Intersection of Health Economics & Equity

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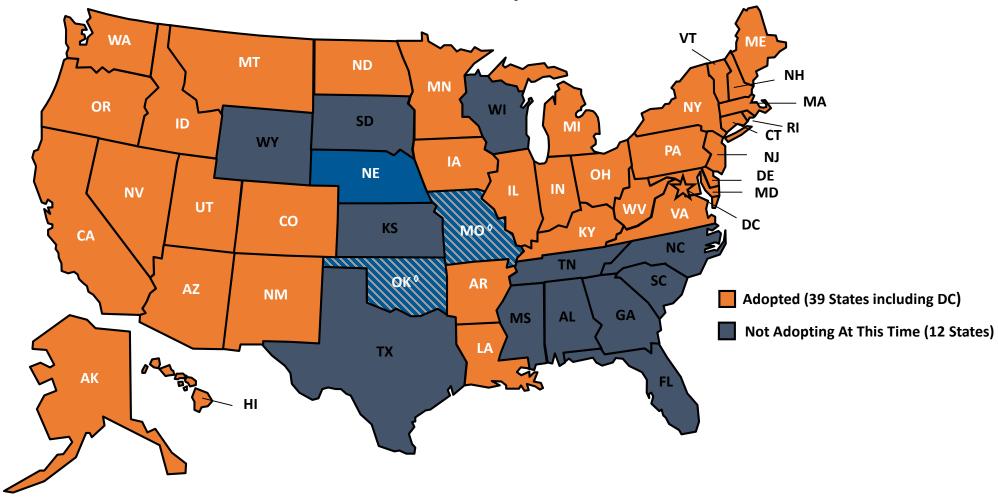


Pressure Points

- Uninsured patients
- High deductible plans and cost-sharing
- High-Cost Care
- Widening income disparities between
 - Racial/ethnic groups
 - Rural/urban
 - College educated

- Medicaid Expansion
 - Coverage gap for uninsured poor adults in states that have not expanded Medicaid
 - Incentivize remaining states to expand Medicaid

Status of State Medicaid Expansion Decisions



NOTES: Current status for each state is based on KFF tracking and analysis of state activity. \(\) Expansion is adopted but not yet implemented in MO and OK. (See link below for additional state-specific notes).

SOURCE: "Status of State Action on the Medicaid Expansion Decision," KFF State Health Facts, updated November 2, 2020. https://www.kff.org/health-reform/state-indicator/state-activity-around-expanding-medicaid-under-the-affordable-care-act/

- Clinical Trials
 - Medicaid coverage
 - Medical and non-medical costs
- Out-of-pocket costs
 - Small gaps in Medicaid coverage leading to large gaps in care (prevention, diagnosis, treatment)
 - Co-pays, cost sharing (screening vs. diagnostic tests, for example)
 - Monthly premiums ("trivial" amounts lead to lapse in coverage)

- Disparities in information access
 - High speed internet, computers, training
- Navigator funds for trusted communities (e.g., faithbased communities)
- Cost assessments for interventions
 - Quick turnaround
 - "Back of the envelope" rather than full blown studies

- Paid sick leave
- Workplace protections for part-time workers
 - Multiple jobs
 - Small employers
- Affordable coverage for people outside of the employer-based system who do not qualify for Medicaid expansion

- What are the new directions for health economics to improve health equity?
- What data are needed?
- What collaborations would advance health economics research to improve equity?
 - NCI, CMS, States