ORIGINAL RESEARCH

Potential Mental Health Needs of US Adult Residents Under Different Provisions of the Affordable Care Act

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ABSTRACT

Objective: This study examined different groups of the US population who may be affected by the expansion of Medicaid and creation of health insurance exchanges under the Affordable Care Act (ACA).

Method: Data were based on structured interviews with a nationally representative sample of 34,587 adults from the 2004–2005 Wave 2 of the National Epidemiologic Survey on Alcohol and Related Conditions (NESARC). Psychiatric diagnoses were assessed with the Alcohol Use Disorder and Associated Disabilities Interview Schedule-IV.

Results: Of the total sample, 6.4% were currently on Medicaid; 3.9% were uninsured and likely eligible for the Medicaid expansion (LEME); 8.6% were uninsured and not LEME but likely to participate in the health insurance exchanges; 4.6% were insured and LEME; and 76.6% were insured and not LEME. Among those uninsured, those LEME had a significantly higher prevalence of mood and anxiety disorders than those not LEME (odds ratios = 1.26-1.41). Among those insured, those LEME had a higher prevalence of mood, anxiety, substance use, and personality disorders than those not LEME (odds ratios = 1.78-2.41). Although there were few clinical differences between those currently on Medicaid and those LEME, those currently on Medicaid were more likely to use all types of services for mood, anxiety, and substance use disorders.

Conclusions: The ACA may directly affect the 12.5% of the US adult population who are uninsured by requiring them to obtain insurance coverage. Given the high prevalence for various psychiatric disorders among those uninsured, state plans to expand Medicaid and create health insurance exchanges have potential to offer coverage to many adults with mental health needs, and states should carefully plan for comprehensive services.

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The Patient Protection and Affordable Care Act (ACA) represents one of the largest potential expansions of coverage for mental health and substance use disorders. The ACA encourages all legal US residents to obtain health insurance coverage and requires coverage for mental health and addiction services on par with medical and surgical procedures.¹⁻³ Data from the most recent Current Population Survey estimate that over 45 million non-elderly adults (about 18%) are uninsured and another 18% currently have Medicaid coverage.⁴ Employment-based health benefits remain the most common form of coverage, providing for 59% of the non-elderly population. The ACA contains several provisions that will be implemented in 2014 to help US residents obtain coverage.

One major provision is the expansion of Medicaid coverage to all adults under 65 years with incomes at or below 138% of the federal poverty level. However, a Supreme Court decision in 2012 made Medicaid expansion a state option. While a majority of states (29 states and the District of Columbia) are considering or have begun implementing the expansion, some states will not, and their low-income uninsured residents will have to obtain coverage in other ways.⁵ A second major provision of the ACA is the creation of health insurance exchanges. Each state (or group of states) will have a health insurance exchange where individuals can purchase private health insurance and be eligible for federal subsidies (if their income is between 100%–400% of the federal poverty level).

The optional expansion of Medicaid under the ACA is particularly important because Medicaid has become one of the most important components of the health care safety net for people with mental disorders.⁶ Additionally, the majority of public mental health services is funded through Medicaid.⁷ Under the ACA, federal funds will cover 100% of the costs for individuals newly eligible for Medicaid under the expansion (until 2016 after which coverage will be phased down to 90% over time). Therefore, states that convert services previously funded by state or local funds into those eligible for Medicaid support may experience costsavings,^{7,8} although it is important to acknowledge the financial pressures already experienced by some states from Medicaid costs. Additionally, under the ACA, Medicaid's new "health home" option for people with multiple chronic conditions will pay for services that have not traditionally been reimbursable.¹

Adults enrolled in the Medicaid expansion may differ importantly from current Medicaid enrollees. One recent study found that, compared to current adult Medicaid enrollees, uninsured adults likely eligible for the Medicaid expansion (LEME) (estimated to be about 3.5 million) were more likely to have undiagnosed and uncontrolled conditions, suggesting initial intensive medical care will be needed following Medicaid expansion.⁹ Another study estimated that 3.7 million individuals with severe mental disorders would gain coverage once the ACA is fully implemented, and many of them would be covered under Medicaid.¹⁰ Further, a recent report estimated that of uninsured US adults eligible for the Medicaid expansion nationally, 4.9% have severe mental illness, 12.3% have serious psychological distress, and 20.5% have substance use disorders.¹¹ Slightly lower rates were estimated among those who were ineligible for the Medicaid expansion but were assumed to be eligible for the health insurance exchanges. However, further study is needed as these psychiatric diagnoses were not formally diagnosed with structured assessments.

Uninsured US residents who exceed the income threshold for the Medicaid expansion or live in states that do not expand Medicaid will have to purchase health insurance coverage or pay an increasing tax penalty. These individuals are likely to participate in the state health insurance exchange which should offer affordable insurance options and federal subsidies. However, it is notable that there is a gap in assistance for those who do not live in states that expand Medicaid and have incomes below the federal poverty line. These individuals will not be eligible for federal subsidies, even though many have severe mental disorders.²

We can identify 5 groups on the basis of their insurance status under the ACA. The first group is adults who currently have Medicaid coverage and will quite likely experience little or no change in this coverage under the ACA. The second and third groups both consist of adults who currently have no insurance coverage; while the second group is LEME based on income, the third group is likely to be not LEME and therefore likely to participate in the health insurance exchanges. The fourth and fifth groups both consist of adults who currently have coverage; the fourth group is LEME and may switch to Medicaid coverage, while the fifth group is not LEME and will quite likely experience little or no change under the ACA.

In this study, we used a nationally representative sample of US adults to provide a comprehensive examination of the sociodemographics, clinical characteristics, and health service use of those who are LEME and not LEME. We further differentiated those who are currently on Medicaid, have other health insurance, or are uninsured. By understanding the mental health needs of these different groups affected by the ACA, we can provide information on how to plan for financing and provision of services. The results may also inform us about the characteristics and health needs of adults who will most likely be impacted by the ACA, and help states make decisions regarding Medicaid expansion and creation of health insurance exchanges. We hypothesized that adults currently on Medicaid would have worse mental health and more service utilization than those not currently on Medicaid but who are LEME. We further hypothesized that those LEME, among both those insured and uninsured, would have worse mental health than those not LEME.

METHOD

Data from the National Epidemiologic Survey on Alcohol and Related Conditions (NESARC) were used. The NESARC is one of the largest psychiatric epidemiologic studies ever conducted and was based on face-to-face structured interviews. The NESARC included 2 waves of data collected at Wave 1 (2001–2002) and Wave 2 (2004– 2005). Detailed methodological procedures have been

- Of the 12.5% of the US adult population currently uninsured, nearly half had a DSM-IV Axis I diagnosis, and nearly a quarter had an Axis II diagnosis.
- Identifying and helping enroll the 8.5% of adults who are likely eligible for the Medicaid expansion may help provide coverage for their various psychiatric needs.
- States that do not expand Medicaid may have a group of uninsured adults with incomes below the federal poverty level who are ineligible for Medicaid or federal subsidies in the health insurance exchanges.

published elsewhere.^{12,13} This study focused on Wave 2 data from 34,587 respondents who provided adequate data for this study; the data were weighted to reflect the design characteristics of the survey and account for sampling and nonresponse. The entire NESARC protocol, including consent procedures, received full review and approval from the US Office of Management and Budget and the US Census Bureau.

Outcome Measures

Outcome measures included clinical characteristics and health service utilization, detailed below. Current Axis I and Axis II psychopathology was assessed with the Alcohol Use Disorder and Associated Disabilities Interview Schedule, Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) version (AUDADIS-IV),¹⁴ a structured interview based on DSM-IV diagnostic criteria. Axis I diagnoses (assessed at Wave 2) were based on prevalence since the Wave 1 interview, a period that averaged 36.6 months.^{12,15} Axis II diagnoses assessed in the NESARC were based on lifetime prevalence and included all 10 DSM-IV personality disorders (PDs). Six of the PDs (paranoid, schizoid, histrionic, avoidant, dependent, and obsessive-compulsive PDs) were assessed in Wave 1,¹⁶ and the remaining 4 (antisocial, schizotypal, narcissistic, and borderline PDs) were assessed in Wave 2.17,18

Self-rated health is a rating of general health; responses were dichotomized to reflect better health (excellent, very good, good) and worse health (fair, poor).

Any lifetime suicide attempt is a binary variable (yes/no) that was assessed with the question, "In your entire life, did you ever attempt suicide?"

Health service utilization was assessed among those respondents who met diagnostic criteria for an Axis I disorder. Respondents were asked whether they had "sought help" for that specific disorder since the Wave 1 interview. Services were categorized as seeing a mental health professional, inpatient stay, emergency department, prescription medications, and other services (eg, went to crisis center, priest, or any other agency or professional).

Independent Variable

The primary independent variable of interest, insurance coverage/LEME status, is a composite variable

Table 1. Sociodemograph	nic Charact	teristics E	3ased on li	nsurance	Coverage	e/LEME S	tatus (N=	34,587) ^a						
	Grou Medic Insur	p 1: caid red	Grouj Uninsure LEM	p 2: ed and 1E	Grouf Uninsure Not LE	o 3: ed and IME	Grou Insured LEN	p 4: l and IE	Grou Insured Not LI	p 5: 1 and EME	Group 1 vs Group 2,	Group 2 vs Group 3,	Group 1 vs Group 4,	Group 4 vs Group 5,
Study Characteristics	n or Mean	SE or %	n or Mean	SE or %	n or Mean	SE or %	n or Mean	SE or %	n or Mean	SE or %	OR (95% CI)	OR (95% CI)	OR (95% CI)	OR (95% CI)
Current age (mean, SE) Household income	45.23	0.61	37.96	0.42	39.86	0.34	39.53	0.45	50.34	0.19	:	:	:	:
<\$20,000	1,835	57.8	1,152	80.5	446	12.3	1,392	77.3	3,183	9.3	:	:	:	:
20,000 to < 35,000	620	24.4	268	19.3	948	28.8	370	22.0	4,665	16.6	:	:	:	:
335,000 to < 70,000	288	13.8	5	0.2	1,090	39.6	11	0.7	9,410	37.2	:	:	:	:
≥\$70,000	82	3.9	0	0.0	487	19.3	0	0.0	8,335	36.9	:	:	:	:
Gender														
Male	708	33.3	544	46.7	1,502	55.9	609	40.7	11,179	48.8	Ref	Ref	Ref	Ref
Female	2,117	66.7	881	53.3	1,469	44.1	1,164	59.3	14,414	51.2	1.76(1.46 - 2.11)	1.45(1.22 - 1.71)	1.38(1.15 - 1.65)	1.38 (1.22-1.57)
Race/ethnicity														
White	987	48.4	435	40.9	1,322	55.6	715	56.0	16,659	76.9	Ref	Ref	Ref	Ref
Nonwhite (black/other)	1,051	30.0	457	28.2	744	20.5	646	27.6	5,218	15.0	0.90 (0.72-1.12)	1.87 (1.52-2.30)	1.26(1.02 - 1.55)	2.53 (2.16-2.95)
Hispanic	787	21.6	533	31.0	905	23.9	412	16.5	3,716	8.1	0.59(0.45 - 0.77)	1.76(1.41 - 2.20)	1.52(1.16-1.97)	2.79 (2.33-3.35)
Marital status														
Married/living as married	927	42.8	615	48.5	1,314	49.1	744	49.5	15,236	68.8	0.79(0.67 - 0.94)	0.98(0.82 - 1.16)	0.76(0.65 - 0.89)	0.44 (0.39-0.51)
Not married	1,898	57.2	810	51.5	1,657	51.0	1,029	50.5	10,357	31.2	Ref	Ref	Ref	Ref
Education														
Less than high school	1,046	34.7	538	37.4	629	22.5	437	21.7	2,821	9.7	0.85(0.68 - 1.06)	1.78(1.42 - 2.23)	1.54(1.26 - 1.88)	1.91 (1.61-2.26)
High school	863	32.0	447	29.3	913	31.4	561	30.9	6,641	26.3	Ref	Ref	Ref	Ref
Some college	724	25.3	347	26.2	955	31.9	573	35.1	8,171	32.0	0.89 (0.72-1.10)	0.88 (0.72-1.07)	0.70(0.56 - 0.86)	0.94 (0.79-1.10)
College	192	7.9	93	7.2	444	14.3	202	12.3	7,960	32.0	1.02 (0.75-1.38)	0.54(0.29-0.74)	0.62(0.47 - 0.82)	0.33 (0.27-0.41)
Employment														
Full time	566	22.8	506	35.9	1,695	58.4	637	35.2	14,403	56.9	Ref	Ref	Ref	Ref
Part time	313	11.4	273	18.0	462	14.2	273	17.6	2,347	9.7	1.00(0.75 - 1.34)	2.06 (1.66–2.56)	1.00 (0.76-1.31)	2.93 (2.43-3.53)
Other	1,946	65.8	646	46.2	814	275.5	863	47.2	8,843	33.4	2.24 (1.84-2.72)	2.73 (2.26–3.29)	2.15(1.77 - 2.61)	2.29 (1.98-2.64)
^a All counts (n) were based on Abbrariation: I EME – libely al	raw number	s, but mean	ns, standard	errors (SE Symbol:), and perce	ntages (%) d model fi	were based	on weight	ed data.					

that characterizes NESARC respondents according to their current insurance status (insured by Medicaid, other source of insurance, not insured) and their likelihood of being eligible for the Medicaid expansion (LEME, not LEME). Thus, there are 5 mutually exclusive groups: those currently on Medicaid (group 1), those uninsured and LEME (group 2), those uninsured and not LEME (and likely to participate in statebased health insurance exchanges; group 3), those insured and LEME (excluding those currently on Medicaid; group 4), and those insured and not LEME (group 5).

Health Insurance

Respondents were asked to indicate whether they had been covered by any of 13 types of insurance at any time in the past year. Examples of these types of insurance included Medicare; Medicaid; TRICARE, CHAMPUS, VA, or other military health care; private health insurance; and several other insurance plans.

LEME Status

Respondents were defined as LEME if they were under the age of 65 years, not currently on Medicaid, and reported an annual income equal to or less than 138% of the federal poverty level in 2004 (the same time period as the Wave 2 NESARC) based on their estimated household size. NESARC data on annual income were reported in ranges, so income was based conservatively on the higher range (eg, reported income of \$10,000-\$12,999 was treated as income of \$12,999). Respondents who were not currently on Medicaid and did not meet all requirements for the Medicaid expansion were labeled as not LEME.

Data Analysis

SUDAAN¹⁹ was used for analysis to account for survey design characteristics and weighted data. First, we examined bivariate associations between insurance coverage/ LEME status and sociodemographic covariates with χ^2 tests and analysis of variance. Next, we constructed 4 sets of logistic regression models to examine 4 specific pairwise comparisons in relation to these sociodemographic characteristics. Unadjusted odds ratios (ORs) and their associated 95% confidence intervals (CIs) are presented. We then repeated the bivariate analysis and logistic regression modeling

Table 2. Bivariate Associations Between Group Status and Axis I and Axis II Psychopathology, Self-Ra	ted Health,
and Lifetime Suicide Attempts (N = 34,587) ^a	

	Grou Medi Insu	ıp 1: icaid ıred	Grou Uninsui LEN	ıp 2: ed and AE	Grou Uninsur Not L	ip 3: ed and EME	Grou Insure LEN	ıp 4: d and ME	Grouj Insurec Not LI	p 5: l and EME
	n	%	n	%	n	%	n	%	n	%
Any Axis I disorder	1,439	50.6	667	47.8	1,282	45.2	891	51.3	8,929	35.2
Any mood disorder	695	24.6	241	17.9	410	13.4	367	21.0	2,650	10.0
Depression	571	19.8	188	13.8	315	10.2	285	16.9	2,210	8.3
Dysthymia	138	4.5	30	2.8	53	1.5	61	3.0	260	0.9
Mania	192	7.7	70	5.5	85	2.7	95	5.0	418	1.6
Hypomania	74	2.9	28	1.8	79	2.6	57	3.2	320	1.2
Any anxiety disorder	894	30.8	303	20.2	507	16.7	483	25.9	4,357	16.4
Panic ^b	242	8.6	65	5.2	84	2.8	105	6.1	698	2.7
Agoraphobia	9	0.5	3	0.3	0	0.0	3	0.1	31	0.1
Social phobia	200	7.3	49	3.4	92	2.9	79	5.0	649	2.4
Specific phobia	421	13.4	134	8.6	204	7.0	226	10.9	1,989	7.6
Generalized anxiety disorder	239	8.7	88	6.5	118	3.5	116	6.8	986	3.8
Posttraumatic stress disorder	484	16.4	150	9.6	216	6.7	241	12.6	1,693	6.2
Any substance use disorder	761	28.9	448	33.7	897	32.6	543	33.4	5,084	21.2
Alcohol abuse/dependency	244	10.3	229	17.0	524	19.3	233	15.0	2,713	11.1
Drug abuse/dependency	118	5.1	81	7.2	164	6.1	85	5.4	547	2.4
Nicotine dependency	599	22.3	303	22.9	548	20.3	376	22.3	2,937	12.4
Any Axis II personality disorder ^c	958	34.3	407	27.0	779	25.6	571	30.6	5,063	19.2
Avoidant	154	5.7	52	3.1	89	2.9	77	4.6	448	1.8
Dependent	45	2.0	7	0.5	8	0.3	17	1.1	69	0.3
Obsessive compulsive	254	9.6	111	7.2	224	7.6	174	10.5	1,988	7.9
Paranoid	326	10.8	129	8.4	184	5.9	149	8.3	899	3.2
Schizoid	161	5.8	83	5.7	99	3.0	99	5.2	701	2.6
Histrionic	106	4.3	37	2.9	83	3.0	44	3.0	381	1.3
Antisocial	187	7.6	83	6.6	164	6.4	95	5.5	697	3.0
Borderline	413	14.9	142	9.8	245	7.9	220	11.8	1,210	4.4
Schizotypal	281	9.4	90	6.0	160	5.0	156	7.3	846	3.1
Narcissistic	323	9.9	131	8.2	252	7.8	198	9.4	1,543	5.4
Lifetime suicide attempts	260	8.9	75	5.5	116	3.6	126	7.0	688	2.6
Self-rated health										
Excellent, very good, good	1,661	61.1	1,076	75.8	2,541	86.9	1,244	73.9	21,887	87.0
Fair, poor	1,161	38.9	348	24.3	423	13.1	529	26.1	3,703	13.0

^aAll counts presented (n) were based on raw numbers, but percentages were based on weighted data.

^bWith or without agoraphobia.

^cAvoidant, dependent, obsessive-compulsive, paranoid, schizoid, and histrionic personality disorders were assessed in Wave 1, while antisocial, borderline, schizotypal, and narcissistic personality disorders were assessed in Wave 2.

Abbreviation: LEME = likely eligible for the Medicaid expansion.

detailed above to examine clinical characteristics. Finally, we examined health service utilization among respondents who met diagnostic criteria for the disorder of interest. We focused on the 4 pairwise comparisons by constructing a series of logistic regression models that adjusted for gender, race, and marital status.

RESULTS

Of the total sample (N = 34,587), 6.4% were currently on Medicaid (group 1), 3.9% were uninsured and LEME (group 2), 8.6% were uninsured and not LEME (group 3), 4.6% were insured and LEME (group 4), and 76.6% were insured and not LEME (group 5). Note that these data were weighted. Among groups 3 and 5 (who are not LEME), 2,122 (69.0%) and 13,604 (55.7%), respectively, are likely eligible for federal subsidies if they participate in the health insurance exchanges (ie, their income is between 100%–400% of the federal poverty level).

Sociodemographic Characteristics

Bivariate analyses indicated that insurance coverage/ LEME status was significantly associated with gender, race/ ethnicity, marital status, education, and employment (all P < .0001). Table 1 details the results of logistic regression modeling focused on specific group comparisons.

Clinical Characteristics

Bivariate analyses demonstrated that insurance coverage/ LEME status was strongly associated with all Axis I and Axis II psychopathology, as well as lifetime suicide attempts and self-rated health (all *P*<.0001 except for dependent PD and obsessive-compulsive PD). Generally, groups 1, 2, and 4 had the highest prevalence of psychopathology, suicidality, and poorer health. These results are presented in Table 2 and Figure 1.

Results of logistic regression modeling are detailed below and are presented in Table 3.

Medicaid insured (group 1) versus uninsured and LEME (group 2). Group 1 respondents were significantly more likely to have depression, mania, panic disorder, social phobia, specific phobia, posttraumatic stress disorder, avoidant PD, dependent PD, obsessive compulsive PD, borderline PD, and schizotypal PD and to report a lifetime history of suicide attempt(s). However, group 1 respondents were significantly



Figure 1. Prevalence of Psychiatric Diagnoses, Suicide Attempts, and Poor Health by Insurance Coverage/LEME Status

less likely to have alcohol abuse/dependence and drug abuse/dependence, and were less likely to report better health. These effects sizes were generally small (OR < 2.0 and OR > 0.50), except for social phobia and dependent PD.

Uninsured and LEME (group 2) versus uninsured and not LEME (group 3). Group 2 respondents were more likely to have depression, dysthymia, mania, panic disorder, generalized anxiety disorder, posttraumatic stress disorder, paranoid PD, schizoid PD, and poorer health. Effect sizes were generally small.

Medicaid insured (group 1) versus insured and LEME (group 4). Group 1 respondents were more likely to have dysthymia, mania, panic disorder, agoraphobia, social phobia, posttraumatic stress disorder, paranoid PD, borderline PD, and poor health. Effect sizes were generally small, except for agoraphobia.

Insured and LEME (group 4) versus insured and not LEME (group 5). Group 4 respondents were significantly more likely to have all Axis I and Axis II disorders, except for agoraphobia. They were also more likely to report a lifetime history of suicide attempts and poorer health. These effect sizes were generally small to moderate, except for a large effect on dependent PD.

When these logistic regression analyses were repeated with full adjustment for sociodemographic characteristics (gender, age, and marital status), they yielded similar results (available upon request from first author).

Health Service Utilization

Table 4 presents the results of the logistic regression models discussed below.

Medicaid insured (group 1) versus uninsured and LEME (group 2). Group 1 respondents were significantly more likely to have used "any services" for major depression, dysthymia, hypomania or mania, generalized anxiety disorder, panic disorder, social phobia, and posttraumatic stress disorder. There were some differences for specific types of service use, with most effect sizes in the small to moderate range (OR = 2.0-4.0).

Uninsured and LEME (group 2) versus uninsured and not LEME (group 3). Group 2 respondents were more likely to seek help from a counselor for the treatment of specific phobia, but there were no other differences in health service utilization between groups.

Medicaid insured (group 1) versus insured and LEME (group 4). Group 1 respondents were more likely to report visiting the emergency department for generalized anxiety disorder, seeing a counselor for specific phobia, and having an inpatient stay for social phobia.

Insured and LEME (group 4) versus insured and not LEME (group 5). Group 4 respondents were more likely to report an inpatient stay or an emergency department visit for major depression, an inpatient stay or prescription medications for panic disorder, an emergency department visit for specific phobia, and an inpatient stay for alcohol abuse/dependence.

DISCUSSION

The ACA is expected to directly impact the 12.5% of the US population that currently has no health insurance by requiring them to obtain coverage or to pay a tax that increases annually. Nearly half of those uninsured had

Table 3. Pairwise Comparisons and Axis I and Axis II Psychopathology, Self-Rated Health, and Lifetime Suicide A	ttempts:
Unadjusted Logistic Regression Modeling	

<u></u>	Madicaid Insurad va	Among Uningurad	Madicaid Incurad va	Among Ingurad
	Unincured & LEME	I EME vs Not I EME	Incured & LEME	I EME ve Not I EME
	(Group 1 vs Group 2)	(Group 2 vs Group 3)	(Group 1 vs Group 4)	(Group 4 vs Group 5)
	OP (95% CI)	OP(95% CI)	OP (95% CI)	OP(95% CI)
A A			0.07 (0.02, 1.14)	
Any Axis I disorder	1.12(0.94-1.34)	1.11 (0.93–1.33)	0.97(0.83-1.14)	1.94(1.69-2.21)
Any mood disorder	1.50 (1.20–1.88)	1.41 (1.14–1./4)	1.23 (1.01–1.48)	2.41 (2.06–2.83)
Depression	1.55 (1.22–1.96)	1.40 (1.11–1.78)	1.22 (0.99–1.49)	2.25 (1.89–2.69)
Dysthymia	1.65 (0.99–2.76)	1.86 (1.02–3.38)	1.53 (1.03–2.27)	3.51 (2.47-5.01)
Mania	1.44 (1.01–2.05)	2.08 (1.37-3.15)	1.58 (1.15–2.17)	3.29 (2.44-4.44)
Hypomania	1.68 (0.97–2.91)	0.67(0.40-1.14)	0.90(0.59-1.40)	2.71 (1.92-3.83)
Any anxiety disorder	1.76 (1.46–2.11)	1.26 (1.03–1.55)	1.27 (1.07–1.51)	1.78 (1.53-2.07)
Panic disorder ^a	1.71 (1.17-2.50)	1.93 (1.25–2.98)	1.45 (1.03-2.04)	2.38 (1.79-3.17)
Agoraphobia	1.60 (0.40-6.37)		5.46 (1.42-20.92)	0.69 (0.19-2.49)
Social phobia	2.25 (1.57-3.24)	1.17 (0.78–1.76)	1.50 (1.04-2.17)	2.09 (1.55-2.82)
Specific phobia	1.65 (1.28-2.13)	1.25 (0.94–1.66)	1.26 (0.99-1.61)	1.50 (1.22-1.85)
Generalized anxiety disorder	1.38 (0.97-1.95)	1.93 (1.30-2.85)	1.30 (0.95-1.78)	1.86 (1.40-2.47)
Posttraumatic stress disorder	1.83 (1.42-2.36)	1.50 (1.13-2.01)	1.37 (1.10-1.69	2.28 (1.88-2.76)
Any substance use disorder	0.80 (0.66-0.97)	1.05 (0.87-1.27)	0.81 (0.67-0.97)	1.87 (1.62-2.14)
Alcohol abuse/dependency	0.56 (0.44-0.71)	0.86 (0.68-1.08)	0.65 (0.51-0.82)	1.41 (1.17–1.70)
Drug abuse/dependency	0.68 (0.49-0.96)	1.20 (0.87-1.66)	0.93 (0.64-1.35)	2.37 (1.71-3.27)
Nicotine dependency	0.96 (0.76-1.22)	1.17 (0.92–1.47)	1.00 (0.82-1.22)	2.02 (1.73-2.36)
Any Axis II personality disorder ^b	1.41 (1.17–1.71)	1.07 (0.88-1.32)	1.18 (0.98-1.43)	1.85 (1.58-2.17)
Avoidant	1.86 (1.28-2.70)	1.08 (0.69-1.69)	1.24 (0.89-1.72)	2.63 (1.99-3.48)
Dependent	4.23 (1.52-11.73)	1.42 (0.56-3.64)	1.93 (0.91-4.07)	4.06 (2.13-7.75)
Obsessive-compulsive	1.36 (1.03–1.81)	0.95 (0.69-1.30)	0.91 (0.71-1.17)	1.37 (1.11-1.68)
Paranoid	1.33 (0.99-1.80)	1.44 (1.03-2.03)	1.34 (1.01–1.77)	2.77 (2.17-3.56)
Schizoid	1.02 (0.69-1.50)	1.97 (1.31-2.97)	1.11 (0.79–1.57)	2.06 (1.55-2.73)
Histrionic	1.54 (0.93-2.54)	0.96 (0.60-1.55)	1.49 (0.92-2.41)	2.24 (1.48-3.40)
Antisocial	1.17 (0.82–1.67)	1.04 (0.73-1.47)	1.42 (0.97-2.09)	1.86 (1.33-2.59)
Borderline	1.60 (1.25-2.05)	1.27 (0.96-1.68)	1.31 (1.02–1.68)	2.93 (2.34-3.67)
Schizotypal	1.62 (1.16-2.27)	1.22 (0.84–1.75)	1.32 (0.98-1.77)	2.50 (1.93-3.23)
Narcissistic	1.23 (0.94–1.61)	1.05 (0.79–1.40)	1.06 (0.81–1.38)	1.82 (1.46–2.28)
Lifetime suicide attempts	1.67 (1.11-2.52)	1.57 (1.00-2.47)	1.29 (0.95–1.75)	2.82 (2.18-3.65)
Self-rated health				
Excellent, very good, good	0.50 (0.41-0.61)	0.47 (0.38-0.59)	0.55 (0.47-0.66)	0.46 (0.36-0.49)
Fair, poor	Ref	Ref	Ref	Ref

^aWith or without agoraphobia.

^bAvoidant, dependent, obsessive-compulsive, paranoid, schizoid, and histrionic personality disorders were assessed in Wave 1, while antisocial, borderline, schizotypal, and narcissistic personality disorders were assessed in Wave 2.

Abbreviation: LEME = likely eligible for the Medicaid expansion.

Symbol: ... = precluded model fitting.

a *DSM-IV* Axis I diagnosis and nearly a quarter had an Axis II diagnosis, suggesting the importance of insurance coverage for services for these psychiatric problems. The ACA has great potential to provide such coverage because it builds on the Mental Health Parity and Addiction Equity Act of 2008 by requiring coverage of mental health and substance use services for those who currently lack these benefits.²⁰

Of those who are uninsured, about a third are LEME in states that implement the Medicaid expansion. As of the end of January 2014, 26 states (and the District of Columbia) are expanding Medicaid and another 4 states are considering expansion, while the remaining 21 states are not expanding at this time.⁵ States that implement the expansion may offer a new form of coverage for many uninsured, low-income adults with unmet mental health needs. However, states will also need to ensure that eligible adults enroll and that comprehensive mental health services are available.⁸ These results regarding the number of uninsured adults and those who are Medicaid-eligible may also have implications for the State Innovations Model grants made possible by the ACA to test new state-based models of health care delivery

and system performance, especially those integrating mental health care with existing Medicaid programs.²¹

Among those uninsured, those who are LEME had a significantly higher prevalence for nearly all psychiatric disorders than those who are not LEME. This finding is consistent with the known association between poverty and psychiatric problems,^{22–24} as eligibility for the Medicaid expansion is based on a certain level of low income. Regardless, it is important to point out that not all states will implement the Medicaid expansion and that the majority of adults who are uninsured are not LEME. Thus, other forms of coverage will need to be offered to these individuals, many of whom have psychiatric problems.

Under the ACA, those who are uninsured and not LEME can obtain coverage by participating in the health insurance exchanges. The majority of those who are not LEME will likely be eligible for federal subsidies in the health insurance exchanges. However, adults with incomes below the federal poverty level (not eligible for federal subsidies) and who live in states that do not expand Medicaid may have difficulty affording coverage.² Results of this study also demonstrate that it will be important for coverage plans made available

Table 4. Health Services Utilization Based on Insurance Coverage/LEME Status^a

Table 4. Health Services Of	inzation based on insular	ice coverage/ LEIVIE Status	3	
	Medicaid Insured vs	Among Uninsured:	Medicaid Insured vs	Among Insured:
	Uninsured & LEME	LEME vs not LEME	Insured & LEME	LEME vs not LEME
	(Group 1 vs Group 2),	(Group 2 vs Group 3),	(Group 1 vs Group 4),	(Group 4 vs Group 5),
	OR (95% CI)	OR (95% CI)	OR (95% CI)	OR (95% CI)
Major depression				
Any services	2.81 (1.78-4.44)	0.84 (0.52-1.37)	1.18 (0.81-1.74)	1.11 (0.79–1.55)
Inpatient stay	1.83 (0.85-3.96)	1.42 (0.60-3.37)	1.33 (0.71-2.50)	2.36 (1.34-4.14)
Emergency department	2.82 (1.27-6.29)	1.51 (0.61-3.72)	1.57 (0.89-2.75)	2.68 (1.64-4.38)
Rx meds	3.44 (2.16-5.47)	0.76 (0.45-1.29)	1.23 (0.84–1.80)	1.19 (0.87–1.64)
Counselor, etc	2.39 (1.46-3.92)	0.89 (0.54-1.45)	1.13 (0.74–1.72)	1.00(0.71 - 1.41)
Dysthymia				
Any services	5.07 (2.05-12.57)	0.34(0.10-1.18)	0.92 (0.36-2.36)	1.40 (0.54-3.68)
Inpatient stay	3.78 (1.24–11.51)	0.40(0.07 - 2.18)	1.11(0.48 - 2.57)	2.30(0.96-5.48)
Emergency department	3.26(1.12-9.52)	0.66(0.11 - 3.75)	2.22(0.84-5.84)	1.13(0.41 - 3.12)
Rx meds	3.27 (1.36-7.89)	0.49(0.14 - 1.73)	0.80(0.35 - 1.83)	1.65(0.68 - 3.99)
Counselor, etc	3.37 (1.40-8.07)	0.72(0.21-2.41)	1.07(0.46-2.45)	1.09(0.47-2.53)
Hypomania or mania				
Any services	2.40(1.08-5.32)	1.12 (0.49-2.57)	1.60(0.92-2.77)	1.22(0.75 - 1.98)
Inpatient stay	9.45(0.98-91.2)	0.58(0.06-5.70)	2.89(0.95-8.73)	1.26(0.46-3.44)
Emergency department	1 31 (0 38 - 4 51)	1.98(0.45 - 8.64)	2.00(0.70-5.68)	1.98(0.81-4.85)
Rx meds	2.08(0.98-4.41)	1.36(0.55-3.39)	1.54(0.86-2.76)	$1.50(0.01^{-1.00})$ 1.25(0.75-2.06)
Counselor etc	1.96(0.83-4.63)	1.80(0.63-5.09) 1.80(0.64-5.09)	1.51(0.00, 2.70) 1.72(0.92-3.22)	0.97(0.55-1.71)
Generalized anxiety disorder	1.90 (0.03 4.03)	1.00 (0.04 5.05)	1.72 (0.92 3.22)	0.57 (0.55 1.71)
Any services	3.96(1.74-9.05)	0.36(0.13 - 1.02)	1.14(0.62-2.11)	1 17 (0.72 - 1.88)
Inpatient stay	2.87(0.82-10.10)	0.30(0.13, 1.02) 0.43(0.11-1.67)	1.62(0.56-4.62)	1.17(0.72 1.00) 1.61(0.65-4.02)
Emergency department	6.05(1.17-31.25)	0.43(0.11, 1.07) 0.28(0.05-1.70)	4.21(1.18-15.03)	0.92(0.32 - 2.62)
By meds	3.26(1.47-7.25)	0.20(0.03(1.70)) 0.48(0.20-1.14)	1.08(0.58-2.02)	1.17(0.71-1.91)
Counselor etc	3.26(1.177.23)	0.46(0.20-1.07)	1.00(0.00 2.02) 1.77(0.93 - 3.37)	0.70(0.43-1.14)
Papic disorder	5.20 (1.54-0.55)	0.40 (0.20-1.07)	1.77 (0.95-5.57)	0.70 (0.45-1.14)
A py services	3.09(1.50, 6.37)	1 12 (0.51 2.44)	0.94 (0.49, 1.79)	1 47 (0.81 2.65)
Inpatient stay	1.08(0.50, 2.38)	2.04(0.76, 5.48)	0.94(0.49-1.79) 0.70(0.35, 1.41)	2.11(1.09, 4.11)
Emorgon ex department	1.08(0.30-2.38) 1.54(0.42, 5.61)	1.43(0.20, 7.11)	1.22(0.54 - 2.22)	2.11(1.09-4.11) 1 55 (0 72 - 2 22)
Br mode	1.34(0.42-3.01) 1.82(0.80, 3.70)	1.43(0.29-7.11) 1.22(0.54, 2.76)	1.32(0.34-3.22) 0.72(0.38, 1.20)	1.33(0.72-3.33) 1.92(1.05-3.15)
Councelor etc	1.82(0.89-3.70)	1.22(0.54-2.76)	1.17(0.62, 2.21)	1.62(1.03-3.13)
Couliseiol, etc	2.00 (0.98-4.09)	2.11 (0.93-4.07)	1.17 (0.02-2.21)	0.99 (0.34-1.82)
	156(0.79, 2.11)	2.28(0.00, 5.72)	1 54 (0 80 2 64)	1 56 (0.04, 2.58)
Any services	1.50(0.78-5.11)	2.38(0.99-5.75)	1.54(0.89-2.64)	1.50(0.94-2.58)
Inpatient stay	3.91 (1.22–12.50)	1.03 (0.15-7.02)	2.38 (0.58-9.82)	2.18(0.72-6.64)
Emergency department			1.98(0.43-9.07)	4.49 (1.26-15.95)
Rx meds	3.16 (1.08-9.26)	1.50(0.40-5.58)	1.55 (0.80-2.93)	1.48(0.81-2.70)
Counselor, etc	1.64 (0.79-3.39)	2.86 (1.10-7.43)	1.90 (1.01-3.55)	1.46 (0.82–2.62)
Social phobla	200(1.42.5(1))	1.00 (0.12, 0.51)	1 20 (0 (0 2 02)	1 (5 (0.00, 2.02)
Any services	3.08 (1.43-6.61)	1.08(0.43-2.71)	1.39 (0.68–2.83)	1.65 (0.90-3.03)
Inpatient stay	1.72 (0.60-4.96)	0.70(0.10-5.06)	4.32 (1.04–18.03)	1.64(0.47-5.72)
Emergency department	2.27(0.37-14.09)	1.23(0.15-10.44)	2.79 (0.59–13.16)	1.94 (0.57-6.66)
Rx meds	2.60 (0.94–7.17)	1.01 (0.36–2.84)	1.16 (0.54–2.53)	1.72(0.90-3.30)
Counselor, etc	2.65 (1.24-5.63)	1.15 (0.44-3.01)	1.49 (0.69–3.19)	1.35 (0./1-2.60)
Posttraumatic stress disorder				
Any services	2.26 (1.30–3.94)	0.78(0.43 - 1.42)	0.99(0.67 - 1.47)	1.28 (0.91–1.82)
Inpatient stay	2.37 (0.91–6.16)	0.65 (0.23–1.81)	2.26 (1.12–4.55)	1.08 (0.58–2.01)
Emergency department	2.07 (0.93-4.61)	0.93 (0.37–2.36)	1.40 (0.74–2.67)	1.50 (0.86–2.62)
Rx meds	2.39 (1.27-4.48)	1.15 (0.56–2.37)	1.47 (0.92–2.36)	0.93 (0.63–1.37)
Counselor, etc	2.02 (1.15-3.54)	0.85 (0.45–1.59)	0.91 (0.62–1.35)	1.39 (0.97–1.97)
Alcohol abuse/dependency			/	
Any services	2.72 (0.55–13.52)	2.27 (0.61-8.44)	4.81 (0.65-35.90)	1.05 (0.24-4.65)
Inpatient stay	2.10 (0.49-8.99)	1.74 (0.37-8.14)	0.65 (0.17–2.46)	5.67 (1.67–19.18)
Emergency department	1.77 (0.47–6.65)	4.91 (0.96-24.97)	1.06 (0.24–4.73)	2.27 (0.69–7.54)
Other services	2.63 (0.54–12.86)	2.29 (0.62-8.43)	6.57 (0.88–48.89)	1.03 (0.25-4.22)
Drug abuse/dependency				
Any services			0.90 (0.13-6.01)	2.83 (0.60–13.38)
Inpatient stay			1.11 (0.21–5.90)	2.61 (0.59–11.51)
Emergency department				0.83 (0.14-4.76)
Other services				

^aHealth services utilization since the Wave 1 interview and only assessed among people meeting criteria for that disorder. All analyses are adjusted for gender, race, and marital status. Abbreviation: LEME = likely eligible for the Medicaid expansion. Symbol: ... = precluded model fitting.

through the insurance exchanges to offer comprehensive mental health services and that there is no "adverse selection" in providing coverage to individuals with mental illness who may incur higher health care costs.²⁵

An important finding is that although there were few clinical differences between those currently on Medicaid and those LEME, those currently on Medicaid were more likely to use various mental health services than those LEME. This was particularly true among the uninsured, suggesting they have substantial unmet mental health needs. Medicaid expansion may help to provide coverage for services to address these needs. Moreover, among those uninsured, those LEME were more likely to have various psychiatric disorders than those not LEME, suggesting there may be a need for more Medicaid-funded mental health providers as the Medicaid expansion is implemented. However, meeting this need may be a problem because there has been a shortage of mental health professionals nationwide.^{26,27}

Of the majority of the US adult population that has some type of insurance coverage, only a small proportion (5%) of those currently insured are LEME. Given the free or lowcost care of Medicaid, these insured individuals may switch to Medicaid coverage or enroll in Medicaid for additional coverage if they live in states that implement the Medicaid expansion. Results of this study show that these adults who are eligible to switch over are more likely to have various psychiatric disorders than those not eligible, again suggesting the need for careful planning by states that implement the Medicaid expansion.

In conclusion, the ACA is expected to impact health insurance coverage for a substantial proportion of the US adult population with psychiatric disorders, particularly those who are currently uninsured. The expansion of Medicaid and creation of health insurance exchanges have the potential to greatly expand coverage for mental health and substance use disorders. But careful planning to provide comprehensive coverage for these disorders will be needed at the state and federal level.

There are several study limitations to note. Multiple statistical comparisons were made between groups so there is the risk of inflated type I error; therefore, we also provided effect sizes when appropriate. Some severe mental illnesses, like schizophrenia, were not included, which may be important as adults with severe mental illnesses tend to have higher rates of uninsurance than those in the general population.¹⁰ This study was cross-sectional, and we categorized respondents based on their likelihood of being in a certain group, but people's circumstances may change over time. There are concerns that because eligibility for the Medicaid expansion is sensitive to income, there will be a problem with "churning," ie, millions of Americans may have to move back and forth between Medicaid and insurance exchanges as their income levels fluctuate.²⁸

Although Medicaid expansion remains a state option, we lacked data to perform state-level analyses. Furthermore, it is unknown what proportion of uninsured Americans will obtain coverage or opt to pay the tax of having no coverage and what proportion who are eligible for Medicaid will actually enroll.⁸ Additionally, some adults in this study may have already been eligible for Medicaid but were not enrolled.

Notwithstanding these limitations, notable strengths of the current study include face-to-face structured diagnostic assessments of a large representative sample of US adults, delineation of 5 distinct groups under the ACA, examination of health service use adjusting for sociodemographic and clinical characteristics, and the relevance of the results to this new era of health care.

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