

Expanded Income Eligibility for Health Insurance											
Title	Author(s)	Year	Publication Source	Sample Size (N)	Sample Composition	Data Source	Independent Variable(s)	Dependent Variable(s)	Summary of Findings	Limitations to Causal Inference	Exclusion Criteria
Association of State Medicaid Expansion Status with Low Birth Weight and Preterm Birth	Brown et al.	2019	Journal of the American Medical Association	15,631,174	Singleton births to women ages 19 and older	National Center for Health Statistics Birth Data Files 2011-2016	• State Medicaid expansion	• Preterm birth • Low birth weight	<ul style="list-style-type: none"> <li>• Null impact on preterm birth and low birthweight</li> <li>• Beneficial impacts on reducing racial disparities among Black infants</li> </ul>		
Medicaid Expansion and Infant Mortality in the US	Bhatt, Beck-Sague	2018	AJPH Research	51	Infant mortality rates 2010-2016 (non-expansion states) and 2014-2016 (expansion states)	Publicly available infant mortality data	• State Medicaid expansion	• Infant mortality rates	<ul style="list-style-type: none"> <li>• Trending beneficial impact on infant mortality rates in Medicaid expansion states</li> <li>• Trending beneficial impacts on reducing racial disparities among Black infants</li> </ul>	Trend analysis	
Preconception Coverage Before and After the Affordable Care Act Medicaid Expansions	Clapp, James, Kaimal, and Daw	2018	American College of Obstetrics and Gynecologists	57,056	Low-income women from 8 Medicaid expansion states and 7 non-expansion states	PRAMS data 2009-2015	• State Medicaid expansion	• Preconception insurance coverage	<ul style="list-style-type: none"> <li>• Increased enrollment in Medicaid before pregnancy among low-income women</li> <li>• Null impact on overall rates of uninsurance prepregnancy</li> </ul>		
Association of the Affordable Care Act Dependent Coverage Provision with Prenatal Care Use and Birth Outcomes	Daw, Sommers	2018	American Medical Association	3 million	Women ages 24 to 28 with births between 2009 and 2013 in 41 states	CDC birth records 2009-2013	• Dependent coverage from ACA	<ul style="list-style-type: none"> <li>• Payment source for birth</li> <li>• First prenatal care visit in first trimester</li> <li>• Attendance at 80% of expected visits</li> <li>• Cesarean delivery</li> <li>• Premature birth</li> <li>• Low birthweight</li> <li>• Infant NICU admission</li> </ul>	<ul style="list-style-type: none"> <li>• Improved private insurance for birth and use of prenatal care</li> <li>• Reduced preterm births</li> <li>• Null effect in C-section, low birthweight, and NICU admissions</li> </ul>		ACA Dependent Care Provision distinct from state Medicaid expansion
Impact of Medicaid Expansion on Early Prenatal Care and Health Outcomes	Epstein, Newhouse	1998	Health Care Financing Review	1,330,474	Singleton live births in select hospitals in South Carolina and California	Hospital records 1988-1991	• Medicaid expansion for pregnant women	<ul style="list-style-type: none"> <li>• Rates of timely prenatal care</li> <li>• Adverse infant and maternal health outcomes</li> <li>• Cesarean section</li> </ul>	<ul style="list-style-type: none"> <li>• Improved coverage for pregnant women</li> <li>• Inconsistent effects on access to care and health outcomes</li> </ul>		Early Medicaid expansion not representative of impacts of state expansion up to 138% of the FPL through the ACA
Effect of Medicaid Expansions on Preterm Birth	Ray, Mitchel, and Piper	1997	American Journal of Preventative Medicine	610,056	Singleton births in Tennessee to women between 1983 and 1991	<ul style="list-style-type: none"> <li>• Birth certificates</li> <li>• Medicaid data</li> <li>• Census files</li> </ul>	• Medicaid expansion for pregnant women	<ul style="list-style-type: none"> <li>• Medicaid enrollment</li> <li>• Delivery outcomes</li> <li>• Prenatal care</li> <li>• Preterm birth outcomes</li> </ul>	<ul style="list-style-type: none"> <li>• Medicaid expansion increased enrollment and use of prenatal care among high-risk women, did not reduce preterm birth</li> </ul>		Early Medicaid expansion not representative of impacts of state expansion up to 138% of the FPL through the ACA
Effect of the Affordable Care Act on Breastfeeding Outcomes	Gurley-Calvez, Bullinger, and Kapinos	2018	American Journal of Public Health	38,842	Children ages 19 to 23 months covered by private health insurance or Medicaid	National Immunization Surveys 2014-2018	• Affordable Care Act lactation support provisions	<ul style="list-style-type: none"> <li>• Initiation of formula feeding</li> <li>• Duration of formula feeding</li> <li>• Age at first formula feeding</li> </ul>	<ul style="list-style-type: none"> <li>• Increase in breastfeeding duration</li> <li>• Increase in exclusive breastfeeding</li> </ul>		ACA Lactation Support Provision distinct from state Medicaid expansion
Lactation Support Services and Breastfeeding Initiation: Evidence from the Affordable Care Act	Kapinos, Bullinger, and Gurley-Calvez	2017	Health Research and Educational Trust	17,975,231	United States births 2009 to 2014	National Vital Statistics 2009-2014	<ul style="list-style-type: none"> <li>• ACA lactation coverage mandate</li> <li>• Insurance coverage</li> </ul>	• Breast feeding at time of hospital discharge	<ul style="list-style-type: none"> <li>• Improved probability of breastfeeding initiation</li> </ul>		ACA Lactation Support Provision distinct from state Medicaid expansion

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Impacts of the Affordable Care Act's Medicaid Expansion on Women of Reproductive Age: Differences by Parental Status and State Policies	Johnston, Strahan, Joski, Dunlop, and Adams	2017	Women's Health Issues	24,955	Women ages 19 to 44 with household incomes less than 100% of the FPL	Behavioral Risk Factor and Surveillance System survey 2012-2015	• ACA Medicaid expansion	<ul style="list-style-type: none"> <li>• Insurance coverage</li> <li>• Ability to see a doctor based on cost</li> <li>• Has a personal doctor</li> <li>• Had a primary care visit in the past year</li> </ul>	• Improved insurance coverage and access of care in women of reproductive age (particularly for women with no dependent children and in states with low Medicaid eligibility pre-expansion)		
Prepregnancy Insurance and Timely Prenatal Care for Medicaid Births: Before and After the Affordable Care Act in Ohio	Adams et al.	2018	Journal of Women's Health	290,091	Medicaid-paid births to women ages 19 to 44 between 2011 and 2015 in Ohio	Ohio Dept of Health and Dept of Medicaid electronic Medicaid records	• ACA coverage expansion	<ul style="list-style-type: none"> <li>• Enrollment in Medicaid pregnancy</li> <li>• Receipt of recommended screenings and vitamins</li> </ul>	<ul style="list-style-type: none"> <li>• Improved Medicaid enrollment prepregnancy for all mothers; effects larger for first-time mothers</li> <li>• Improved TORCH screenings and receipt of prenatal vitamins for all mothers; effects larger for first-time mothers</li> </ul>		
Saving Babies: the Efficacy and Cost of Recent changes in the Medicaid Eligibility of Pregnant Women	Currie and Gruber	1996	Journal of Political Economy	Varies by analysis (300 to 700)	State rates for pregnant women ages 15 to 44	<ul style="list-style-type: none"> <li>• Current Population Survey 1979-1992</li> <li>• Health Care Financing Administration data 1979-1992</li> <li>• National Longitudinal Survey of Youth 1979-1992</li> </ul>	• Medicaid expansion for pregnant women	<ul style="list-style-type: none"> <li>• Fraction of women eligible for Medicaid in the event of pregnancy</li> <li>• Birth outcomes</li> </ul>	• 30% increase in eligibility was associated with a 8.5% decrease in infant mortality		Prior to ACA
The Impact of Health Insurance on Preventative Care and Health Behaviors: Evidence from the First Two Years of the ACA Medicaid Expansions	Simon, Soni, and Cawley	2017	Journal of Policy Analysis and Management	Varies by analysis (4,971 to 835,870)	Adults ages 19 to 64 with reported household incomes below 100 percent of the FPL	Behavioral Risk Factors Surveillance System 2010-2015	• State-level Medicaid expansions	<ul style="list-style-type: none"> <li>• Preventative care</li> <li>• Risky health behaviors</li> <li>• Self-assessed health</li> </ul>	<ul style="list-style-type: none"> <li>• Improved insurance coverage and access to care among the targeted population of low-income childless adults</li> <li>• Improved use of certain forms of preventative care</li> </ul>		<ul style="list-style-type: none"> <li>• Focuses on the ACA broadly</li> <li>• Access to services outcomes limited to women of reproductive age for this review</li> </ul>
Association of Medicaid Expansion With Coverage and Access to Care for Pregnant Women	Clapp, James, Kaimal, Sommers, and Daw	2019	Obstetrics & Gynecology	18,211,883	Women who gave birth in one of 29 states using revised standard birth certificates	NCHS county-level birth certificates 2009-2017	• State-level Medicaid expansion	<ul style="list-style-type: none"> <li>• Primary payer for delivery</li> <li>• First trimester prenatal care</li> <li>• Birthweight</li> </ul>	<ul style="list-style-type: none"> <li>• Increase in Medicaid-covered births</li> <li>• Null impacts on early prenatal care use, preterm birth, and birthweight</li> </ul>		
The Oregon Experiment - Effects of Medicaid on Clinical Outcomes	Baicker et al.	2013	New England Journal of Medicine	12,229	Portland citizen residents ages 19 to 64 with incomes less than 100% of the FPL who have been uninsured for the previous 6 months	Interview questionnaires September 2009 - December 2010	• Oregon 2008 Medicaid expansion lottery	<ul style="list-style-type: none"> <li>• Clinical and self-reported health</li> <li>• Financial hardships</li> </ul>	<ul style="list-style-type: none"> <li>• Null effects on all clinical health outcomes except diabetes medication use, smoking, and obesity</li> <li>• Improved outcomes on 5 measures of financial hardship, preventative care, use of prescription drugs, and access to/use of quality of care</li> </ul>		

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<b>The Oregon Health Insurance Experiment: Evidence from the First Year</b>	Finkelstein et al.	2012	Quarterly Journal of Economics	Varies by analysis (23,741-75,000)	Oregon citizen residents ages 19 to 64 with incomes below 100% of the FPL	<ul style="list-style-type: none"> <li>Hospital records January 2008 - September 2009</li> <li>TransUnion credit records February 2008 - September 2009</li> <li>Survey July-August 2009</li> <li>CHS mortality records January 2008 - September 2009</li> </ul>	<ul style="list-style-type: none"> <li>Access to Medicaid from Oregon 2008 lottery</li> </ul>	<ul style="list-style-type: none"> <li>Health care use</li> <li>Health</li> <li>Financial strain</li> </ul>	<ul style="list-style-type: none"> <li>Improved 4 preventative care metrics, medical debt, 4 metrics of survey financial strain, 7 self-reported health measures, perceived access to and quality of care</li> <li>Null effect for non-medical debt and non-medical financial strain</li> </ul>		
<b>Early Medicaid Expansion in Connecticut Stemmed the Growth in Hospital Uncompensated Care</b>	Nikpay, Buchmueller, and Levy	2015	Health Affairs	1,958	Medicare-certified hospital-year observations of 30 Connecticut hospitals and 404 comparison Northeastern state hospitals	Medicare cost reports fiscal years 2007-2013	<ul style="list-style-type: none"> <li>Connecticut 2010 Medicaid expansion</li> </ul>	<ul style="list-style-type: none"> <li>Constructed measure of uncompensated care</li> </ul>	<ul style="list-style-type: none"> <li>Improved Medicaid hospital discharges</li> <li>Improved Medicaid revenues</li> <li>Null effect on uncompensated care</li> </ul>		Policy change related to asset test, not income eligibility threshold (which was not 138% of the FPL)
<b>Impacts of Medicaid Expansion on Health Among Women of Reproductive Age</b>	Margerison et al.	2019	American Journal of Preventive Medicine	58,365	Non-pregnant women of reproductive age (18 to 44) with incomes below 138% of the FPL	Behavioral Risk Factors Surveillance System 2011-2013 & 2015-2016 (2014 excluded for exposure to treatment)	<ul style="list-style-type: none"> <li>State-level Medicaid expansion</li> </ul>	<ul style="list-style-type: none"> <li>Insured status</li> <li>Health care access</li> <li>Preventative care</li> <li>Self-reported health overall and specific conditions</li> <li>Health behaviors</li> </ul>	<ul style="list-style-type: none"> <li>Improved impacts on health insurance coverage, access to health care, blood pressure medication use, and insulin use</li> <li>Null effects on mental distress in past month, chronic disease diagnoses, health behaviors except heavy drinking</li> </ul>		
<b>Effects of Medicaid Expansion on Postpartum Coverage and Outpatient Utilization</b>	Gordon et al.	2020	Health Affairs	70,452	Live-birth deliveries to women in Utah (control) and Colorado (treatment) ages 19 and up	Medicaid birth claims January 2013-June 2015	<ul style="list-style-type: none"> <li>State-level Medicaid expansion</li> </ul>	<ul style="list-style-type: none"> <li>Medicaid coverage postpartum</li> <li>Timely use of outpatient care in 6 months after delivery</li> </ul>	<ul style="list-style-type: none"> <li>Improved months of coverage overall and number of outpatient visits overall (effects larger for women with severe maternal morbidity)</li> </ul>		
<b>Adoption of Medicaid Expansion is Associated with Lower Maternal Mortality</b>	Eliason	2020	Women's Health Issues	612	State-year observations of rates of deaths coded as maternal mortality (out of all live births)	NCHS Underlying Cause of Death records 2006-2017	<ul style="list-style-type: none"> <li>State-level Medicaid expansion</li> </ul>	<ul style="list-style-type: none"> <li>Maternal mortality ratio</li> </ul>	<ul style="list-style-type: none"> <li>Reduced deaths overall for Black mothers and Hispanic mothers</li> <li>Null effect for White mothers</li> </ul>		
<b>Four Years Later: Insurance Coverage and Access to Care Continue to Diverge between ACA Medicaid Expansion and Non-Expansion States</b>	Miller and Wherry	2019	AEA Papers and Proceedings	Varies by analysis (5,698-74,778)	Citizen individuals in families with incomes below 138% of the FPL	NHIS 2010-2017	<ul style="list-style-type: none"> <li>State-level Medicaid expansion</li> </ul>	<ul style="list-style-type: none"> <li>Insurance coverage</li> <li>Utilization</li> <li>Access to care</li> <li>Financial strain</li> <li>Health</li> </ul>	<ul style="list-style-type: none"> <li>Reduced likelihood of having no insurance, being unable to afford needed follow-up, being unable to afford needed care, delaying care because of cost, and in problems paying medical bills.</li> <li>Improved higher likelihood of having Medicaid coverage</li> <li>Null effects in health care use, most preventative care services, delaying care because of wait time, diagnosis of conditions, mental and physical health status</li> </ul>		

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Medicaid Expansion Increased Coverage, Improved Affordability, and Reduced Psychological Distress for Low-Income Parents	McMorrow et al.	2017	Health Affairs	3,000	Citizen adults ages 19 to 64 with a child ages 0 to 18 in their health insurance unit	NHIS pooled two-year data 2010-2015	<ul style="list-style-type: none"> <li>Simulated continuous Medicaid eligibility threshold for parents in a given state and year (top coded to 138% of the FPL)</li> <li>Categorical Medicaid eligibility (small/medium/large expansion)</li> </ul>	<ul style="list-style-type: none"> <li>Insurance coverage</li> <li>Access and use</li> <li>Affordability of care</li> <li>Self-reported health status</li> </ul>	<ul style="list-style-type: none"> <li>Binary Medicaid expansion had null impacts on coverage, access and use of health care, affordability, and health status</li> <li>Simulated eligibility model showed improved coverage, reduced problems paying medical bills and psychological distress</li> <li>Simulated model showed null impacts on all access and use measures, most affordability measures, and physical health</li> <li>Effects larger for states that had large eligibility threshold changes</li> </ul>		
The Effect of ACA State Medicaid Expansions on Medical Out-of-Pocket Expenditures	Abramowitz	2020	Medical Care Research and Review	193,369	Adults ages 19 to 64 with incomes below 138% of the FPL	Current Population Survey Annual Social and Economic Supplement 2011-2016	<ul style="list-style-type: none"> <li>State-level Medicaid expansion</li> </ul>	<ul style="list-style-type: none"> <li>Premium out-of-pocket expenditures</li> <li>Nonpremium out-of-pocket expenditures</li> </ul>	<ul style="list-style-type: none"> <li>Increase in likelihood of having zero out-of-pocket premium expenditures with larger effects for those between 100 and 138% of the FPL</li> <li>Increased likelihood of having zero out-of-pocket nonpremium expenditures, only among those between 100 and 138% of the FPL</li> </ul>		
The Affordable Care Act Medicaid Expansions and Personal Finance	Caswell and Waidmann	2019	Medical Care Research and Review	23.5 million	Consumer-year observations of consumers ages 18 to 64	Anonymized credit bureau data archives 2010-2015	<ul style="list-style-type: none"> <li>State-level Medicaid expansion</li> </ul>	<ul style="list-style-type: none"> <li>Vantage credit score</li> <li>Past due balances</li> <li>Medical and nonmedical collections balances</li> <li>Bankruptcy filings</li> </ul>	<ul style="list-style-type: none"> <li>Small positive impact on credit scores</li> <li>Reduced probability of new medical collections and new derogatory balances</li> <li>Null impact on all other outcomes, including any medical collections and medical debt balance</li> </ul>		
Early Medicaid Expansion Associated with Reduced Payday Borrowing in California	Allen et al.	2017	Health Affairs	58,020	County-level rates of borrowers under age 65 from 5 national storefront payday loan lenders (43 treatment counties, 924 control counties)	Commercial Financial Services Associations of America universe of payday loans dataset	<ul style="list-style-type: none"> <li>California's early Medicaid expansion (2011-2012)</li> </ul>	<ul style="list-style-type: none"> <li>Number of loans</li> <li>Amount borrowed</li> <li>Number of unique borrowers</li> </ul>	<ul style="list-style-type: none"> <li>Reduced number of loans, amount borrowed, and number of unique borrowers overall</li> <li>Larger effects for young adults ages 18 to 34</li> </ul>		
Can Medicaid Expansion Prevent Housing Evictions?	Allen et al.	2019	Health Affairs	17,925	286 county rates in 14 states	American Information Research Services county eviction records January 2008-December 2013	<ul style="list-style-type: none"> <li>California's early Medicaid expansion (2011-2012)</li> </ul>	<ul style="list-style-type: none"> <li>Number of evictions per month</li> <li>Number of evictions per capita</li> </ul>	<ul style="list-style-type: none"> <li>Reduced evictions per month and per capita overall</li> <li>Effects larger in counties with higher than median percent uninsured</li> </ul>		
California's Early ACA Expansion Increased Coverage and Reduced Out-of-Pocket Spending for the State's Low-Income Population	Golberstein, Gonzales, and Sommers	2015	Health Affairs	Varies by analysis (15,303 - 23,027)	Adults ages 19 to 64 in California not receiving SSI and with incomes below 200% of the FPL	NHIS 2006-2013 linked to county-level data	<ul style="list-style-type: none"> <li>California early expansion Low-Income Health Plan (LIHP)</li> </ul>	<ul style="list-style-type: none"> <li>Coverage</li> <li>Access and use of care</li> <li>Out-of-pocket medical spending</li> </ul>	<ul style="list-style-type: none"> <li>Increased likelihood of public coverage and any coverage</li> <li>Reduced out-of-pocket medical spending</li> <li>Null impact on access and use of care</li> </ul>		
The ACA Medicaid Expansion in Michigan and Financial Health	Miller et al.	2019	NBER Working Paper	270,000 - 2.6 million	All previously uninsured Medicaid enrollees between April 2014 to March 2015	Medicaid administrative data linked to TransUnion credit records	<ul style="list-style-type: none"> <li>Enrollment in Medicaid after Michigan's expansion</li> </ul>	<ul style="list-style-type: none"> <li>Debt sent to collections</li> <li>Medical debt</li> <li>Bankruptcies</li> <li>Going over credit limit</li> </ul>	<ul style="list-style-type: none"> <li>Reduced debt collections, medical debt, past due debt, bankruptcies, and propensity to overdraw credit</li> <li>Effect sizes larger for the chronically ill and smaller for those who have a non-Medicaid primary payer</li> </ul>		

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Changes in Preventative Health Care After Medicaid Expansion	Tummalapalli and Keyhani	2020	Medical Care Research and Review	500,495	Nonelderly adults in 46 states that did not expand Medicaid early	Behavioral Risk Factor Surveillance System 2012-2017	• State-level Medicaid expansion	• Health care access • Preventative care service	• Improved coverage, likelihood of having a personal doctor, and routine checkups • Null impact on almost all preventative care service use metrics, except for an increase in flu vaccines and HIV screenings		Access to needed services limited to women of reproductive age for current review
The Impact of Medicaid Expansion on Household Consumption	Levy, Buchmueller, and Nikpay	2019	Eastern Economics Journal	26,732	Households in which referent person is under age 65 and at or below 138% of the FPL in all but 8 states	Consumer Expenditure Interview Survey 2010-2016	• State-level Medicaid expansion	• Insurance coverage • Household health spending • Household non-health consumption	• Increased likelihood of anyone in household being enrolled in Medicaid • Null effect for insurance status, private coverage, health spending (all metrics), non-health consumption and all financial wellbeing outcomes		
The Effects of the ACA Medicaid Expansion on Nationwide Home Evictions and Eviction-Court Initiations: United States, 2000-2016	Zewde et al.	2019	American Journal of Public Health	41,329	County eviction rates in 51 states	Princeton Eviction Lab records 2000 - 2016	• State-level Medicaid expansion	• Eviction rate • Eviction filing rate • Total number of evictions • Average number of eviction filings	• Small reductions in eviction rate and eviction filing rate • Null effect on average number of filings		
Assessment of Rates of Child Maltreatment in States with Medicaid Expansion vs States Without Medicaid Expansion	Brown et al.	2019	JAMA	254	State rates of child abuse and neglect	NCANDS administrative data 2010-2016	• State-level Medicaid expansion	• Rate of screened-in referrals for child maltreatment	• Reduced rates of neglect • Null effect on physical abuse rates		
Medicaid Expansion and Infant Mortality, Revisited: A Difference-in-Differences Analysis	Wiggins et al.	2020	Health Services Research	350	State infant mortality rates for 45 states (late expansion states excluded)	CDC WONDER 2010-2013, 2015-2017 (2014 excluded)	• State-level Medicaid expansion	• State infant mortality rates	• Null impact on infant mortality rates overall • Significantly reduced mortality rate among Hispanic infants		
The Association of Health Reform and Infant Health: Evidence from Massachusetts	Boudreaux, Dagher, and Lorch	2018	Health Services Research	1.5 million	Births in Massachusetts and four comparison states (ME, NH, VT, RI)	NCHS Mortality and Natality Data Files 2001-2012	• Massachusetts state Medicaid reform in 2006	• Birthweight • Apgar scores • Premature birth rates • Small-for-gestational age • Infant mortality counts and rates	• Null impacts (overall and within subgroups) on all outcomes		