

## **Examining the Differential Impact of State Medicaid Expansions on Dental Care Access and Spending Outcomes: A Nationally Representative Analysis**

### **Research Summary**

As a Dental Public Health dentist and researcher, I'm interested in policy impact evaluation with respect to dental care outcomes. In particular, my current and future research interests lie in conducting studies examining the relative impact of various state and national policies on dental care access and expenditure outcomes in vulnerable populations.

The Medicaid expansion provision of the Patient Protection and Affordable Care Act (ACA) expanded Medicaid eligibility for low-income U.S. adults with income up to 138% of the Federal Poverty Line. States were given the choice to opt into the Medicaid expansion program. Thus, the Medicaid expansion has the potential to increase access to dental care and impact subsequent dental care spending for a segment of the population that is known to have high unmet dental care need and low dental care utilization. However, receipt of coverage for dental services in Medicaid is highly dependent on states' dental coverage policy. In 2014, when the Medicaid expansion came into effect, only 31 states and the District of Columbia (DC) provided dental coverage for their Medicaid adult population. Of these, 13 states including DC provided extensive dental coverage whereas the rest provided limited dental coverage. Thus, the effect of the Medicaid expansion on dental care access and dental care spending for low-income adults can be hypothesized to vary by states' dental coverage benefits level.

Few studies have examined the impact of the Medicaid expansion on access to dental care, but these studies used only a single measure of dental care access defined as whether an individual had visited the dentist in the past 12 months or not.<sup>1,2</sup> This provides no indication of the type of visit, i.e., a dental visit for emergency care versus for or a check-up. Moreover, considering high levels of unmet dental care need within this population, it would be important to examine whether some of this unmet need due to cost was alleviated as a result of the Medicaid expansion. In addition, the anticipated effect of increasing Medicaid coverage on individual dental spending is unclear, considering that there may be multiple factors at play. There exists no prior research, to our knowledge, that examines the effect of the ACA's Medicaid expansion on dental spending outcomes.

Thus, the goal of the current study is to assess the differential impact of the Medicaid expansion on specific measures of perceived and realized access to dental care, and individual dental care spending outcomes in a nationally representative sample of low-income adults.

### **Data Sources**

Public use data files from the Household Component of the Medical Expenditure Panel Survey (MEPS-HC) is the primary data source for this study as it contains extensive information on dental care use and expenditure on a nationally representative sample of U.S. adults. Secondary data sources will include: 2016-2017 Area Health Resource File (AHRF) and State

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<sup>1</sup> Nasseh, K., & Vujcic, M. (2017). Early impact of the Affordable Care Act's Medicaid expansion on dental care use. *Health services research, 52*(6), 2256-2268.

<sup>2</sup> Nasseh, K., & Vujcic, M. (2017). The impact of the affordable care act's Medicaid expansion on dental care use through 2016. *Journal of public health dentistry, 77*(4), 290-294.

Unemployment Rates for the years 2011 to 2016 publically available from the Bureau of Labor and Statistics.

Need for MEPS restricted Data

The MEPS-HC public use data set does not include geographic identifiers such as State and County FIPS codes. In order to perform our study, we would need access to encrypted State and County FIPS codes for each individual in the MEPS-HC for the following:

1. To determine whether an individual resided in a Medicaid expansion or non-expansion state.
2. To determine whether an individual resided in a state with extensive, limited, or emergency only/no dental benefits coverage.
3. To merge data from 206-2017 Area Health Resource File (AHRF) and State Unemployment Rates File with MEPS-HC files.

**Criteria that the research project is expected to address that will be of benefit to the Census**

The proposed study utilizes data from the AHRF. The data contained in the AHRF is compiled from a variety of sources including census data. Thus, the current study will meet the criteria of identifying shortcomings of current data collection programs and / or documenting new data collection needs. It will do so by potentially identifying any errors in coding for AHRF variable of interest and potential systematic causes of those errors.