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Medicaid/CHIP

Florida

Expanding Medicaid in Florida: Unlocking the Door to Health Insurance for African Americans

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Florida has the opportunity to accept federal Medicaid funds and extend much-needed health coverage to more than 1.3 million low-income, uninsured adults. Of this population, 26 percent—more than 341,000 people—are African Americans.[1]

Accepting federal Medicaid funds would not only provide more than 341,000 African American Floridians with access to affordable health insurance, it would also be a critical step toward achieving health equity in the state. Compared to non-Hispanic whites, African Americans nationally have higher rates of several diseases—including diabetes, cervical cancer, and breast cancer—all of which can be ameliorated by access to health insurance.[2]

Working with Dr. Shun Zhang, a biostatistician with the National Center for Primary Care at Morehouse School of Medicine, Families USA examined key measures of health and access to health care from the U.S. Centers for Disease Control and Prevention's Behavioral Risk Factor Surveillance System (BRFSS 2012). The data set compares access to health care and preventive health services for insured and uninsured low-income African Americans.

Our analysis found that uninsured, low-income, African American Floridians were more likely to report not seeing a doctor because of cost; more likely to report not having a regular doctor; and more likely to report missing an annual, routine check-up than their insured counterparts.

Findings from the BRFSS Data

The BRFSS database does not use federal poverty levels; therefore, we defined low-income individuals as any person with an annual income of $35,000 or less. This BRFSS income break approximates 138 percent of the federal poverty level for a family with between four and five people.

Our analysis provides a valuable picture of the health status of a low-income population that correlates to the Medicaid expansion population. Below are three core indicators of this population's access to health care.

Three Core Health Indicators

💲 **Could not see a doctor because of cost**
Fifty-five percent of *uninsured*, low-income African Americans reported that they could not see a doctor because of cost, whereas only 39 percent of *insured*, low-income African Americans reported the same outcome.
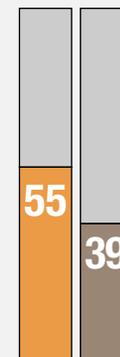
👨‍⚕️ **No regular source of care**
Sixty-nine percent of *uninsured*, low-income African Americans reported that they did not have a regular doctor, whereas only 35 percent of *insured*, low-income African Americans reported the same outcome.
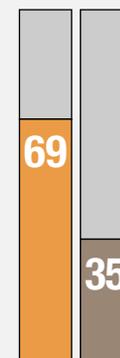
🩺 **No access to a routine check-up**
Sixty percent of *uninsured*, low-income African Americans reported that they had not had a routine check-up in the past year, whereas only 34 percent of *insured*, low-income African Americans reported the same outcome.
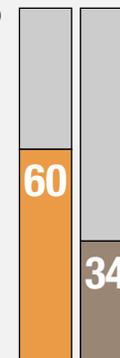
Florida's Medicaid Expansion Option

The Affordable Care Act gives Florida and other states the option to provide Medicaid to residents with incomes up to 138 percent of the federal poverty level ($32,913 for a family of four in 2014). Twenty-seven states and the District of Columbia have decided to accept the federal dollars and expand Medicaid to their low-income, uninsured residents. Florida has not.

To be eligible for Medicaid in Florida, a family's income must be no more than 35 percent of poverty ($8,348 annually for a family of four). Florida does not provide any Medicaid coverage to adults without dependent children.[3]

Expanding Access to Insurance Is Key to Achieving Health Equity

Extensive published research, including recent studies, as well as the 2001 landmark study by the Institute of Medicine,[5] have established the correlation between expanding access to health insurance and improving health status. Insurance provides access to doctors, hospitals, other providers, and treatment. Most importantly, people with insurance tend to have a regular doctor available for routine check-ups and to treat health problems as they arise, before they escalate into serious and costly conditions. For many people, early detection and treatment are matters of life and death.

And while we know that an insurance card alone does not end racial or ethnic disparities in health status and treatment, it is clear that expanding the availability of affordable, quality health insurance for African American communities is a necessary first condition for achieving health care equity.

Florida: The Cost of Expanding Medicaid

If Florida expands Medicaid, the federal government will pay 100 percent of the cost through 2016, 95 percent in 2017, 94 percent in 2018, 93 percent in 2019, and 90 percent of costs in 2020. Florida will not have to pay more than 10 percent of the cost of providing millions of Floridians with affordable, quality health insurance.

New Jobs

If Florida expands Medicaid, the influx of new federal dollars will generate new jobs in the health care sector and other economic sectors. If Florida had expanded Medicaid in January 2014 when the option was first available, the influx of federal dollars would have supported approximately 71,300 jobs in 2016.[4]

Conclusion

There is no question that African American communities have a significant stake in the Medicaid expansion debate in Florida. The Medicaid expansion can unlock a door to the health care system for hundreds of thousands in African American communities across the state. For Florida, rejecting Medicaid expansion means leaving billions of federal Medicaid dollars on the table. Floridians who care about public health, economic growth, social justice, and health equity should tell their state leaders to move Florida forward by expanding Medicaid.

For a detailed methodology and other state reports in this series, please visit: www.FamiliesUSA.org/MedicaidAfAm

Working but Uninsured

Across the 23 states that have not expanded Medicaid, more than 80 percent of those who stand to gain coverage are either working or not in the workforce. Most—57 percent—are currently working or have worked within the last year. Twenty-four percent are classified as "not in the workforce" and include people with disabilities, students, non-working spouses, and people who have left the workforce.[6]

More information on how this population would benefit from Medicaid expansion: *www.FamiliesUSA.org/MedicaidExpansion2014*

ENDNOTES

1 Kaiser Commission on Medicaid and the Uninsured, *The Impact of the Coverage Gap in States Not Expanding Medicaid by Race and Ethnicity* (Washington: Kaiser Family Foundation, December 2013), available online at http://kaiserfamilyfoundation.files.wordpress.com/2013/12/8527-the-impact-of-the-coverage-gap-in-states-not-expanding-medicaid.pdf.

2 Families USA, *Latino Health Disparities Compared to Non-Hispanic Whites* (Washington: Families USA, July 2014), available online at http://familiesusa.org/product/latino-health-disparities-compared-non-hispanic-whites.

3 Kaiser Family Foundation, State Health Facts, *Medicaid Income Eligibility Limits for Medicaid at Application, as of April 1, 2014,* available online at http://kff.org/medicaid/state-indicator/medicaid-income-eligibility-limits-for-adults-at-application-as-of-april-1-2014/.

4 Families USA, *Medicaid Expansion Boosts State Economies* (Washington: Families USA, 2013), available online at http://familiesusa.org/product/medicaid-expansion-boosts-state-economies.

5 Institute of Medicine, *Coverage Matters: Insurance and Health Care* (Washington: The National Academies Press, 2001). See also Agency for Healthcare Research and Quality, *Disparities in Healthcare Quality among Racial and Ethnic Minority Groups: Selected Findings from the 2010 National Healthcare Quality and Disparities Report* (Rockville, MD: Agency for Healthcare Research and Quality, March 2011), available online at http://www.ahrq.gov/research/findings/nhqrdr/nhqrdr10/minority.html.

6 Families USA, *Medicaid Expansion across the States* (Washington: Families USA, 2014), available online at http://familiesusa.org/product/expanding-health-coverage-working-individuals-and-families.

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