

The Impact of the Affordable Care Act Medicaid Expansions on Community Health Centers (CHCs): A Scan of the Literature

Prepared by the Geiger Gibson Program in Community Health, June 2025

Staloff J., Cole M.B., Frogner B., & Sabbatini A.K. (2024). National and state-level trends in mental health and substance use disorder services at federally qualified health centers, 2012–2019. *Journal of Community Health*. 49(2), 343-54. <https://doi.org/10.1016/j.socscimed.2023.116009>

- From pre-ACA (2012) to post-ACA (2019), FQHC behavioral health visits of patients with behavioral health conditions grew over 100% across the country.

Huguet, N., Dinh, D., Hwang, J., Marino, M., Larson, A. E., Suchocki, A., & DeVoe, J. E. (2023). The Impact of the Affordable Care Act Medicaid Expansion on Acute Diabetes Complications Among Community Health Center Patients. *Journal of Primary Care & Community Health*, 14. <https://doi.org/10.1177/21501319231171437>

- CHCs in Medicaid expansion states saw a larger increase in visits related to abnormal blood glucose than those in non-expansion states.

Jiao S., Konetzka R.T., Pollack H.A., & Huang E.S. (2022). Estimating the Impact of Medicaid Expansion and Federal Funding Cuts on FQHC Staffing and Patient Capacity. *The Milbank Quarterly*, 100(2), 504–524. <https://www.jstor.org/stable/48676572>

- Medicaid expansion widened the gap between expansion and non-expansion state revenue, with expansion state FQHCs receiving 40% of their total revenue from Medicaid compared to 25% in non-expansion states FQHCs.

Hatch B., Hoopes M., Darney B.G., Marino M., Templeton A.R., Schmidt T., & Cottrell E. (2021). Impacts of the Affordable Care Act on receipt of women's preventive services in community health centers in Medicaid expansion and nonexpansion states. *Women's Health Issues*. 31(1), 9-16. <https://doi.org/10.1016/j.whi.2020.08.011>

- Five out of six recommended preventive services (cervical cancer screening, human papilloma virus vaccination, chlamydia screening, influenza vaccination, HIV screening, and blood pressure screening) increased among community health center patients both in Medicaid expansion and non-expansion states
- Two of the six recommended preventive services (influenza vaccination and blood pressure screening) increased more in expansion states than non-expansion states.

Goldstein E. V. (2021). Community Health Centers Maintained Initial Increases in Medicaid Covered Adult Patients at 5-Years Post-Medicaid-Expansion. *Inquiry*, 58, 469580211022618. <https://doi.org/10.1177/00469580211022618>

- Looking at Medicaid coverage 5 years after ACA Medicaid expansion, 40% of adult CHC patients in expansion states were covered by Medicaid compared to 19% of adult CHC patients in non-expansion states.



Ercia A. (2021). The impact of the Affordable Care Act on patient coverage and access to care: perspectives from FQHC administrators in Arizona, California and Texas. *BMC health services research*. 21(1), 1-9. <https://doi.org/10.1186/s12913-021-06961-9>

- ACA Medicaid expansion enabled over 12 million Americans to enroll in Medicaid by 2015.
- Stakeholders reported that Medicaid expansion increased Medicaid coverage among health center patients more in expansion states compared to non-expansion states, and this increased coverage is associated with improvements in health care access.

Cole, M. B., June-Ho, K., Levensgood, T. W., & Trivedi, A. N. (2021). Association of Medicaid Expansion With 5-Year Changes in Hypertension and Diabetes Outcomes at Federally Qualified Health Centers. *JAMA Health Forum*, 2(9). <https://doi.org/10.1001/jamahealthforum.2021.2375>

- FQHCs in expansion states saw an improvement in hypertension control and glucose control compared to FQHCs in non-expansion states.
- Improvements occurred across racial groups and were observed in Black and Hispanic populations.
- The magnitude of improvements in hypertension and glucose control increased over time across the first five years post-expansion.

Saloner B, Wilk AS, & Levin J. (2020). Community health centers and access to care among underserved populations: a synthesis review. *Medical Care Research and Review*. 77(1), 3-18. <https://doi.org/10.1177/1077558719848283>

- ACA Medicaid expansion led previously uninsured CHC patients to obtain Medicaid coverage
- CHCs saw significant increases in revenue as a result of Medicaid expansion
- CHCs provide higher rates of appointments to Medicaid patients compared to private practices

Darney, B. G., Lorie Jacob, R., Hoopes, M., Rodriguez, M. I., Hatch, B., Marino, M., Templeton, A., Oakley, J., & Cottrell, E. K. (2020). Evaluation of Medicaid Expansion Under the Affordable Care Act and Contraceptive Care in US Community Health Centers. *JAMA Network Open*, 3(6). <https://doi.org/10.1001/jamanetworkopen.2020.6874>

- Among CHC patients, women at risk of pregnancy had an increase in contraceptive care in expansion states, with gains greatest among adolescents.

Tilhou, A. S., Nathalie, H., DeVoe, J., & Angier, H. (2020). The Affordable Care Act Medicaid Expansion Positively Impacted Community Health Centers and Their Patients. *Journal of General Internal Medicine*, 35(4), 1292-1295. <https://doi.org/10.1007/s11606-019-05571-w>

- In CHCs, rates of physical and mental health diagnoses increased in expansion states, indicating the likelihood of pre-ACA underdiagnosis.



- Health insurance coverage disparities by race and ethnicity decreased at CHCs in expansion states.

Cole, M. (2020). The Five-Year Effect of Medicaid Expansion on Community Health Centers: Coverage, Quality of Care, and Service Volume. *Health Serv Res*, 55(S1), 38-39. <https://doi.org/10.1111/1475-6773.13378>

- Quality of care increased across five of eight measures in CHCs located in expansion states compared to non-expansion states
- Some quality measures did not improve until 3 or more years post-expansion.

Lam, M., & Grasse, N. (2019). Community Health Centers (CHCs) Under Environmental Uncertainty: An Examination of the Affordable Care Act of 2010 and Early Medicaid Expansion on CHC Margin. *Nonprofit Policy Forum*, 10(2). <https://doi.org/10.1515/npf-2019-0016>

- Medicaid expansion created a "fundamental change" in CHC client demographics
- CHCs in expansion states saw a higher proportion of Medicaid patients than in non-expansion states
- CHC revenue from Medicaid increased from 40% in 2013 to 44% in 2015

Seo, V., Baggett, T. P., Thorndike, A. N., Hull, P., Hsu, J., Newhouse, J. P., & Fung, V. (2019). Access to Care Among Medicaid and Uninsured Patients in Community Health Centers After the Affordable Care Act. *BMC health services research*, 19(1), 291. <https://doi.org/10.1186/s12913-019-4124-z>

- Looking at post-ACA insurance coverage, CHC patients with continuous Medicaid coverage were less likely than patients with insurance gaps to report difficulty obtaining medical care, difficulty obtaining prescription drugs, difficulty obtaining dental care, and difficulty completing outside referrals.

Huguet, N., Springer, R., Marino, M., Angier, H., Hoopes, M., Holderness, H. & DeVoe, J. E. (2018). The Impact of the Affordable Care Act (ACA) Medicaid Expansion on Visit Rates for Diabetes in Safety Net Health Centers. *Journal of the American Board of Family Medicine*, 31 (6), 905-916. <https://doi.org/10.3122/jabfm.2018.06.180075>.

- Rates of diabetes screenings in health centers increased more in expansion states than in non-expansion states

Lee D-C., Shi L., & Liang H. (2018). Primary care utilization and clinical quality performance: a comparison between health centres in Medicaid expansion states and non-expansion states. *Journal of Health Services Research & Policy*. 24(1), 19-28. <https://doi.org/10.1177/1355819618788592>

- Health centers in Medicaid expansion states reported more patients served, more medical visits, a higher percentage of Medicaid patients, and higher performance in seven of 16 quality measures compared to non-expansion states.



Cole M. B., Galárraga O., Wilson I. B., Wright B., Trivedi A. N. (2017). At Federally Funded Health Centers, Medicaid Expansion was Associated With Improved Quality of Care. *Health Affairs*, 36(1), 40-48. <https://doi.org/10.1377/hlthaff.2016.0804>

- Medicaid expansion states had a reduction in uninsurance rate that was 11 percentage points higher than in non-expansion states
- CHCs in Medicaid expansion states saw improved quality on four of eight measures examined in the study: asthma treatment, Pap testing, body mass index assessment, and hypertension control.

Cole, M. B., Wright, B., Wilson, I.B., Galarraga, O., & Trivedi, A.N. (2018). Medicaid Expansion and Community Health Centers: Care Quality and Service Use Increased For Rural Patients, *Health Affairs*, 37(6). <https://doi.org/10.1377/hlthaff.2017.1542>

- Patients in rural areas are disproportionately low-income and uninsured
- Improvements in quality and increases in patient volume were observed in rural CHCs in expansion states
- CHCs in expansion states saw improvements in asthma treatment, body mass index screening, and hypertension control
- CHCs in expansion states also had increases in patient volume for eighteen out of twenty-one types of visits.

Sommers B.D., Maylone B., Blendon R.J., Orav E.J., & Epstein A.M. (2017). Three-year impacts of the affordable care act: improved medical care and health among low-income adults. *Health Affairs*, 36(6):1119-1123. <https://doi.org/10.1377/hlthaff.2017.0293>

- Compared Kentucky and Arkansas to Texas
- Two years post-expansion, expansion was associated with a 20 percentage-point decrease in uninsurance.
- For uninsured patients who gained coverage in Kentucky and Arkansas as a result of expansion, expansion was associate with a 41 percentage-point increase in having a usual source of care, a \$337 reduction in annual out-of-pocket spending, an increase in preventive health visits and glucose testing, and a 23 percentage-point increase in patients reporting excellent health.

Decker, S. L., Lipton, B. J., & Sommers, B. D. (2017). Medicaid Expansion Coverage Effects Grew In 2015 With Continued Improvements In Coverage Quality. *Health affairs (Project Hope)*, 36(5), 819–825. <https://doi.org/10.1377/hlthaff.2016.1462>

- One year after ACA expansion, the uninsurance rate among low-income adults decreased by 7.5 percentage points more in expansion states compared to non-expansion states.
- Medicaid expansion among low-income adults was associated with improved quality of care.



Sommers B.D., Blendon R.J., Orav E, & Epstein A.M. (2016). Changes in utilization and health among low-income adults after Medicaid expansion or expanded private insurance. *JAMA Intern Med.* 176(10), 1501-1509. <https://doi.org/10.1001/jamainternmed.2016.4419>

- Compared one year prior to ACA expansion to one year post-expansion in Kentucky (an expansion state) in Arkansas (a state with a private option) and Texas (non-expansion states).
- Medicaid expansion was associated with significant changes in coverage and access:
 - Expansion was associated with a reduction in the uninsurance rate that was 23 percentage-points higher in expansion states.
 - Expansion was associated with an increase in access to primary care that was 12 percentage-points higher in expansion states.
 - Expansion was associated with a 6 percentage-point reduction in emergency department visits
 - Expansion was associated with a 6 percentage-point increase in diabetes screening, a 10 percentage-point increase in diabetes glucose testing, and a 12 percentage-point increase in regular care for chronic conditions
 - Expansion was associated with a 7 percentage-point decrease in patients reporting fair or poor quality of care and a 5 percentage-point increase in patients reporting excellent health.

Angier H., Hoopes M., Gold R., Bailey S. R., Cottrell E. K., Heintzman J., Marino, M., & DeVoe J. E. (2015). An early look at rates of uninsured safety net clinic visits after the Affordable Care Act. *Annals of Family Medicine*, 13(1), 10-16. <https://doi.org/10.1370/afm.1741>

- Comparing data from one year prior to ACA expansion to six months after expansion, health centers in expansion states had a 40% decrease in uninsured visits while health centers in non-expansion states only had a 16% decrease in uninsured visits.

DeVoe J. E., Marino M., Gold R., Hoopes M. J., Cowburn S., O'Malley J. P., Heintsman, J., Gallia, C., McConnell J.A., Nelson C. A. (2015), Huguet, N., & Bailey, S.R. Community health center use after Oregon's randomized Medicaid experiment. *Annals of Family Medicine*, 13(4), 312-320. <https://doi.org/10.1370/afm.1812>

- When some Oregon residents were randomly selected to apply to Medicaid, CHCs saw an increase in visits from these patients who had recently gained Medicaid compared to patients who were not selected to apply for Medicaid.

