

TITLE: Evaluating the effect of Medicaid expansion on access to preventive reproductive care for women in Oregon

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STUDENT SUBMISSION: No

TOPIC/TARGET AUDIENCE: Policy makers, researchers

ABSTRACT: Background: We evaluated the effect of the Affordable Care Act (ACA) Medicaid expansion on receipt of preventive reproductive services for women in Oregon. Methods: We compared service receipt among continuing Medicaid enrollees pre-ACA (2011-2013) and post-ACA (2014-2016); and among new (expansion) and continuing Medicaid enrollees. Using Medicaid enrollment and claims data, we identified well-woman visits, contraceptive counseling, contraceptive services, sexually transmitted infection (STI) screening, and cervical cancer screening among non-pregnant women ages 15-44 years. We estimated logistic regression models to compare service receipt over time and between enrollment groups. Results: Among pre-ACA enrollees we found lower receipt of all services post-ACA except for STI screening. Adjusted declines ranged from 7.0 percentage points (95% CI: -7.5, -6.5) for cervical cancer screening to 0.5 percentage points [-0.8, -0.3] for contraceptive services. In 2014-2016, post-ACA expansion enrollees (n=73,945) differed significantly from pre-ACA enrollees (n=103,225) in receipt of all services, but all differences were < 2 percentage points. Implications: Despite small declines in receipt of several preventive reproductive services among prior enrollees, the ACA resulted in Medicaid financing of these services for a large number of newly enrolled low-income women in Oregon, which may eventually lead to population-level improvements in reproductive health.

OBJECTIVE(S): Describe changes in receipt of preventive reproductive services before and after the ACA Medicaid expansion for women enrolled in Oregon's Medicaid program. Compare receipt of preventive reproductive services by women newly enrolled in Oregon's Medicaid program following the ACA Medicaid expansion to receipt by women already enrolled in Medicaid. Discuss the implications of these findings for population-level approaches to improve reproductive health for low-income women in Oregon.
