

Health

Health Equity and the ACA: Achieving the Goal of Realized Access?

Friday 8:00 am; Panel 1

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Abstract: The Affordable Care Act (ACA) when fully implemented in 2014, will provide health insurance coverage to millions of previously uninsured Americans through state health insurance exchanges, and in states that elect to expand Medicaid under the ACA, expansion of Medicaid to childless adults. Medicaid, a federal program providing healthcare for low income adults, was established in 1965 and is administered by the states. And while Medicaid expansion was mandatory under the ACA as written, that provision was ruled unconstitutional by the U.S. Supreme Court in *National Federation of Independent Business v. Sebelius*. Disparate impact of the law may occur in at least two ways: some states may not elect to expand Medicaid, and in states that do expand Medicaid, there may not be enough physicians who will see new Medicaid patients. State Medicaid agencies bear the important responsibility of ensuring access to primary care physicians for all new Medicaid patients. How many primary care physicians will accept new Medicaid patients when the law takes effect in 2014, and how will that number change when physicians will have a new source of patients from health insurance exchanges whose private pay physician reimbursements are greater than the historically low reimbursements for Medicaid patients? This paper discusses ways to get to better state-level estimates of physician supply and makes recommendations for how policymakers might respond to issues of physician supply in order for new Medicaid patients to realize access.