



The study that's all of a sudden got Medicaid opponents caring about people's health

Barbara Shelly May 2, 2013

Based on what I've observed from the debate — or lack thereof — in the Missouri and Kansas legislatures, the notion that expanding Medicaid might improve people's health never proved a compelling argument to opponents of expansion. What discussion has taken place has been about costs and whether people who work low-pay jobs deserve health benefits.

But you can be sure that opponents are all over a study which shows that access to Medicaid didn't significantly improve the health of recipients over a two-year period.

The study “throws a huge ‘STOP’ sign in front of ObamaCare’s Medicaid expansion,” wrote Michael Cannon from the CATO Institute, who visited Topeka and Jefferson City this winter to argue that expansion should never get rolling in the first place.

The study that has gotten opponents so excited is a good one. It was conducted by first-rate researchers who studied two groups of people in Oregon. One group had won access to the state's Medicaid program through a lottery. The other group consisted of the people left out. So the two groups compared people in the same age bracket and income levels.

After two years, research showed that the Medicaid recipients were much less likely to have bills referred to collection agencies. They were much more positive about their finances. They were 30 percent less likely to suffer from depression than the non-recipient group, which translates to better-functioning families and work productivity.

So far, so good.

But the finding that Obamacare opponents loved in the study was that Medicaid recipients didn't fare significantly better than the other group in several health indicators: blood pressure, cholesterol, blood sugar levels and diabetes.

“There is no way to spin these results as anything but a rebuke to those who are pushing states to expand Medicaid,” Cannon wrote. “The Obama administration has been trying to convince states to throw more than a trillion additional taxpayer dollars at Medicaid by participating in the expansion, when the best-designed research available cannot find any evidence that it improves the physical health of enrollees.”

Others have noted that the sample size was relatively small, that two years probably isn't long enough to arrive at conclusive results, and that the mental health and financial benefits of being on Medicaid are substantial.

I like the question that health policy experts Aaron Carroll and Austin Frakt, writing for *The Incidental Economist*, pose to Cannon and others who cite this one study as a reason to scrap Medicaid expansion: “How many people saying that are ready to give up insurance for themselves or their family?” they ask.

“If they are arguing that Medicaid needs to be reformed in some way, we're open to that,” Carroll and Frakt wrote. “If they're arguing that insurance coverage shouldn't be accessible to poor Americans in any form, we don't agree. Medicaid may not be perfect, but we don't think being uninsured is better.”

They make a great point. Private insurance plans aren't judged by their effect on hemoglobin levels or blood pressure readings. People use them because they know that if their blood pressure does spike, they can get meds. And if they get the flu or cancer or are hit by a car, they can go to a doctor and get help without risking financial devastation. Hard-working people shouldn't be deprived of that safety net because their employers don't provide health insurance and they can't afford it out of pocket. Citing unchanged blood sugar readings as proof that Medicaid doesn't work is just another copout.

Read more here: <http://www.kansascity.com/2013/05/02/4214597/the-study-thats-all-of-a-sudden.html#storylink=cpy>