: FY 2016 & 2017* (Washington, DC: Kaiser Commission on Medicaid and the Uninsured, October 2016), http://kff.org/medicaid/issue-brief/medicaid-enrollment-spending-growth-fy-2016-2017/

[15] Jessica Vistnes and Joel Cohen, "Gaining Coverage in 2014: New Estimates of Marketplace and Medicaid Transitions," *Health Affairs* 35 no. 10 (October 2016): 1825-1829, http://content.healthaffairs.org/content/35/10/1825.full?sid=cc385dd5-9c95-4ee1-9c58-888408d49c54

[16] Pauline Leung and Alexandre Mas, *Employment Effects of the ACA Medicaid Expansions* (Working Paper No. 22540, National Bureau of Economic Research, August 2016), http://www.nber.org/papers/w22540

[17] Kamyar Nasseh and Marko Vujicic, *Early Impact of the Affordable Care Act's Medicaid Expansion on Dental Care Use* (Health Services Research, November 2016), http://onlinelibrary.wiley.com/doi/10.1111/1475-6773.12606/full

[18] Christopher Truffer, Christian Wolfe, and Kathryn Rennie, *2016 Actuarial Report on the Financial Outlook for Medicaid*, (Office of the Actuary, Centers for Medicare and Medicaid Services, 2016), https://www.cms.gov/Research-Statistics-Data-and-Systems/Research/ActuarialStudies/Downloads/MedicaidReport2016.pdf

[19] Aparna Soni, Michael Hendryx, and Kosali Simon, "Medicaid Expansion under the Affordable Care Act and Insurance Coverage in Rural and Urban Areas," The Journal of Rural Health epub ahead of print (January 2017), http://onlinelibrary.wiley.com/doi/10.1111/jrh.12234/full

[20] Molly Frean, Jonathan Gruber, and Benjamin Sommers, *Premium Subsidies, the Mandate, and Medicaid Expansion: Coverage Effects of the Affordable Care Act* (Working Paper No. 22213, National Bureau of Economic Research, April 2016), http://www.nber.org/papers/w22213?utm_campaign=ntw&utm_medium=email&utm_source=ntw

[21] Stan Dorn, Norton Francis, Laura Snyder, and Robin Rudowitz, *The Effects of the Medicaid Expansion on State Budgets: An Early Look in Select States* (Washington, DC: Kaiser Commission on Medicaid and the Uninsured, March 2015), http://kff.org/medicaid/issue-brief/the-effects-of-the-medicaid-expansion-on-state-budgets-an-early-look-in-select-states/

[22] Stacey McMorrow, Genevieve Kenney, Sharon Long, and Nathaniel Anderson, "Uninsurance Among Young Adults Continues to Decline, Particularly in Medicaid Expansion States," *Health Affairs* 34, no. 4 (April 2015): 616-620, http://content.healthaffairs.org/content/34/4/616.full

[23] Sarah Miller and Laura Wherry, "Health and Access to Care During the First 2 Years of the ACA Medicaid Expansions," The New England Journal of Medicine 376 no. 10 (March 2017), http://www.nejm.org/doi/full/10.1056/NEJMsa1612890

[24] Benjamin Sommers, Bethany Maylone, Robert Blendon, E. John Orav, and Arnold Epstein, "Three-Year Impacts of the Affordable Care Act: Improved Medical Care and Health Among Low-Income Adults," Health Affairs epub ahead of print (May 2017), http://content.healthaffairs.org/content/early/2017/05/15/hlthaff.2017.0293

[25] Jack Hoadley, Karina Wagnerman, Joan Alker, and Mark Holmes, Medicaid in Small Towns and Rural America: A Lifeline for Children, Families, and Communities (Washington, DC: Georgetown Center for Children and Families, June 2017), https://ccf.georgetown.edu/wp-content/uploads/2017/06/Rural-health-final.pdf

[26] Decker, Lipton, and Sommers, "Medicaid Expansion Coverage Effects Grew in 2015 With Continued Improvements in Coverage Quality," Health Affairs 36 no. 5 (May 2017): 819-825.

[27] Sandra Decker and Brandy Lipton, "Most Newly Insured People in 2014 Were Long-Term Uninsured," Health Affairs 36 no. 1 (January 2017): 16-20, http://content.healthaffairs.org/content/36/1/16.full?sid=982b20c0-0a17-4dc4-a35a-b0302d4ec289

[28] George Wehby and Wei Lyu, "The Impact of the ACA Medicaid Expansions on Health Insurance Coverage through 2015 and Coverage Disparities by Age, Race/Ethnicity, and Gender" *Health Services Research* epub ahead of print (May 2017), http://onlinelibrary.wiley.com/doi/10.1111/1475-6773.12711/abstract

[29] Kelsey Avery, Kenneth Finegold, and Amelia Whitman, *Affordable Care Act Has Led to Historic, Widespread Increase in Health Insurance Coverage* (Office of the Assistant Secretary for Planning and Evaluation, September 2016), https://aspe.hhs.gov/sites/default/files/pdf/207946/ACAHistoricIncreaseCoverage.pdf

[30] Eric Seiber and Micah Berman, "Medicaid Expansion and ACA Repeal: Evidence from Ohio," "American Journal of Public Health epub ahead of print (April 2017), http://ajph.aphapublications.org/doi/pdf/10.2105/AJPH.2017.303722

[31] Office of the Assistant Secretary for Planning and Evaluation (ASPE), *Impacts of the Affordable Care Act's Medicaid Expansion on Insurance Coverage and Access to Care* (Office of the Assistant Secretary for Planning and Evaluation, June 2016), https://aspe.hhs.gov/sites/default/files/pdf/205141/medicaidexpansion.pdf

[32] Benjamin Sommers, Robert Blendon, E. John Orav, and Arnold Epstein, "Changes in Utilization and Health Among Low-Income Adults After Medicaid Expansion or Expanded Private Insurance," *The Journal of the American Medical Association* 176 no. 10 (October 2016): 1501-1509, http://jamanetwork.com/journals/jamainternalmedicine/article-abstract/2542420

[33] Joseph Benitez, Liza Creel, and J'Aime Jennings, "Kentucky's Medicaid Expansion Showing Early Promise on Coverage and Access to Care," *Health Affairs* (February 2016), http://content.healthaffairs.org/content/early/2016/02/16/hlthaff.2015.1294

[34] Robin Cohen and Michael Martinez, *Health Insurance Coverage: Early Release of Estimates from the National Health Interview Survey, 2014* (National Center for Health Statistics, June 2015), http://www.cdc.gov/nchs/data/nhis/earlyrelease/insur201506.pdf

[35] Sara Collins, Petra Rasmussen, Michelle Doty, and Sophie Beutel *The Rise in Health Care Coverage and Affordability Since Health Reform Took Effect: Findings from the Commonwealth Fund Biennial Health Insurance Survey, 2014* (The Commonwealth Fund, January 2015), http://www.commonwealthfund.org/~/media/files/publications/issue-brief/2015/jan/1800_collins_biennial_survey_brief.pdf?la=en

[36] Sommers, Blendon, and Orav, "Both the 'Private Option' And Traditional Medicaid Expansions Improved Access To Care For Low-Income Adults," *Health Affairs* 35, no. 1 (January 2016): 96-105.

[37] Benjamin Sommers, Munira Gunja, Kenneth Finegold, and Thomas Musco, "Changes in Self-Reported Insurance Coverage, Access to Care, and Health Under the Affordable Care Act," *The Journal of the American Medical Association* 314 no. 4 (July 2015): 366-374, http://jama.jamanetwork.com/article.aspx?articleid=2411283&resultClick=3

[38] McMorrow, Kenney, Long, and Anderson, "Uninsurance Among Young Adults Continues to Decline, Particularly in Medicaid Expansion States," *Health Affairs* 34, no. 4 (April 2015): 616-620.

[39] Barbara DiPietro, Samantha Artiga, and Alexandra Gates, *Early Impacts of the Medicaid Expansion for the Homeless Population* (Washington, DC: Kaiser Commission on Medicaid and the Uninsured, November 2014), http://kff.org/uninsured/issue-brief/early-impacts-of-the-medicaid-expansion-for-the-homeless-population/

[40] Benjamin Sommers, Thomas Musco, Kenneth Finegold, Munira Gunja, Amy Burke, and Audrey McDowell, "Health Reform and Changes in Health Insurance Coverage in 2014" *The New England Journal of Medicine* 371 (August 2014): 867-874, http://www.nejm.org/doi/full/10.1056/NEJMsr1406753

[41] Jessica Smith and Carla Medalia, *Health Insurance Coverage in the United States: 2014* (U.S. Census Bureau, September 2015), https://www.census.gov/content/dam/Census/library/publications/2015/demo/p60-253.pdf

[42] Thomas Buchmueller, Zachary Levinson, Helen Levy, and Barbara Wolfe, "Effect of the Affordable Care Act on Racial and Ethnic Disparities in Health Insurance Coverage," *American Journal of Public Health* (May 2016), http://www.ncbi.nlm.nih.gov/pubmed/27196653

[43] Avery, Finegold, and Whitman, *Affordable Care Act Has Led to Historic, Widespread Increase in Health Insurance Coverage* (Office of the Assistant Secretary for Planning and Evaluation, September 2016).

[44] Sommers, Blendon, Orav, and Epstein, "Changes in Utilization and Health Among Low-Income Adults After Medicaid Expansion or Expanded Private Insurance," *The Journal of the American Medical Association* 176 no. 10 (October 2016): 1501-1509.

[45] DiPietro, Artiga, and Gates, *Early Impacts of the Medicaid Expansion for the Homeless Population* (Kaiser Commission on Medicaid and the Uninsured, November 2014).

[46] Sommers, Musco, Finegold, Gunja, Burke, and McDowell, "Health Reform and Changes in Health Insurance Coverage in 2014" *The New England Journal of Medicine* 371 (August 2014): 867-874.

[47] Benjamin Sommers, Bethany Maylone, Robert Blendon, E. John Orav, and Arnold Epstein, "Three-Year Impacts of the Affordable Care Act: Improved Medical Care and Health Among Low-Income Adults," Health Affairs epub ahead of print (May 2017), http://content.healthaffairs.org/content/early/2017/05/15/hlthaff.2017.0293

[48] Decker, Lipton, and Sommers, "Medicaid Expansion Coverage Effects Grew in 2015 With Continued Improvements in Coverage Quality," Health Affairs 36 no. 5 (May 2017): 819-825.

[49] Sarah Miller and Laura Wherry, "Health and Access to Care During the First 2 Years of the ACA Medicaid Expansions," The New England Journal of Medicine 376 no. 10 (March 2017), http://www.nejm.org/doi/full/10.1056/NEJMsa1612890

[50] George Wehby and Wei Lyu, "The Impact of the ACA Medicaid Expansions on Health Insurance Coverage through 2015 and Coverage Disparities by Age, Race/Ethnicity, and Gender" *Health Services Research* epub ahead of print (May 2017), http://onlinelibrary.wiley.com/doi/10.1111/1475-6773.12711/abstract

[51] Anne Martin et al., "National Health Spending: Faster Growth in 2015 As Coverage Expands and Utilization Increases," *Health Affairs* 36 no. 1 (January 2017): 166-176, http://content.healthaffairs.org/content/36/1/166.full?sid=982b20c0-0a17-4dc4-a35a-b0302d4ec289

[52] Benitez, Creel, and Jennings, "Kentucky's Medicaid Expansion Showing Early Promise on Coverage and Access to Care," *Health Affairs* (February 2016).

[53] Arkansas Health Reform Legislative Task Force, *Health Care Task Force Preliminary Report,* (Arkansas Health Reform Legislative Task Force, December 2015), http://www.arkleg.state.ar.us/assembly/2015/Meeting%20Attachments/836/I14218/Task%20Force%20report%2012-17-15%20sent%20to%20Jill.pdf

[54] Deloitte Development LLC, *Commonwealth of Kentucky Medicaid Expansion Report* (February 2015).

[55] Charles Courtemanche, James Marton, Benjamin Ukert, Aaron Yelowitz, and Daniela Zapata, *Impacts of the Affordable Care Act on Health Insurance Coverage in Medicaid Expansion and Non-Expansion States* (Working Paper No. 22182, The National Bureau of Economic Research, April 2016), http://www.nber.org/papers/w22182

[56] Frean, Gruber, and Sommers, *Premium Subsidies, the Mandate, and Medicaid Expansion: Coverage Effects of the Affordable Care Act* (Working Paper No. 22213, National Bureau of Economic Research, April 2016).

[57] Molly Frean, Jonathan Gruber, and Benjamin Sommers, Premium Subsidies, the Mandate, and Medicaid Expansion: Coverage Effects of the Affordable Care Act (Working Paper No. 22213, National Bureau of Economic Research, April 2016), http://www.nber.org/papers/w22213?utm_campaign=ntw&utm_medium=email&utm_source=ntw

[58] Robin Cohen and Michael Martinez, Health Insurance Coverage: Early Release of Estimates from the National Health Interview Survey, 2014 (National Center for Health Statistics, June 2015), http://www.cdc.gov/nchs/data/nhis/earlyrelease/insur201506.pdf

[59] Stacey McMorrow, Genevieve Kenney, Sharon Long, and Nathaniel Anderson, "Uninsurance Among Young Adults Continues to Decline, Particularly in Medicaid Expansion States," Health Affairs 34, no. 4 (April 2015): 616-620, http://content.healthaffairs.org/content/34/4/616.full

[60] Sandra Decker, Brandy Lipton, and Benjamin Sommers, "Medicaid Expansion Coverage Effects Grew in 2015 With Continued Improvements in Coverage Quality," Health Affairs 36 no. 5 (May 2017): 819-825, http://content.healthaffairs.org/content/36/5/819.full

[61] Sarah Miller and Laura Wherry, "Health and Access to Care During the First 2 Years of the ACA Medicaid Expansions," The New England Journal of Medicine 376 no. 10 (March 2017), http://www.nejm.org/doi/full/10.1056/NEJMsa1612890

[62] Pauline Leung and Alexandre Mas, Employment Effects of the ACA Medicaid Expansions (Working Paper No. 22540, National Bureau of Economic Research, August 2016), http://www.nber.org/papers/w22540

[63] George Wehby and Wei Lyu, "The Impact of the ACA Medicaid Expansions on Health Insurance Coverage through 2015 and Coverage Disparities by Age, Race/Ethnicity, and Gender" Health Services Research epub ahead of print (May 2017), http://onlinelibrary.wiley.com/doi/10.1111/1475-6773.12711/abstract

[64] Charles Courtemanche, James Marton, Benjamin Ukert, Aaron Yelowitz, and Daniela Zapata, Impacts of the Affordable Care Act on Health Insurance Coverage in Medicaid Expansion and Non-Expansion States (Working Paper No. 22182, The National Bureau of Economic Research, April 2016), http://www.nber.org/papers/w22182

[65] Jennifer Kates and Lindsey Dawson, Insurance Coverage Changes for People with HIV Under the ACA (Washington, DC: Kaiser Family Foundation, February 2017), http://kff.org/health-reform/issue-brief/insurance-coverage-changes-for-people-with-hiv-under-the-aca/

[66] Jennifer Haley, Genevieve Kenney, and Jason Gates, Veterans Saw Broad Coverage Gains Between 2013 and 2015 (Washington, DC: The Urban Institute, April 2017), http://www.urban.org/research/publication/veterans-saw-broad-coverage-gains-between-2013-and-2015

[67] Stacey McMorrow, Jason Gates, Sharon Long, and Genevieve Kenney, "Medicaid Expansion Increased Coverage, Improved Affordability, and Reduced Psychological Distress for Low-Income Parents," Health Affairs 36 no. 5 (May 2017): 808-818, http://content.healthaffairs.org/content/36/5/808.full?sid=29f7e3de-89cd-489f-9fe0-18f04188d8a4

[68] Stacey McMorrow, Genevieve Kenney, Sharon Long, and Jason Gates, The ACA Medicaid Expansion Led to Widespread Reductions in Uninsurance Among Poor Childless Adults (The Urban Institute, April 2017), http://www.urban.org/sites/default/files/publication/89536/2001222-aca_medicaid_expansion_led_to_widespread_reductions_in_uninsurance_among_poor_childless_adults.pdf

[69] George Wehby and Wei Lyu, "The Impact of the ACA Medicaid Expansions on Health Insurance Coverage through 2015 and Coverage Disparities by Age, Race/Ethnicity, and Gender" *Health Services Research* epub ahead of print (May 2017), http://onlinelibrary.wiley.com/doi/10.1111/1475-6773.12711/abstract

[70] McMorrow, Kenney, Long, and Anderson, "Uninsurance Among Young Adults Continues to Decline, Particularly in Medicaid Expansion States," *Health Affairs* 34, no. 4 (April 2015): 616-620.

[71] Andrew W. Mulcahy, Christine Eibner, and Kenneth Finegold, "Gaining Coverage Through Medicaid Or Private Insurance Increased Prescription Use and Lowered Out-Of-Pocket Spending," Health Affairs 35, no. 9 (September 2016), http://content.healthaffairs.org/content/early/2016/08/16/hlthaff.2016.0091.full

[72] Michael Karpman, Jason Gates, Genevieve Kenney, Stacey McMorrow, "How Are Moms Faring under the Affordable Care Act? Evidence Through 2014," (The Urban Institute, May 2016), http://www.urban.org/research/publication/how-are-moms-faring-under-affordable-care-act-evidence-through-2014

[73] Genevieve Kenney, Jennifer Haley, Clare Pan, Victoria Lynch, and Matthew Buettgens, Children's Coverage Climb Continues: Uninsurance and Medicaid/CHIP Eligibility and Participation Under the ACA, (Washington, DC: The Urban Institute, May 2016), http://www.urban.org/research/publication/childrens-coverage-climb-continues-uninsurance-and-medicaidchip-eligibility-and-participation-under-aca

[74] Joan Alker and Alisa Chester, Children's Health Insurance Rates in 2014: ACA Results in Significant Improvements (Washington, DC: Georgetown Center for Children and Families, October 2015), http://ccf.georgetown.edu/wp-content/uploads/2015/10/ACS-report-2015.pdf

[75] Alanna Williamson, Larisa Antonisse, Jennifer Tolbert, Rachel Garfield, and Anthony Damico, *ACA Coverage Expansions and Low-Income Workers* (Washington, DC: Kaiser Commission on Medicaid and the Uninsured, June 2016), http://kff.org/report-section/aca-coverage-expansions-and-low-income-workers-issue-brief/

[76] Helen Levy, Thomas Buchmueller, and Sayeh Nikpay, *Health Reform and Health Insurance Coverage of Early Retirees* (Ann Arbor, MI: University of Michigan Retirement Research Center Working Paper, September 2016), http://www.mrrc.isr.umich.edu/publications/papers/pdf/wp345.pdf

[77] Simon, Soni, and Cawley, *The Impact of Health Insurance on Preventive Care and Health Behaviors: Evidence from the 2014 ACA Medicaid Expansions* (Working Paper 22265, National Bureau of Economic Research, May 2016).

[78] Robert Kaestner, Bowen Garrett, Anuj Gangopadhyaya, and Caitlyn Fleming, Effects of ACA Medicaid Expansions on Health Insurance Coverage and Labor Supply (Working Paper No. 21836, National Bureau of Economic Research, December 2015), http://www.nber.org/papers/w21836

[79] Jack Hoadley, Karina Wagnerman, Joan Alker, and Mark Holmes, Medicaid in Small Towns and Rural America: A Lifeline for Children, Families, and Communities (Washington, DC: Georgetown Center for Children and Families, June 2017), https://ccf.georgetown.edu/wp-content/uploads/2017/06/Rural-health-final.pdf

[80] Julia Foutz, Samantha Artiga, and Rachel Garfield, The Role of Medicaid in Rural America (Washington, DC: Kaiser Family Foundation, April 2017), http://kff.org/medicaid/issue-brief/the-role-of-medicaid-in-rural-america/

[81] Aparna Soni, Michael Hendryx, and Kosali Simon, "Medicaid Expansion under the Affordable Care Act and Insurance Coverage in Rural and Urban Areas," The Journal of Rural Health epub ahead of print (January 2017), http://onlinelibrary.wiley.com/doi/10.1111/jrh.12234/full

[82] Abigail Barker, Kelsey Huntzberry, Timothy McBride, and Keith Mueller, Changing Rural and Urban Enrollment in State Medicaid Programs (Iowa City, IA: Rural Policy Research Institute, May 2017), https://cph.uiowa.edu/rupri/publications/policybriefs/2017/Changing%20Rural%20and%20Urban%20Enrollment%20in%20State%20Medicaid%20Programs.pdf

[83] Avery, Finegold, and Whitman, *Affordable Care Act Has Led to Historic, Widespread Increase in Health Insurance Coverage* (Office of the Assistant Secretary for Planning and Evaluation, September 2016).

[84] George Wehby and Wei Lyu, "The Impact of the ACA Medicaid Expansions on Health Insurance Coverage through 2015 and Coverage Disparities by Age, Race/Ethnicity, and Gender" *Health Services Research* epub ahead of print (May 2017), http://onlinelibrary.wiley.com/doi/10.1111/1475-6773.12711/abstract

[85] Courtemanche, Marton, Ukert, Yelowitz, and Zapata, *Impacts of the Affordable Care Act on Health Insurance Coverage in Medicaid Expansion and Non-Expansion States* (Working Paper No. 22182, The National Bureau of Economic Research, April 2016).

[86] Buchmueller, Levinson, Levy, and Wolfe, "Effect of the Affordable Care Act on Racial and Ethnic Disparities in Health Insurance Coverage," *American Journal of Public Health* (May 2016).

[87] Sergio Gonzales and Benjamin Sommers, "Intra-Ethnic Coverage Disparities among Latinos and the Effects of Health Reform" Health Services Research epub ahead of print (June 2017), http://onlinelibrary.wiley.com/wol1/doi/10.1111/1475-6773.12733/full

[88] John Heintzman, Steffani Bailey, Jennifer DeVoe, Stuart Cowburn, Tanya Kapka, Truc-Vi Duong, and Miguel Marino, "In Low-Income Latino Patients, Post-Affordable Care Act Insurance Disparities May Be Reduced Even More than Broader National Estimates: Evidence from Oregon," Journal of Racial and Ethnic Health Disparities (April 2016), http://www.ncbi.nlm.nih.gov/pubmed/27105630

[89] Benjamin Sommers, Robert Blendon, E. John Orav, and Arnold Epstein, "Changes in Utilization and Health Among Low-Income Adults After Medicaid Expansion or Expanded Private Insurance," The Journal of the American Medical Association 176 no. 10 (October 2016): 1501-1509, http://jamanetwork.com/journals/jamainternalmedicine/article-abstract/2542420

[90] Benjamin Sommers, Robert Blendon, and E. John Orav, "Both the 'Private Option' And Traditional Medicaid Expansions Improved Access To Care For Low-Income Adults," Health Affairs 35, no. 1 (January 2016): 96-105, http://content.healthaffairs.org/content/35/1/96.abstract

[91] Jocelyn Guyer, Naomi Shine, MaryBeth Musumeci, and Robin Rudowitz, A Look at the Private Option in Arkansas (Washington, DC: Kaiser Commission on Medicaid and the Uninsured, August 2015), http://kff.org/medicaid/issue-brief/a-look-at-the-private-option-in-arkansas/

[92] MaryBeth Musumeci, Robin Rudowitz, Petry Ubri, and Elizabeth Hinton, An Early Look at Medicaid Expansion Waiver Implementation in Michigan and Indiana (Washington, DC: The Kaiser Family Foundation, January 2017), http://kff.org/medicaid/issue-brief/an-early-look-at-medicaid-expansion-waiver-implementation-in-michigan-and-indiana/

[93] The Lewin Group, Healthy Indiana Plan 2.0: POWER Account Contribution Assessment, (The Lewin Group, prepared for the Indiana Family and Social Services Administration, March 2017), https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/in/Healthy-Indiana-Plan-2/in-healthy-indiana-plan-support-20-POWER-acct-cont-assesmnt-03312017.pdf

[94] MaryBeth Musumeci, Robin Rudowitz, Petry Ubri, and Elizabeth Hinton, An Early Look at Medicaid Expansion Waiver Implementation in Michigan and Indiana (Washington, DC: The Kaiser Family Foundation, January 2017), http://kff.org/medicaid/issue-brief/an-early-look-at-medicaid-expansion-waiver-implementation-in-michigan-and-indiana/

[95] The Lewin Group, Healthy Indiana Plan 2.0: POWER Account Contribution Assessment, (The Lewin Group, prepared for the Indiana Family and Social Services Administration, March 2017), https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/in/Healthy-Indiana-Plan-2/in-healthy-indiana-plan-support-20-POWER-acct-cont-assesmnt-03312017.pdf

[96] Benjamin Sommers, Bethany Maylone, Robert Blendon, E. John Orav, and Arnold Epstein, "Three-Year Impacts of the Affordable Care Act: Improved Medical Care and Health Among Low-Income Adults," Health Affairs epub ahead of print (May 2017), http://content.healthaffairs.org/content/early/2017/05/15/hlthaff.2017.0293

[97] Louisiana Department of Health, Medicaid Expansion 2016/17 (Baton Rouge, Louisiana Department of Health, June 2017), http://dhh.louisiana.gov/assets/HealthyLa/Resources/MdcdExpnAnnlRprt_2017_WEB.pdf

[98] Nirosha Mahendraratnam, Stacie Dusetzina, and Joel Farley, "Prescription Drug Utilization and Reimbursement Increased Following State Medicaid Expansion in 2014," Journal of Managed Care & Specialty Pharmacy 23 no. 3 (March 2017): 355-363, http://www.jmcp.org/doi/10.18553/jmcp.2017.23.3.355

[99] Sarah Miller and Laura Wherry, "Health and Access to Care During the First 2 Years of the ACA Medicaid Expansions," The New England Journal of Medicine 376 no. 10 (March 2017), http://www.nejm.org/doi/full/10.1056/NEJMsa1612890

[100] James Kirby and Jessica Vistnes, "Access to Care Improved for People Who Gained Medicaid or Marketplace Coverage in 2014," *Health Affairs* 35 no. 10 (October 2016): 1830-1834, http://content.healthaffairs.org/content/35/10/1830.full

[101] Khadijah Breathett et al., "The Affordable Care Act Medicaid Expansion Correlated with Increased Heart Transplant Listings in African Americans but Not Hispanics or Caucasians," JACC: Heart Failure 5 no. 2 (January 2017): 136-147, https://www.ncbi.nlm.nih.gov/pubmed/28109783

[102] United States Government Accountability Office (GAO), Medicaid Expansion: Behavioral Health Treatment Use in Selected States in 2014 (Washington, DC: GAO Report to Congressional Requesters, June 2017), https://www.gao.gov/assets/690/685415.pdf

[103] Lisa Clemens-Cope, Marni Epstein, and Genevieve Kenney, Rapid Growth in Medicaid Spending on Medications to Treat Opioid Use Disorder and Overdose (Washington, DC: The Urban Institute, June 2017), http://www.urban.org/sites/default/files/publication/91521/2001386-rapid-growth-in-medicaid-spending-on-medications-to-treat-opioid-use-disorder-and-overdose_3.pdf

[104] Hefei Wen, Jason Hockenberry, Tyrone Borders, and Benjamin Druss, "Impact of Medicaid Expansion on Medicaid-covered Utilization of Buprenorphine for Opioid Use Disorder Treatment," Medical Care 55 no. 4 (April 2017): 336-341, http://journals.lww.com/lww-medicalcare/Fulltext/2017/04000/Impact_of_Medicaid_Expansion_on_Medicaid_covered.5.aspx

[105] Megan Cole, Omar Galarraga, Ira Wilson, Brad Wright, and Amal Trivedi, "At Federally Funded Health Centers, Medicaid Expansion was Associated with Improved Quality of Care," Health Affairs 36 no. 1 (January 2017): 40-48, http://content.healthaffairs.org/content/36/1/40.full?sid=a3089120-6f4b-428b-bba8-5f005b444e19

[106] Eili Klein et al., "The Effect of Medicaid Expansion on Utilization in Maryland Emergency Departments," Annals of Emergency Medicine epub ahead of print (June 2017), http://www.annemergmed.com/article/S0196-0644(17)30784-9/pdf

[107] Aabha Sharma, Scott Dresden, Emilie Powell, Raymond Kang, Joe Feinglass, "Emergency Department Visits and Hospitalizations for the Uninsured in Illinois Before and After Affordable Care Act Insurance Expansion," Journal of Community Health 42 no. 3 (June 2017): 591-597, https://link.springer.com/article/10.1007/s10900-016-0293-4

[108] Daniel Gingold, Rachelle Pierre-Mathieu, Brandon Cole, Andrew Miller, and Joneigh Khaldun, "Impact of the Affordable Care Act Medicaid Expansion on Emergency Department High Utilizers with Ambulatory Care Sensitive Conditions: A Cross-Sectional Study," The American Journal of Emergency Medicine (January 2017), http://www.sciencedirect.com/science/article/pii/S0735675717300141

[109] Gary Pickens et al., "Changes in Hospital Inpatient Utilization Following Health Care Reform," Health Services Research epub ahead of print (June 2017), https://www.ncbi.nlm.nih.gov/pubmed/28664983

[110] Jeremy Holzmacher et al., Association of Expanded Medicaid Coverage with Hospital Length of Stay After Injury," JAMA Surgery published online (June 2017), https://www.ncbi.nlm.nih.gov/pubmed/28658482

[111] Mary Anderson, Jeffrey Glasheen, and Debra Anoff, "Impact of State Medicaid Expansion Status on Length of Stay and In-Hospital Mortality for General Medicine Patients at US Academic Medical Centers," *Journal of Hospital Medicine* Epub ahead of print (August 2016), http://onlinelibrary.wiley.com/wol1/doi/10.1002/jhm.2649/citedby

[112] Sommers, Blendon, Orav, and Epstein, "Changes in Utilization and Health Among Low-Income Adults After Medicaid Expansion or Expanded Private Insurance," *The Journal of the American Medical Association* 176 no. 10 (October 2016): 1501-1509.

[113] Megan Hoopes, Heather Angier, Rachel Gold, Steffani Bailey, Nathalie Huguet, Miguel Marino, and Jennifer DeVoe, "Utilization of Community Health Centers in Medicaid Expansion and Nonexpansion States, 2013-2014," Journal of Ambulatory Care Management 39 no. 4 (October 2016): 290-298, https://www.ncbi.nlm.nih.gov/pubmed/26765808

[114] Sara Collins, Munira Gunja, Michelle Doty, and Sophie Beutel, *Americans' Experiences with ACA Marketplace and Medicaid Coverage: Access to Care and Satisfaction* (The Commonwealth Fund, May 2016), http://www.commonwealthfund.org/publications/issue-briefs/2016/may/aca-tracking-survey-access-to-care-and-satisfaction

[115] Astha Singhal, Peter Damiano, and Lindsay Sabik, "Medicaid Adult Dental Benefits Increase Use Of Dental Care, But Impact Of Expansion On Dental Services Use Was Mixed," Health Affairs 36 no. 4 (April 2017): 723-732, http://content.healthaffairs.org/content/36/4/723.short

[116] Angela Fertig, Caroline Carlin, Scote Ode, and Sharon Long, "Evidence of Pent-Up Demand for Care After Medicaid Expansion," Medical Care Research and Review epub ahead of print (March 2017), http://journals.sagepub.com/eprint/wDsfA74fuA3BIw5ZWyYT/full

[117] The Ohio Department of Medicaid, *Ohio Medicaid Group VIII Assessment: A Report to the Ohio General Assembly* (The Ohio Department of Medicaid, January 2017), http://medicaid.ohio.gov/Portals/0/Resources/Reports/Annual/Group-VIII-Assessment.pdf

[118] Anne DiGiulio et al., "State Medicaid Expansion Tobacco Cessation Coverage and Number of Adult Smokers Enrolled in Expansion Coverage – United States, 2016," *Morbidity and Mortality Weekly Report* 65, no. 48 (December 2016), https://www.cdc.gov/mmwr/volumes/65/wr/mm6548a2.htm

[119] Ausmita Ghosh, Kosali Simon, and Benjamin Sommers, The Effect of State Medicaid Expansions on Prescription Drug Use: Evidence from the Affordable Care Act (Working Paper No. 23044, National Bureau of Economic Research, January 2017), http://www.nber.org/papers/w23044?utm_campaign=ntw&utm_medium=email&utm_source=ntw

[120] Benitez, Creel, and Jennings, "Kentucky's Medicaid Expansion Showing Early Promise on Coverage and Access to Care," *Health Affairs* (February 2016).

[121] Adele Shartzer, Sharon Long, and Nathaniel Anderson, "Access To Care and Affordability have Improved Following Affordable Care Act Implementation; Problems Remain," *Health Affairs* (December 2015), http://content.healthaffairs.org/content/early/2015/12/14/hlthaff.2015.0755.full

[122] Nasseh and Vujicic, *Early Impact of the Affordable Care Act's Medicaid Expansion on Dental Care Use* (Health Services Research, November 2016).

[123] MaryBeth Musumeci, Robin Rudowitz, Petry Ubri, and Elizabeth Hinton, *An Early Look at Medicaid Expansion Waiver Implementation in Michigan and Indiana* (Washington, DC: The Kaiser Family Foundation, January 2017), http://kff.org/medicaid/issue-brief/an-early-look-at-medicaid-expansion-waiver-implementation-in-michigan-and-indiana/

[124] Jeffrey Horn et al., "New Medicaid Enrollees See Health and Social Benefits in Pennsylvania's Expansion," *INQUIRY: the Journal of Health Care Organization, Provision, and Financing* 53 (October 2016): 1-8, http://journals.sagepub.com/doi/full/10.1177/0046958016671807#

[125] Sommers et al., "Changes in Self-Reported Insurance Coverage, Access to Care, and Health Under the Affordable Care Act," *The Journal of the American Medical Association* 314 no. 4 (July 2015): 366-374.

[126] IMS Institute for Healthcare Informatics, *Medicines Use and Spending Shifts: A Review of the Use of Medicines in the US in 2014* (IMS Institute for Healthcare Informatics, April 2015), http://www.imshealth.com/en/thought-leadership/ims-institute/reports/medicines-use-in-the-us-2014

[127] Government Accountability Office, *Behavioral Health: Options for Low-Income Adults to Receive Treatment in Selected States* (Washington, DC: Government Accountability Office, June 2015), http://www.gao.gov/assets/680/670894.pdf

[128] DiPietro, Artiga, and Gates, *Early Impacts of the Medicaid Expansion for the Homeless Population* (Kaiser Commission on Medicaid and the Uninsured, November 2014).

[129] Josh Gray, Anna Zink, and Tony Dreyfus, *Effects of the Affordable Care Act Through 2015,* (athenaResearch and Robert Wood Johnson Foundation ACA View Report, March 2016), http://www.athenahealth.com/~/media/athenaweb/files/pdf/acaview_tracking_the_impact_of_health_care_reform

[130] Wherry and Miller, "Early Coverage, Access, Utilization, and Health Effects Associated with the Affordable Care Act Medicaid Expansions: A Quasi-experimental Study," *Annals of Internal Medicine,* (April 2016).

[131] Josh Gray, Iyue Sung, and Stewart Richardson, *Observations on the Affordable Care Act: 2014* (athenaResearch and Robert Wood Johnson Foundation ACA View Report, February 2015), http://www.athenahealth.com/~/media/athenaweb/files/pdf/acaview_year_end_2014.pdf

[132] Deloitte Development LLC, *Commonwealth of Kentucky Medicaid Expansion Report* (February 2015).

[133] Kosali Simon, Aparna Soni, and John Cawley, *The Impact of Health Insurance on Preventive Care and Health Behaviors: Evidence from the 2014 ACA Medicaid Expansions* (Working Paper 22265, National Bureau of Economic Research, May 2016), http://www.nber.org/papers/w22265?utm_campaign=ntw&utm_medium=email&utm_source=ntw

[134] Harvey Kaufman, Zhen Chen, Vivian Fonseca, and Michael McPhaul, "Surge in Newly Identified Diabetes Among Medicaid Patients in 2014 Within Medicaid Expansion States Under the Affordable Care Act," *Diabetes Care* 38, no. 5 (May 2015): 833, http://care.diabetesjournals.org/content/early/2015/03/19/dc14-2334.full.pdf+html

[135] Khadijah Breathett et al., "The Affordable Care Act Medicaid Expansion Correlated with Increased Heart Transplant Listings in African Americans but Not Hispanics or Caucasians," JACC: Heart Failure 5 no. 2 (January 2017): 136-147, https://www.ncbi.nlm.nih.gov/pubmed/28109783

[136] United States Government Accountability Office (GAO), Medicaid Expansion: Behavioral Health Treatment Use in Selected States in 2014 (Washington, DC: GAO Report to Congressional Requesters, June 2017), https://www.gao.gov/assets/690/685415.pdf

[137] Lisa Clemens-Cope, Marni Epstein, and Genevieve Kenney, Rapid Growth in Medicaid Spending on Medications to Treat Opioid Use Disorder and Overdose (Washington, DC: The Urban Institute, June 2017), http://www.urban.org/sites/default/files/publication/91521/2001386-rapid-growth-in-medicaid-spending-on-medications-to-treat-opioid-use-disorder-and-overdose_3.pdf

[138] Hefei Wen, Jason Hockenberry, Tyrone Borders, and Benjamin Druss, "Impact of Medicaid Expansion on Medicaid-covered Utilization of Buprenorphine for Opioid Use Disorder Treatment," Medical Care 55 no. 4 (April 2017): 336-341, http://journals.lww.com/lww-medicalcare/Fulltext/2017/04000/Impact_of_Medicaid_Expansion_on_Medicaid_covered.5.aspx

[139] Government Accountability Office, *Behavioral Health: Options for Low-Income Adults to Receive Treatment in Selected States* (Government Accountability Office, June 2015).

[140] DiPietro, Artiga, and Gates, *Early Impacts of the Medicaid Expansion for the Homeless Population* (Kaiser Commission on Medicaid and the Uninsured, November 2014).

[141] Deloitte Development LLC, *Commonwealth of Kentucky Medicaid Expansion Report* (February 2015).

[142] The Ohio Department of Medicaid, *Ohio Medicaid Group VIII Assessment: A Report to the Ohio General Assembly* (The Ohio Department of Medicaid, January 2017).

[143] Megan Cole, Omar Galarraga, Ira Wilson, Brad Wright, and Amal Trivedi, "At Federally Funded Health Centers, Medicaid Expansion was Associated with Improved Quality of Care," Health Affairs 36 no. 1 (January 2017): 40-48, http://content.healthaffairs.org/content/36/1/40.full?sid=a3089120-6f4b-428b-bba8-5f005b444e19

[144] Benjamin Sommers, Bethany Maylone, Robert Blendon, E. John Orav, and Arnold Epstein, "Three-Year Impacts of the Affordable Care Act: Improved Medical Care and Health Among Low-Income Adults," Health Affairs epub ahead of print (May 2017), http://content.healthaffairs.org/content/early/2017/05/15/hlthaff.2017.0293

[145] Eili Klein et al., "The Effect of Medicaid Expansion on Utilization in Maryland Emergency Departments," Annals of Emergency Medicine epub ahead of print (June 2017), http://www.annemergmed.com/article/S0196-0644(17)30784-9/pdf

[146] Aabha Sharma, Scott Dresden, Emilie Powell, Raymond Kang, Joe Feinglass, "Emergency Department Visits and Hospitalizations for the Uninsured in Illinois Before and After Affordable Care Act Insurance Expansion," Journal of Community Health 42 no. 3 (June 2017): 591-597, https://link.springer.com/article/10.1007/s10900-016-0293-4

[147] Daniel Gingold, Rachelle Pierre-Mathieu, Brandon Cole, Andrew Miller, and Joneigh Khaldun, "Impact of the Affordable Care Act Medicaid Expansion on Emergency Department High Utilizers with Ambulatory Care Sensitive Conditions: A Cross-Sectional Study," The American Journal of Emergency Medicine (January 2017), http://www.sciencedirect.com/science/article/pii/S0735675717300141

[148] Gary Pickens et al., "Changes in Hospital Inpatient Utilization Following Health Care Reform," Health Services Research epub ahead of print (June 2017), https://www.ncbi.nlm.nih.gov/pubmed/28664983

[149] Jeremy Holzmacher et al., Association of Expanded Medicaid Coverage with Hospital Length of Stay After Injury," JAMA Surgery published online (June 2017), https://www.ncbi.nlm.nih.gov/pubmed/28658482

[150] Mary Anderson, Jeffrey Glasheen, and Debra Anoff, "Impact of State Medicaid Expansion Status on Length of Stay and In-Hospital Mortality for General Medicine Patients at US Academic Medical Centers," *Journal of Hospital Medicine* Epub ahead of print (August 2016), http://onlinelibrary.wiley.com/wol1/doi/10.1002/jhm.2649/citedby

[151] MaryBeth Musumeci, Robin Rudowitz, Petry Ubri, and Elizabeth Hinton, An Early Look at Medicaid Expansion Waiver Implementation in Michigan and Indiana (Washington, DC: The Kaiser Family Foundation, January 2017), http://kff.org/medicaid/issue-brief/an-early-look-at-medicaid-expansion-waiver-implementation-in-michigan-and-indiana/

[152] Natoshia Askelson, Brad Wright, Suzanne Bentler, Elizabeth Momany, and Peter Damiano, "Iowa's Medicaid Expansion Promoted Healthy Behaviors But Was Challenging to Implement and Attracted Few Participants," Health Affairs 36 no. 5, (May 2017): 799-807, http://content.healthaffairs.org/content/36/5/799.full

[153] The Lewin Group, Healthy Indiana Plan 2.0: POWER Account Contribution Assessment, (The Lewin Group, prepared for the Indiana Family and Social Services Administration, March 2017), https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/in/Healthy-Indiana-Plan-2/in-healthy-indiana-plan-support-20-POWER-acct-cont-assesmnt-03312017.pdf

[154] Sarah Miller and Laura Wherry, "Health and Access to Care During the First 2 Years of the ACA Medicaid Expansions," The New England Journal of Medicine 376 no. 10 (March 2017), http://www.nejm.org/doi/full/10.1056/NEJMsa1612890

[155] Joseph Labrum et al., "Does Medicaid Insurance Confer Adequate Access to Adult Orthopaedic Care in the Era of the Patient Protection and Affordable Care Act?" Clinical Orthopaedics and Related Research 475 no. 6 (June 2017): 1527-1536, https://link.springer.com/article/10.1007%2Fs11999-017-5263-3

[156] Wherry and Miller, "Early Coverage, Access, Utilization, and Health Effects Associated with the Affordable Care Act Medicaid Expansions: A Quasi-experimental Study," *Annals of Internal Medicine,* (April 2016).

[157] Shartzer, Long, and Anderson, "Access To Care and Affordability have Improved Following Affordable Care Act Implementation; Problems Remain," *Health Affairs* (December 2015).

[158] Sommers et al., "Both the 'Private Option' And Traditional Medicaid Expansions Improved Access To Care For Low-Income Adults," *Health Affairs* 35, no. 1 (January 2016): 96-105.

[159] Gary Pickens et al., "Changes in Hospital Inpatient Utilization Following Health Care Reform," *Health Services Research* epub ahead of print (June 2017), https://www.ncbi.nlm.nih.gov/pubmed/28664983

[160] Molly Candon et al., Primary Care Appointment Availability and the ACA Insurance Expansions (Philadelphia, PA: University of Pennsylvania Leonard Davis Institute of Health Economics, March 2017), https://ldi.upenn.edu/brief/primary-care-appointment-availability-and-aca-insurance-expansions

[161] Sommers, Blendon, Orav, and Epstein, "Changes in Utilization and Health Among Low-Income Adults After Medicaid Expansion or Expanded Private Insurance," *The Journal of the American Medical Association* 176 no. 10 (October 2016): 1501-1509.

[162] Xinxin Han, Quian Luo, and Leighton Ku, "Medicaid Expansion and Grant Funding Increases Helped Improve Community Health Center Capacity," Health Affairs 36 no. 1 (January 2017): 49-56, http://content.healthaffairs.org/content/36/1/49.full?sid=a3089120-6f4b-428b-bba8-5f005b444e19

[163] Sarah Miller and Laura Wherry, "Health and Access to Care During the First 2 Years of the ACA Medicaid Expansions," The New England Journal of Medicine 376 no. 10 (March 2017), http://www.nejm.org/doi/full/10.1056/NEJMsa1612890

[164] Nathalie Huguet et al., "Medicaid Expansion Produces Long-Term Impact on Insurance Coverage Rates in Community Health Centers," Journal of Primary Care & Community Health epub ahead of print (May 2017), http://journals.sagepub.com/doi/full/10.1177/2150131917709403

[165] Megan Cole, Omar Galarraga, Ira Wilson, Brad Wright, and Amal Trivedi, "At Federally Funded Health Centers, Medicaid Expansion was Associated with Improved Quality of Care," Health Affairs 36 no. 1 (January 2017): 40-48, http://content.healthaffairs.org/content/36/1/40.full?sid=a3089120-6f4b-428b-bba8-5f005b444e19

[166] Benjamin Sommers, Bethany Maylone, Robert Blendon, E. John Orav, and Arnold Epstein, "Three-Year Impacts of the Affordable Care Act: Improved Medical Care and Health Among Low-Income Adults," Health Affairs epub ahead of print (May 2017), http://content.healthaffairs.org/content/early/2017/05/15/hlthaff.2017.0293

[167] Gray, Zink, and Dreyfus, *Effects of the Affordable Care Act Through 2015,* (athenaResearch and Robert Wood Johnson Foundation ACA View Report, March 2016).

[168] Gray, Sung, and Richardson, *Observations on the Affordable Care Act: 2014* (athenaResearch and Robert Wood Johnson Foundation ACA View Report, February 2015).

[169] The Ohio Department of Medicaid, *Ohio Medicaid Group VIII Assessment: A Report to the Ohio General Assembly* (The Ohio Department of Medicaid, January 2017).

[170] Musumeci, Rudowitz, Ubri, and Hinton, *An Early Look at Medicaid Expansion Waiver Implementation in Michigan and Indiana* (Washington, DC: The Kaiser Family Foundation, January 2017).

[171] Samantha Artiga, Jennifer Tolbert, and Robin Rudowitz, *Year Two of the ACA Coverage Expansions: On-the-Ground Experiences from Five States* (June 2015).

[172] Government Accountability Office, *Behavioral Health: Options for Low-Income Adults to Receive Treatment in Selected States* (Government Accountability Office, June 2015).

[173] Artiga and Rudowitz, *How Have State Medicaid Expansion Decisions Affected the Experiences of Low-Income Adults? Perspectives from Ohio, Arkansas, and Missouri* (Kaiser Commission on Medicaid and the Uninsured, June 2015).

[174] Peter Shin, Jessica Sharac, Julia Zur, Sara Rosenbaum, and Julia Paradise, *Health Center Patient Trends, Enrollment Activities, and Service Capacity: Recent Experience in Medicaid Expansion and Non-Expansion States* (Washington, DC: Kaiser Commission on Medicaid and the Uninsured, December 2015), http://kff.org/medicaid/issue-brief/health-center-patient-trends-enrollment-activities-and-service-capacity-recent-experience-in-medicaid-expansion-and-non-expansion-states/

[175] Renuka Tipirneni et al., "Primary Care Appointment Availability and Nonphysician Providers One Year After Medicaid Expansion," *The American Journal of Managed Care* 22 no. 6 (June 2016): 427-431, http://www.ajmc.com/journals/issue/2016/2016-vol22-n6/primary-care-appointment-availability-and-nonphysician-providers-one-year-after-medicaid-expansion

[176] Adam Searing and Jack Hoadley, *Beyond the Reduction in Uncompensated Care: Medicaid Expansion is Having a Positive Impact on Safety Net Hospitals and Clinics* (Washington, DC: Georgetown University Center for Children and Families, June 2016), http://ccf.georgetown.edu/wp-content/uploads/2016/05/Medicaid_hospitals-clinics-June-2016.pdf

[177] Collins, Gunja, Doty, and Beutel, *Americans' Experiences with ACA Marketplace and Medicaid Coverage: Access to Care and Satisfaction* (The Commonwealth Fund, May 2016).

[178] Renuka Tipirneni et al. "Primary Care Appointment Availability For New Medicaid Patients Increased After Medicaid Expansion In Michigan," *Health Affairs* (July 2015), http://content.healthaffairs.org/content/early/2015/07/15/hlthaff.2014.1425.full

[179] Sarah Miller and Laura Wherry, "Health and Access to Care During the First 2 Years of the ACA Medicaid Expansions," The New England Journal of Medicine 376 no. 10 (March 2017), http://www.nejm.org/doi/full/10.1056/NEJMsa1612890

[180] Molly Candon et al., Primary Care Appointment Availability and the ACA Insurance Expansions (Philadelphia, PA: University of Pennsylvania Leonard Davis Institute of Health Economics, March 2017), https://ldi.upenn.edu/brief/primary-care-appointment-availability-and-aca-insurance-expansions

[181] Sommers, Blendon, Orav, and Epstein, "Changes in Utilization and Health Among Low-Income Adults After Medicaid Expansion or Expanded Private Insurance," *The Journal of the American Medical Association* 176 no. 10 (October 2016): 1501-1509.

[182] Benjamin Sommers, Bethany Maylone, Robert Blendon, E. John Orav, and Arnold Epstein, "Three-Year Impacts of the Affordable Care Act: Improved Medical Care and Health Among Low-Income Adults," Health Affairs epub ahead of print (May 2017), http://content.healthaffairs.org/content/early/2017/05/15/hlthaff.2017.0293

[183] Sarah Miller and Laura Wherry, "Health and Access to Care During the First 2 Years of the ACA Medicaid Expansions," The New England Journal of Medicine 376 no. 10 (March 2017), http://www.nejm.org/doi/full/10.1056/NEJMsa1612890

[184] Sommers, Blendon, Orav, and Epstein, "Changes in Utilization and Health Among Low-Income Adults After Medicaid Expansion or Expanded Private Insurance," *The Journal of the American Medical Association* 176 no. 10 (October 2016): 1501-1509.

[185] Sara Collins, Munira Gunja, Michelle Doty, and Sophie Beutel, Americans' Experiences with ACA Marketplace and Medicaid Coverage: Access to Care and Satisfaction (The Commonwealth Fund, May 2016), http://www.commonwealthfund.org/publications/issue-briefs/2016/may/aca-tracking-survey-access-to-care-and-satisfaction

[186] Benitez, Creel, and Jennings, "Kentucky's Medicaid Expansion Showing Early Promise on Coverage and Access to Care," *Health Affairs* (February 2016).

[187] Sommers et al., "Both the 'Private Option' And Traditional Medicaid Expansions Improved Access To Care For Low-Income Adults," *Health Affairs* 35, no. 1 (January 2016): 96-105.

[188] Samantha Artiga and Robin Rudowitz, *How Have State Medicaid Expansion Decisions Affected the Experiences of Low-Income Adults? Perspectives from Ohio, Arkansas, and Missouri* (Washington, DC: Kaiser Commission on Medicaid and the Uninsured, June 2015), http://kff.org/medicaid/issue-brief/how-have-state-medicaid-expansion-decisions-affected-the-experiences-of-low-income-adults-perspectives-from-ohio-arkansas-and-missouri/

[189] Simon, Soni, and Cawley, *The Impact of Health Insurance on Preventive Care and Health Behaviors: Evidence from the 2014 ACA Medicaid Expansions* (Working Paper 22265, National Bureau of Economic Research, May 2016).

[190] Wherry and Miller, "Early Coverage, Access, Utilization, and Health Effects Associated with the Affordable Care Act Medicaid Expansions: A Quasi-experimental Study," *Annals of Internal Medicine,* (April 2016).

[191] Shartzer, Long, and Anderson, "Access To Care and Affordability have Improved Following Affordable Care Act Implementation; Problems Remain," *Health Affairs* (December 2015).

[192] Sommers et al., "Changes in Self-Reported Insurance Coverage, Access to Care, and Health Under the Affordable Care Act," *The Journal of the American Medical Association* 314 no. 4 (July 2015): 366-374.

[193] Sommers, Blendon, Orav, and Epstein, "Changes in Utilization and Health Among Low-Income Adults After Medicaid Expansion or Expanded Private Insurance," *The Journal of the American Medical Association* 176 no. 10 (October 2016): 1501-1509.

[194] Andrew Mulcahy, Christine Eibner, and Kenneth Finegold, "Gaining Coverage Through Medicaid Or Private Insurance Increased Prescription Use and Lowered Out-Of-Pocket Spending," *Health Affairs* 35, no. 9 (September 2016), http://content.healthaffairs.org/content/early/2016/08/16/hlthaff.2016.0091.full

[195] Benjamin Sommers, Bethany Maylone, Robert Blendon, E. John Orav, and Arnold Epstein, "Three-Year Impacts of the Affordable Care Act: Improved Medical Care and Health Among Low-Income Adults," Health Affairs epub ahead of print (May 2017), http://content.healthaffairs.org/content/early/2017/05/15/hlthaff.2017.0293

[196] Stacey McMorrow, Jason Gates, Sharon Long, and Genevieve Kenney, "Medicaid Expansion Increased Coverage, Improved Affordability, and Reduced Psychological Distress for Low-Income Parents," Health Affairs 36 no. 5 (May 2017): 808-818, http://content.healthaffairs.org/content/36/5/808.full?sid=29f7e3de-89cd-489f-9fe0-18f04188d8a4

[197] Sommers, Blendon, Orav, and Epstein, "Changes in Utilization and Health Among Low-Income Adults After Medicaid Expansion or Expanded Private Insurance," *The Journal of the American Medical Association* 176 no. 10 (October 2016): 1501-1509.

[198] Luojia Hu, Robert Kaestner, Bhashkar Mazumder, Sarah Miller, and Ashley Wong, *The Effect of the Patient Protection and Affordable Care Act Medicaid Expansions on Financial Well-Being* (Working Paper No. 22170, National Bureau of Economic Research, April 2016), http://www.nber.org/papers/w22170?utm_campaign=ntw&utm_medium=email&utm_source=ntw

[199] The Ohio Department of Medicaid, *Ohio Medicaid Group VIII Assessment: A Report to the Ohio General Assembly* (The Ohio Department of Medicaid, January 2017), http://medicaid.ohio.gov/Portals/0/Resources/Reports/Annual/Group-VIII-Assessment.pdf

[200] Sarah Miller and Laura Wherry, "Health and Access to Care During the First 2 Years of the ACA Medicaid Expansions," The New England Journal of Medicine 376 no. 10 (March 2017), http://www.nejm.org/doi/full/10.1056/NEJMsa1612890

[201] David Slusky and Donna Ginther, Did Medicaid Expansion Reduce Medical Divorce? (Working Paper No. 23139, National Bureau of Economic Research, February 2017), http://www.nber.org/papers/w23139?utm_campaign=ntw&utm_medium=email&utm_source=ntw

[202] Luojia Hu, Robert Kaestner, Bhashkar Mazumder, Sarah Miller, and Ashley Wong, *The Effect of the Patient Protection and Affordable Care Act Medicaid Expansions on Financial Well-Being* (Working Paper No. 22170, National Bureau of Economic Research, April 2016), http://www.nber.org/papers/w22170?utm_campaign=ntw&utm_medium=email&utm_source=ntw

[203] The Ohio Department of Medicaid, *Ohio Medicaid Group VIII Assessment: A Report to the Ohio General Assembly* (The Ohio Department of Medicaid, January 2017), http://medicaid.ohio.gov/Portals/0/Resources/Reports/Annual/Group-VIII-Assessment.pdf

[204] Benjamin Sommers, Bethany Maylone, Robert Blendon, E. John Orav, and Arnold Epstein, "Three-Year Impacts of the Affordable Care Act: Improved Medical Care and Health Among Low-Income Adults," Health Affairs epub ahead of print (May 2017), http://content.healthaffairs.org/content/early/2017/05/15/hlthaff.2017.0293

[205] Sommers, Blendon, Orav, and Epstein, "Changes in Utilization and Health Among Low-Income Adults After Medicaid Expansion or Expanded Private Insurance," *The Journal of the American Medical Association* 176 no. 10 (October 2016): 1501-1509.

[206] The Ohio Department of Medicaid, *Ohio Medicaid Group VIII Assessment: A Report to the Ohio General Assembly* (The Ohio Department of Medicaid, January 2017).

[207] Simon, Soni, and Cawley, *The Impact of Health Insurance on Preventive Care and Health Behaviors: Evidence from the 2014 ACA Medicaid Expansions* (Working Paper 22265, National Bureau of Economic Research, May 2016).

[208] DiPietro, Artiga, and Gates, *Early Impacts of the Medicaid Expansion for the Homeless Population* (Kaiser Commission on Medicaid and the Uninsured, November 2014).

[209] Eric Charles et al., "Impact of Medicaid Expansion on Cardiac Surgery Volume and Outcomes," The Annals of Thoracic Surgery (June 2017), http://www.annalsthoracicsurgery.org/article/S0003-4975(17)30552-0/pdf

[210] Wherry and Miller, "Early Coverage, Access, Utilization, and Health Effects Associated with the Affordable Care Act Medicaid Expansions: A Quasi-experimental Study," *Annals of Internal Medicine,* (April 2016).

[211] Sommers et al., "Changes in Self-Reported Insurance Coverage, Access to Care, and Health Under the Affordable Care Act," *The Journal of the American Medical Association* 314 no. 4 (July 2015): 366-374.

[212] Sarah Miller and Laura Wherry, "Health and Access to Care During the First 2 Years of the ACA Medicaid Expansions," The New England Journal of Medicine 376 no. 10 (March 2017), http://www.nejm.org/doi/full/10.1056/NEJMsa1612890

[213] Charles Courtemanche, James Marton, Benjamin Ukert, Aaron Yelowitz, Daniela Zapata, *Early Effects of the Affordable Care Act on Health Care Access, Risky Health Behaviors, and Self-Assessed Health* (National Bureau of Economic Research, Working Paper no. 23269, March 2017), http://www.nber.org/papers/w23269

[214] Louisiana Department of Health, Medicaid Expansion 2016/17 (Baton Rouge, Louisiana Department of Health, June 2017), http://dhh.louisiana.gov/assets/HealthyLa/Resources/MdcdExpnAnnlRprt_2017_WEB.pdf

[215] April Grady, Deborah Bachrach, and Patti Boozang, Medicaid's Role in the Delivery and Payment of Substance Use Disorder Services in Montana, (Manatt Health, March 2017), http://mthcf.org/wp-content/uploads/2017/03/Medicaid-Role-in-Substance-Use-Disorder-Services-in-Montana_Final.pdf

[216] The Colorado Health Foundation, *Assessing the Economic and Budgetary Impact of Medicaid Expansion in Colorado,* (The Colorado Health Foundation, March 2016), http://www.coloradohealth.org/studies.aspx

[217] Lee A. Reynis, *Economic and Fiscal Impacts of the Medicaid Expansion in New Mexico,* (The University of New Mexico Bureau of Business and Economic Research, February 2016), http://bber.unm.edu/media/publications/Medicaid_Expansion_Final2116R.pdf

[218] Benjamin Sommers and Jonathan Gruber, "Federal Funding Insulated State Budgets From Increased Spending Related To Medicaid Expansion," Health Affairs epub ahead of print (April 2017), http://content.healthaffairs.org/content/early/2017/04/10/hlthaff.2016.1666.full

[219] Abby Evans, John Folkemer, Joel Menges, Amira Mouna, Nick Pantaleo, Emily Ricci, and Poornima Sigh, *Assessment of Medicaid Expansion and Reform, Initial Analysis* (The Menges Group, January 2016), https://www.adn.com/sites/default/files/Menges%20Group%20Medicaid%20Expansion%20Report.pdf

[220] Chris Brown and John Bennett, *Economic Impacts of the Arkansas Private Option* (Regional Economic Models, Inc., August 2015), http://www.arkhospitals.org/Misc.%20Files/August2015APOEconomicImpacts.pdf

[221] Rudowitz, Snyder, and Smith, *Medicaid Enrollment and Spending Growth: FY 2015 & 2016* (Washington, DC: Kaiser Commission on Medicaid and the Uninsured, October 2015).

[222] Deborah Bachrach, Patricia Boozang, Avi Herring, and Dori Glanz Reyneri, *States Expanding Medicaid See Significant Budget Savings and Revenue Gains,* (Manatt Health Solutions, prepared by the Robert Wood Johnson Foundation's State Health Reform Assistance Network, March 2016), http://www.rwjf.org/content/dam/farm/reports/issue_briefs/2016/rwjf419097

[223] Dorn, Francis, Snyder, and Rudowitz, *The Effects of the Medicaid Expansion on State Budgets: An Early Look in Select States* (Kaiser Commission on Medicaid and the Uninsured, March 2015).

[224] Deloitte Development LLC, Commonwealth of Kentucky Medicaid Expansion Report (February 2015).

[225] Robin Rudowitz, Allison Valentine, and Vernon Smith, Medicaid Enrollment and Spending Growth: FY 2016 & 2017 (Washington, DC: Kaiser Commission on Medicaid and the Uninsured, October 2016), http://kff.org/medicaid/issue-brief/medicaid-enrollment-spending-growth-fy-2016-2017/

[226] Benjamin Sommers and Jonathan Gruber, "Federal Funding Insulated State Budgets From Increased Spending Related To Medicaid Expansion," Health Affairs epub ahead of print (April 2017), http://content.healthaffairs.org/content/early/2017/04/10/hlthaff.2016.1666.full

[227] Louisiana Department of Health, Medicaid Expansion 2016/17 (Baton Rouge, Louisiana Department of Health, June 2017), http://dhh.louisiana.gov/assets/HealthyLa/Resources/MdcdExpnAnnlRprt_2017_WEB.pdf

[228] April Grady, Deborah Bachrach, and Patti Boozang, Medicaid's Role in the Delivery and Payment of Substance Use Disorder Services in Montana, (Manatt Health, March 2017), http://mthcf.org/wp-content/uploads/2017/03/Medicaid-Role-in-Substance-Use-Disorder-Services-in-Montana_Final.pdf

[229] David Lassman et al., "Health Spending by State 1991-2014: Measuring Per Capita Spending by Payers and Programs," *Health Affairs* epub ahead of print (June 2017), http://content.healthaffairs.org/content/early/2017/06/13/hlthaff.2017.0416

[230] Laura Snyder, Katherine Young, Robin Rudowitz, and Rachel Garfield, *Medicaid Expansion Spending and Enrollment in Context: An Early Look at CMS Claims Data for 2014* (Washington, DC: Kaiser Commission on Medicaid and the Uninsured, January 2016), http://kff.org/medicaid/issue-brief/medicaid-expansion-spending-and-enrollment-in-context-an-early-look-at-cms-claims-data-for-2014/

[231] Christopher Truffer, Christian Wolfe, and Kathryn Rennie, 2016 Actuarial Report on the Financial Outlook for Medicaid, (Office of the Actuary, Centers for Medicare and Medicaid Services, 2016), https://www.cms.gov/Research-Statistics-Data-and-Systems/Research/ActuarialStudies/Downloads/MedicaidReport2016.pdf

[232] Laura Snyder, Katherine Young, Robin Rudowitz, and Rachel Garfield, *Medicaid Expansion Spending and Enrollment in Context: An Early Look at CMS Claims Data for 2014* (Washington, DC: Kaiser Commission on Medicaid and the Uninsured, January 2016), http://kff.org/medicaid/issue-brief/medicaid-expansion-spending-and-enrollment-in-context-an-early-look-at-cms-claims-data-for-2014/

[233] David Lassman et al., "Health Spending by State 1991-2014: Measuring Per Capita Spending by Payers and Programs," *Health Affairs* epub ahead of print (June 2017), http://content.healthaffairs.org/content/early/2017/06/13/hlthaff.2017.0416

[234] Christopher Truffer, Christian Wolfe, and Kathryn Rennie, *2016 Actuarial Report on the Financial Outlook for Medicaid,* (Office of the Actuary, Centers for Medicare and Medicaid Services, 2016), https://www.cms.gov/Research-Statistics-Data-and-Systems/Research/ActuarialStudies/Downloads/MedicaidReport2016.pdf

[235] Aditi Sen and Thomas DeLeire, *The Effect of Medicaid Expansion on Marketplace Premiums* (Office of the Assistant Secretary for Planning and Evaluation, August 2016), https://aspe.hhs.gov/sites/default/files/pdf/206761/McaidExpMktplcPrem.pdf

[236] Jocelyn Guyer, Naomi Shine, MaryBeth Musumeci, and Robin Rudowitz, A Look at the Private Option in Arkansas (Washington, DC: Kaiser Commission on Medicaid and the Uninsured, August 2015), http://kff.org/medicaid/issue-brief/a-look-at-the-private-option-in-arkansas/

[237] Jocelyn Guyer, Naomi Shine, MaryBeth Musumeci, and Robin Rudowitz, A Look at the Private Option in Arkansas (Washington, DC: Kaiser Commission on Medicaid and the Uninsured, August 2015), http://kff.org/medicaid/issue-brief/a-look-at-the-private-option-in-arkansas/

[238] David Dranove, Craig Garthwaite, and Christopher Ody, The Impact of the ACA's Medicaid Expansion on Hospitals' Uncompensated Care Burden and the Potential Effects of Repeal, (The Commonwealth Fund, May 2017), http://www.commonwealthfund.org/publications/issue-briefs/2017/may/aca-medicaid-expansion-hospital-uncompensated-care

[239] Fredric Blavin, How Has the ACA Changed Finances for Different Types of Hospitals? Updated Insights from 2015 Cost Report Data (The Urban Institute, April 2017), http://www.rwjf.org/content/dam/farm/reports/issue_briefs/2017/rwjf436310

[240] Craig Garthwaite, Tal Gross, Matthew Notowidigdo, and John Graves, "Insurance Expansion and Hospital Emergency Department Access: Evidence from the Affordable Care Act," Annals of Internal Medicine 166 no. 3 (February 2017): 172-179, http://annals.org/aim/article/2593599/insurance-expansion-hospital-emergency-department-access-evidence-from-affordable-care

[241] Nathalie Huguet et al., "Medicaid Expansion Produces Long-Term Impact on Insurance Coverage Rates in Community Health Centers," Journal of Primary Care & Community Health epub ahead of print (May 2017), http://journals.sagepub.com/doi/full/10.1177/2150131917709403

[242] Susan Camilleri, "The ACA Medicaid Expansion, Disproportionate Share Hospitals, and Uncompensated Care" *Health Services Research* epub ahead of print (May 2017), http://onlinelibrary.wiley.com/doi/10.1111/1475-6773.12702/abstract

[243] Adam Searing and Jack Hoadley, *Beyond the Reduction in Uncompensated Care: Medicaid Expansion is Having a Positive Impact on Safety Net Hospitals and Clinics* (Washington, DC: Georgetown University Center for Children and Families, June 2016), http://ccf.georgetown.edu/wp-content/uploads/2016/05/Medicaid_hospitals-clinics-June-2016.pdf

[244] Natalia Chalmers, Jane Grover, and Rob Compton, "After Medicaid Expansion in Kentucky, Use of Hospital Emergency Departments for Dental Conditions Increased," *Health Affairs* 35, no. 12 (December 2016), http://content.healthaffairs.org/content/35/12/2268.full#xref-ref-32-1

[245] Arkansas Health Reform Legislative Task Force, *Health Care Task Force Preliminary Report,* (December 2015).

[246] Arkansas Hospital Association, "Survey Reveals Private Option Impact on Hospitals," *The Notebook* 21, no. 33 (November 2014), http://www.arkhospitals.org/archive/notebookpdf/Notebook_11-03-14.pdf

[247] Mary Anderson, Jeffrey Glasheen, and Debra Anoff, "Impact of State Medicaid Expansion Status on Length of Stay and In-Hospital Mortality for General Medicine Patients at US Academic Medical Centers," *Journal of Hospital Medicine* Epub ahead of print (August 2016), http://onlinelibrary.wiley.com/wol1/doi/10.1002/jhm.2649/citedby

[248] The University of Michigan Institute for Healthcare Policy & Innovation, *The Healthy Michigan Plan: 2015 Report on Uncompensated Care and Insurance Rates* (The University of Michigan Institute for Healthcare Policy & Innovation, prepared for the Michigan Department of Health and Human Services and the Michigan Department of Insurance and Financial Services, December 2016), http://www.michigan.gov/documents/mdhhs/2015_Report_on_Uncompensated_Care_and_Insurance_Rates-HMP_547720_7.pdf

[249] Laurie Felland, Peter Cunningham, Annie Doubleday, and Cannon Warren, *Effects of the Affordable Care Act on Safety Net* Hospitals (Washington, DC: Mathematica Policy Research, prepared for the Assistant Secretary for Planning and Evaluation, November 2016), https://aspe.hhs.gov/sites/default/files/pdf/255491/SafetyNetHospital.pdf

[250] Sayeh Nikpay, Thomas Buchmueller, and Helen Levy. "Affordable Care Act Medicaid Expansion Reduced Uninsured Hospital Stays in 2014," *Health Affairs* 35, no.1 (January 2016): 106-110, http://content.healthaffairs.org/content/35/1/106.full

[251] Fred Hellinger, "In Four ACA Expansion States, The Percentage of Uninsured Hospitalizations for People With HIV Declined, 2012-14," *Health Affairs* 34, no. 12 (December 2015): 2061-2068, http://search.proquest.com/docview/1749932806/627DA95CDEA44BE7PQ/77?accountid=39486#

[252] Deborah Bachrach, Patricia Boozang, and Mindy Lipson, *The Impact of Medicaid Expansion on Uncompensated Care Costs: Early Results and Policy Implications for States,* (Manatt Health Solutions, prepared by the Robert Wood Johnson Foundation's State Health Reform Assistance Network, June 2015), https://www.manatt.com/uploadedFiles/Content/5_Insights/White_Papers/State-Network-Manatt-Impact-of-Medicaid-Expansion-on-Uncompensated-Care-Costs-June-2015.pdf

[253] Peter Cunningham, Rachel Garfield, and Robin Rudowitz, *How Are Hospitals Faring Under the Affordable Care Act? Early Experiences from Ascension Health* (Washington, DC: Kaiser Commission on Medicaid and the Uninsured, April 2015), http://kff.org/health-reform/issue-brief/how-are-hospitals-faring-under-the-affordable-care-act-early-experiences-from-ascension-health/

[254] Thomas DeLeire, Karen Joynt, and Ruth McDonald, *Impact of Insurance Expansion on Hospital Uncompensated Care Costs in 2014* (Office of the Assistant Secretary for Planning and Evaluation, September 2014), https://aspe.hhs.gov/sites/default/files/pdf/77061/ib_UncompensatedCare.pdf

[255] PricewaterhouseCoopers LLP Health Research Institute, *Medicaid 2.0: Health System Haves and Have Nots* (PwC Health Research Institute, September 2014), http://www.pwc.com/us/en/health-industries/health-research-institute/assets/pwc-hri-medicaid-report-final.pdf

[256] Colorado Hospital Association, *Impact of Medicaid Expansion on Hospital Volumes* (Colorado Hospital Association Center for Health Information and Data Analytics, June 2014), http://www.cha.com/documents/press-releases/cha-medicaid-expansion-study-june-2014.aspx

[257] Fredric Blavin, "Association Between the 2014 Medicaid Expansion and US Hospital Finances," *The Journal of the American Medical Association* 316 no. 14 (October 2016): 1475-1483, http://jamanetwork.com/journals/jama/article-abstract/2565750

[258] David Dranove, Craig Garthwaite, and Christopher Ody, "Uncompensated Care Decreased At Hospitals In Medicaid Expansion States But Not At Hospitals In Nonexpansion States," *Health Affairs* 35 no. 8 (August 2016): 1471-1479, http://content.healthaffairs.org/content/35/8/1471.full

[259] Peter Cunningham, Robin Rudowitz, Katherine Young, Rachel Garfield, and Julia Foutz, *Understanding Medicaid Hospital Payments and the Impact of Recent Policy Changes* (Washington, DC: Kaiser Commission on Medicaid and the Uninsured, June 2016), http://kff.org/medicaid/issue-brief/understanding-medicaid-hospital-payments-and-the-impact-of-recent-policy-changes/

[260] Christine Jones, Serena Scott, Debra Anoff, Read Pierce, and Jeffrey Glasheen, "Changes in Payer Mix and Physician Reimbursement After the Affordable Care Act and Medicaid Expansion," *Inquiry: The Journal of Health Care Organization, Provision, and Financing* 52 (August 2015), http://inq.sagepub.com/content/52/0046958015602464.full

[261] Deloitte Development LLC, *Commonwealth of Kentucky Medicaid Expansion Report* (February 2015).

[262] Robin Rudowitz and Rachel Garfield, *New Analysis Shows States with Medicaid Expansion Experienced Declines in Uninsured Hospital Discharges* (Washington, DC: Kaiser Commission on Medicaid and the Uninsured, September 2015), http://kff.org/health-reform/issue-brief/new-analysis-shows-states-with-medicaid-expansion-experienced-declines-in-uninsured-hospital-discharges/

[263] Susan Camilleri, "The ACA Medicaid Expansion, Disproportionate Share Hospitals, and Uncompensated Care" *Health Services Research* epub ahead of print (May 2017), http://onlinelibrary.wiley.com/doi/10.1111/1475-6773.12702/abstract

[264] Fredric Blavin, How Has the ACA Changed Finances for Different Types of Hospitals? Updated Insights from 2015 Cost Report Data (The Urban Institute, April 2017), http://www.rwjf.org/content/dam/farm/reports/issue_briefs/2017/rwjf436310

[265] Peter Cunningham, Rachel Garfield, and Robin Rudowitz, How Are Hospitals Faring Under the Affordable Care Act? Early Experiences from Ascension Health (Washington, DC: Kaiser Commission on Medicaid and the Uninsured, April 2015), http://kff.org/health-reform/issue-brief/how-are-hospitals-faring-under-the-affordable-care-act-early-experiences-from-ascension-health/

[266] Adam Searing and Jack Hoadley, Beyond the Reduction in Uncompensated Care: Medicaid Expansion is Having a Positive Impact on Safety Net Hospitals and Clinics (Washington, DC: Georgetown University Center for Children and Families, June 2016), http://ccf.georgetown.edu/wp-content/uploads/2016/05/Medicaid_hospitals-clinics-June-2016.pdf

[267] The Colorado Health Foundation, *Assessing the Economic and Budgetary Impact of Medicaid Expansion in Colorado,* (The Colorado Health Foundation, March 2016).

[268] Deloitte Development LLC, *Commonwealth of Kentucky Medicaid Expansion Report* (February 2015).

[269] John Ayanian, Gabriel Ehrlich, Donald Grimes, and Helen Levy, "Economic Effects of Medicaid Expansion in Michigan," *The New England Journal of Medicine* epub ahead of print (January 2017), http://www.nejm.org/doi/full/10.1056/NEJMp1613981

[270] Leung and Mas, *Employment Effects of the ACA Medicaid Expansions* (Working Paper No. 22540, National Bureau of Economic Research, August 2016).

[271] Angshuman Gooptu, Asako Moriya, Kosali Simon, and Benjamin Sommers, "Medicaid Expansion Did Not Result in Significant Employment Changes or Job Reductions in 2014," *Health Affairs* 35, no. 1 (January 2016): 111-118, 1-12, http://content.healthaffairs.org/content/35/1/111.short

[272] Bowen Garrett and Robert Kaestner, *Recent Evidence on the ACA and Employment: Has the ACA Been a Job Killer?* (Washington, DC: The Urban Institute and the Robert Wood Johnson Foundation, August 2015), http://www.urban.org/research/publication/recent-evidence-aca-and-employment-has-aca-been-job-killer/view/full_report

[273] Robert Kaestner, Bowen Garrett, Anuj Gangopadhyaya, and Caitlyn Fleming, "Effects of ACA Medicaid Expansions on Health Insurance Coverage and Labor Supply" (Working Paper No. 21836, National Bureau of Economic Research, December 2015), http://www.nber.org/papers/w21836

[274] Jean Hall, Adele Shartzer, Noelle Kurth, and Kathleen Thomas, "Effect of Medicaid Expansion on Workforce Participation for People with Disabilities," *American Journal of Public Health* epub ahead of print (December 2016), http://ajph.aphapublications.org/doi/abs/10.2105/AJPH.2016.303543?journalCode=ajph

[275] The Ohio Department of Medicaid, *Ohio Medicaid Group VIII Assessment: A Report to the Ohio General Assembly* (The Ohio Department of Medicaid, January 2017).

[276] Heeju Sohn and Stefan Timmermans, "Social Effects of Health Care Reform: Medicaid Expansion under the Affordable Care Act and Changes in Volunteering," Socius: Socialogical Research for a Dynamic World 3 (March 2017): 1-12, http://journals.sagepub.com/doi/full/10.1177/2378023117700903

[277] Paul Jacobs, Steven Hill, and Salam Abdus, "Adults Are More Likely to Become Eligible for Medicaid During Future Recessions if Their State Expanded Medicaid," Health Affairs 36 no. 1 (January 2017): 32-39, http://content.healthaffairs.org/content/36/1/32.full?sid=982b20c0-0a17-4dc4-a35a-b0302d4ec289