**Table E1.** UnadjustedPercentage-PointChanges inHealth Insurance Coverage and Cost Barriers to Care After Medicaid Expansion in 2014, Among Low-Incomea Adults Aged 18–64 Years With Current Asthma (Difference-in-Differences Analyses): Behavioral Risk Factor Surveillance System Asthma Call-Back Survey, 2012–2013 and 2015–2016

|  |  |
| --- | --- |
|  | **Difference-in-Differences Estimate (Unadjusted)**b |
|  |  | **Unadjusted** |  |  |
| **Outcomes** | **n**c | **Percentage-Point Changed** | **Standard Error** |  |
|  |  |  |  |  |
| Health insurance coveragee | 6410 | 12.75f  |  | 0.055 |  |
| Could not buy asthma medication because of costg | 6432 | -8.05 |  | 0.060 |  |
| Could not see health care provider for asthma because of costh,i | 6423 | -8.26 |  | 0.059 |  |
| Any cost barrier to asthma carei | 6436 | -5.44 |  |  0.061 |

a Low-income was defined as below 138% of the federal poverty level.

b These results estimate the change in likelihood of health insurance coverage or cost barriers to care in 2015–2016 versus 2012–2013 as a result of the Medicaid expansion, obtained from difference-in-differences analyses.

c Unweighted (n). Total unweighted sample size (N) = 6445. Observations with missing data were excluded from analyses.

d Comparison between 2012–2013 and 2015–2016 data. Estimated as the appropriate coefficient from the regression model, multiplied by 100. The standard error represents the standard error of that coefficient, not multiplied by 100.

e Reported any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare or Medicaid.

f Significant at *P* < 0.05.

g During the past 12 months.

h Combination of 2 questionnaire items (“Was there a time in the past 12 months when you needed to see your primary care doctor for your asthma but could not because of cost?” and “Was there a time in the past 12 months when you were referred to a specialist for asthma care but could not go because of the cost?”). A cost barrier to asthma-related visit with a health care provider was defined as present if the respondent said “yes” to either questionnaire item.

i Combination of “Could not buy asthma medication because of cost” and “Could not see health care provider for asthma because of cost.” Any cost barrier was defined as present if either of these variables was associated with a positive response.

**Table E2.** Percentage-PointChanges inHealth Insurance Coverage and Cost Barriers to Care After Medicaid Expansion in 2014, Among Low-Incomea Adults Aged 18–64 Years With Current Asthma (Difference-in-Differences Analyses, Excluding Puerto Rico): Behavioral Risk Factor Surveillance System Asthma Call-Back Survey, 2012–2013 and 2015–2016

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  | **Difference-in-Differences Estimate (Puerto Rico Excluded)**b |  |  |
|  |  | **Unadjusted** |  |  |  |  | **Adjusted**c |  |  |  |
| **Outcomes** | **n**d | **Percentage-Point Change** | **Standard Error** |  | **n**d | **Percentage-Point Change** | **Standard Error** |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
| Health insurance coveragee | 5867 | 13.86f  |  | 0.056 |  | **D** | 5962 | 14.60f |  | 0.054 |  |  |
| Could not buy asthma medication because of costg | 5889 | -8.59 |  | 0.062 |  |  | 5984 | -10.24 |  | 0.058 |  |  |
| Could not see health care provider for asthma because of costg,h | 5880 | -8.75 |  | 0.061 |  |  | 5975 | -8.21 |  | 0.057 |  |  |
| Any cost barrier to asthma carei | 5893 | -5.85 |  | 0.063 |  |  | 5988 | -7.17 |  | 0.060 |

a Low-income was defined as annual household income below 138% of the federal poverty level.

b These results estimate the change in likelihood of health insurance coverage or cost barriers to care in 2015–2016 versus 2012–2013 as a result of the Medicaid expansion, obtained from difference-in-differences analyses that excluded participants from Puerto Rico.

c Adjusted regressions controlled for age, sex, and race/ethnicity.

d Unweighted (n). Total unweighted sample size (N) = 6445. Observations with missing data were excluded from analyses.

e Reported any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare or Medicaid.

f Significant at *P* < 0.05.

g During the past 12 months.

h Combination of 2 questionnaire items (“Was there a time in the past 12 months when you needed to see your primary care doctor for your asthma but could not because of cost?” and “Was there a time in the past 12 months when you were referred to a specialist for asthma care but could not go because of the cost?”). A cost barrier to asthma-related visit with a health care provider was defined as present if the respondent said “yes” to either questionnaire item.

i Combination of “Could not buy asthma medication because of cost” and “Could not see health care provider for asthma because of cost.” Any cost barrier was defined as present if either of these variables was associated with a positive response.

**Table E3.** Weighted Percentages of Health Insurance Coveragea Among Low-Incomeb Adults Aged 18–64 Years With Current Asthma, by 2014 Medicaid Expansion Status and Race/Ethnicity: Behavioral Risk Factor Surveillance System Asthma Call-Back Survey, 2012–2013 and 2015–2016

|  |  |  |
| --- | --- | --- |
|  | **ME Group**c | **Non-ME Group**d |
| **Category** | **2012–2013**n; Weighted % (95% CI) | **2015–2016**n; Weighted %(95% CI) | ***P* value**e | **2012–2013**n; Weighted % (95% CI) | **2015–2016**n; Weighted %(95% CI) | ***P* value**e |
|  |  |  |  |  |  |  |  |  |
| White, NH | 1043; 80.1 | (73.8–85.2) | 959; 93.7 | (87.7–96.9) |  **<0.001** | 1064; 73.6 | (64.8–80.8) | 977; 72.9 | (64.7–79.8) |  | 0.90 |
| Black, NH | 147; 77.2 | (58.1–89.3) | 155; 89.3 | (79.3–94.8) |  0.18 | 261; 74.5 | (60.8–84.6) | 143; 75.9 | (60.2–86.8) |  | 0.88 |
| Hispanic | 388; 77.5 | (65.0–86.5) | 375; 88.9 | (83.4–92.7) |  0.06 |  77; 50.9 | (29.2–72.3) | 107; 47.0 | (29.9–64.8) |  | 0.79 |
| Other, NH | 185; 87.3 | (79.0–92.6) | 183; 95.1 | (88.4–98.0) |  | 0.05 | 114; 59.0 | (35.9–78.7) | --f | --f |  | --f |

CI, confidence interval; ME, Medicaid expansion; NH, non-Hispanic.

a Reported any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare or Medicaid.

b Low-income was defined as below 138% of the federal poverty level.

c Puerto Rico and the following 14 states: CT, HI, IA, MA, MI, NH, NJ, NM, NV, NY, OH, OR, RI, VT.

d FL, GA, KS, ME, MS, MO, MT, NE, TX, UT, WI. Indiana, and Pennsylvania were excluded from this analysis because these states expanded Medicaid in 2015. The 23 remaining states not represented in this table were excluded because ACBS data were not available from these states for each of the years included in the study period.

e Comparison between 2012–2013 and 2015–2016 data. Boldface indicates statistical significance (*P* < 0.05).

f Results for which the relative standard error was >0.3 were suppressed.

**Table E4.** Weighted Percentages of Participants Who Could Not Buy Asthma Medication Because of Cost During the Past 12 Months Among Low-Incomea Adults Aged 18–64 Years With Current Asthma, by 2014 Medicaid Expansion Status and Race/Ethnicity: Behavioral Risk Factor Surveillance System Asthma Call-Back Survey, 2012–2013 and 2015–2016

|  |  |  |
| --- | --- | --- |
|  | **ME Group**b | **Non-ME Group**c |
| **Category** | **2012–2013**n; Weighted % (95% CI) | **2015–2016**n; Weighted %(95% CI) | ***P* value**d | **2012–2013**n; Weighted % (95% CI) | **2015–2016**n; Weighted %(95% CI) | ***P* value**d |
|  |  |  |  |  |  |  |  |  |
| White, NH | 1048; 25.2 | (18.3–33.7) |  963; 18.4 | (12.9–25.4) |  |  0.18 | 1061; 30.3 | (22.8–39.0) |  978; 30.3 | (23.6–38.0) |  | 1.00 |
| Black, NH | 147; 16.2 | (9.4–26.5) | 155; 13.6 | (7.6–23.0) |  |  0.64 | 264; 36.1 | (23.5–51.0) | 143; 32.9 | (18.0–52.3) |  | 0.78 |
| Hispanic | 389; 35.9 | (25.2–48.2) | 375; 31.8 | (22.6–42.6) |  |  0.60 |  78; 42.2 | (21.8–65.6) | 108; 56.9 | (39.0–73.1) |  | 0.33 |
| Other, NH | 186; 27.7 | (15.6–44.3) | 182; 21.8 | (11.9–36.6) |  |  0.55 | --e | --e | --e | --e |  |  --e |

CI, confidence interval; ME, Medicaid expansion; NH, non-Hispanic.

a Low-income was defined as below 138% of the federal poverty level.

b Puerto Rico and the following 14 states: CT, HI, IA, MA, MI, NH, NJ, NM, NV, NY, OH, OR, RI, VT.

c FL, GA, KS, ME, MS, MO, MT, NE, TX, UT, WI. Indiana and Pennsylvania were excluded from this analysis because these states expanded Medicaid in 2015. The 23 remaining states not represented in this table were excluded because ACBS data were not available from these states for each of the years included in the study period.

d Comparison between 2012–2013 and 2015–2016 data.

e Results for which the relative standard error was >0.3 were suppressed.

**Table E5.** Weighted Percentages of Participants Who Could Not See Health Care Providera Because of Cost During the Past 12 Months Among Low-Incomeb Adults Aged 18–64 Years With Current Asthma, by 2014 Medicaid Expansion Status and Race/Ethnicity: Behavioral Risk Factor Surveillance System Asthma Call-Back Survey, 2012–2013 and 2015–2016

|  |  |  |
| --- | --- | --- |
|  | **ME Group**c | **Non-ME Group**d |
| **Category** | **2012–2013**n; Weighted % (95% CI) | **2015–2016**n; Weighted %(95% CI) | ***P* value**e | **2012–2013**n; Weighted % (95% CI) | **2015–2016**n; Weighted %(95% CI) | ***P* value**e |
|  |  |  |  |  |  |  |  |  |
| White, NH | 1047; 21.4 | (14.6–30.1) |  965; 14.4 | (9.0–22.1) |  | 0.18 | 1065; 23.6 | (17.3–31.4) |  979; 25.6 | (19.3–33.1) |  | 0.69 |
| Black, NH | 147; 14.6 |  (8.3–24.4) | 155; 20.2 | (11.6–32.7) |  | 0.41 | 264; 35.5 | (22.9–50.5) | 143; 38.7 | (23.3–56.7) |  | 0.79 |
| Hispanic | 390; 27.4 | (17.4–40.4) | 375; 25.0 | (16.3–36.3) |  | 0.76 |  78; 53.6 | (32.8–73.2) | 108; 55.4 | (37.7–71.9) |  | 0.90 |
| Other, NH | 186; 27.9 | (15.6–44.6) | --f | --f |  | --f | --f | --f | --f | --f |  | --f |

CI, confidence interval; ME, Medicaid expansion; NH, non-Hispanic.

a Combination of 2 questionnaire items (“Was there a time in the past 12 months when you needed to see your primary care doctor for your asthma but could not because of cost?” and “Was there a time in the past 12 months when you were referred to a specialist for asthma care but could not go because of the cost?”). A cost barrier to asthma-related visit with a health care provider was defined as present if the respondent said “yes” to either questionnaire item.

b Low-income was defined as below 138% of the federal poverty level.

c Puerto Rico and the following 14 states: CT, HI, IA, MA, MI, NH, NJ, NM, NV, NY, OH, OR, RI, VT.

d FL, GA, KS, ME, MS, MO, MT, NE, TX, UT, WI. Indiana and Pennsylvania were excluded from this analysis because these states expanded Medicaid in 2015. The 23 remaining states not represented in this table were excluded because ACBS data were not available from these states for each of the years included in the study period.

e Comparison between 2012–2013 and 2015–2016 data.

f Results for which the relative standard error was >0.3 were suppressed.

**Table E6.** Weighted Percentages of Health Insurance Coveragea Among Low-Incomeb Adults Aged 18–64 Years With Current Asthma, by 2014 Medicaid Expansion Status and Sex: Behavioral Risk Factor Surveillance System Asthma Call-Back Survey, 2012–2013 and 2015–2016

|  |  |  |
| --- | --- | --- |
|  | **ME Group**c | **Non-ME Group**d |
| **Category** | **2012–2013**n; Weighted % (95% CI) | **2015–2016**n; Weighted %(95% CI) | ***P* value**e | **2012–2013**n; Weighted % (95% CI) | **2015–2016**n; Weighted %(95% CI) | ***P* value**e |
|  |  |  |  |  |  |  |  |  |
| Male | 429; 76.9 | (65.2–85.6) | 472; 88.0 | (79.8–93.2) |  |  0.07 |  350; 68.4 | (54.2–79.8) | 392; 67.6 | (54.2–78.6) |  | 0.93 |
| Female | 1359; 81.1 | (75.5–85.6) | 1224; 94.4 | (92.0–96.2) |  | **<0.001** | 1193; 70.8 | (62.5–77.9) | 991; 71.0 | (63.0–77.9) |  | 0.97 |

CI, confidence interval; ME, Medicaid expansion.

a Reported any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare or Medicaid.

b Low-income was defined as below 138% of the federal poverty level.

c Puerto Rico and the following 14 states: CT, HI, IA, MA, MI, NH, NJ, NM, NV, NY, OH, OR, RI, VT.

d FL, GA, KS, ME, MS, MO, MT, NE, TX, UT, WI. Indiana and Pennsylvania were excluded from this analysis because these states expanded Medicaid in 2015. The 23 remaining states not represented in this table were excluded because ACBS data were not available from these states for each of the years included in the study period.

e Comparison between 2012–2013 and 2015–2016 data. Boldface indicates statistical significance (*P* < 0.05).

**Table E7.** Weighted Percentages of Participants Who Could Not Buy Asthma Medication Because of Cost During the Past 12 Months Among Low-Incomea Adults Aged 18–64 Years With Current Asthma, by 2014 Medicaid Expansion Status and Sex: Behavioral Risk Factor Surveillance System Asthma Call-Back Survey, 2012–2013 and 2015–2016

|  |  |  |
| --- | --- | --- |
|  | **ME Group**b | **Non-ME Group**c |
| **Category** | **2012–2013**n; Weighted % (95% CI) | **2015–2016**n; Weighted %(95% CI) | ***P* value**d | **2012–2013**n; Weighted % (95% CI) | **2015–2016**n; Weighted %(95% CI) | ***P* value**d |
|  |  |  |  |  |  |  |  |  |
| Male | 436; 20.9 | (13.6–30.7) | 474; 21.3 | (13.8–31.4) |  | 0.94 | 349; 38.5 | (25.6–53.2) |  394; 33.4 | (22.4–46.6) |  | 0.60 |
| Female | 1359; 28.1 | (21.8–35.3) |  1225; 21.9 | (17.3–27.2) |  | 0.14 |  1195; 30.1 | (23.4–37.8) |  991; 37.8 | (30.3–45.9) |  | 0.16 |

CI, confidence interval; ME, Medicaid expansion.

a Low-income was defined as below 138% of the federal poverty level.

b Puerto Rico and the following 14 states: CT, HI, IA, MA, MI, NH, NJ, NM, NV, NY, OH, OR, RI, VT.

c FL, GA, KS, ME, MS, MO, MT, NE, TX, UT, WI. Indiana and Pennsylvania were excluded from this analysis because these states expanded Medicaid in 2015. The 23 remaining states not represented in this table were excluded because ACBS data were not available from these states for each of the years included in the study period.

d Comparison between 2012–2013 and 2015–2016 data.

**Table E8.** Weighted Percentages of Participants Who Could Not See Health Care Providera Because of Cost During the Past 12 Months Among Low-Incomeb Adults Aged 18–64 Years With Current Asthma, by 2014 Medicaid Expansion Status and Sex: Behavioral Risk Factor Surveillance System Asthma Call-Back Survey, 2012–2013 and 2015–2016

|  |  |  |
| --- | --- | --- |
|  | **ME Group**c | **Non-ME Group**d |
| **Category** | **2012–2013**n; Weighted % (95% CI) | **2015–2016**n; Weighted %(95% CI) | ***P* value**e | **2012–2013**n; Weighted % (95% CI) | **2015–2016**n; Weighted %(95% CI) | ***P* value**e |
|  |  |  |  |  |  |  |  |  |
| Male | 436; 15.5 | (9.3–24.7) |  476; 19.4 | (12.1–29.8) |  | 0.51 |  351; 34.6 | (22.2–49.7) |  393; 26.9 | (16.9–40.1) |  | 0.41 |
| Female | 1359; 25.2 | (18.9–32.7) |  1226; 16.5 | (12.2–22.1) |  | 0.05 |  1197; 27.2 | (21.0–34.5) |  994; 35.8 | (28.4–44.0) |  | 0.11 |

CI, confidence interval; ME, Medicaid expansion.

a Combination of 2 questionnaire items (“Was there a time in the past 12 months when you needed to see your primary care doctor for your asthma but could not because of cost?” and “Was there a time in the past 12 months when you were referred to a specialist for asthma care but could not go because of the cost?”). A cost barrier to asthma-related visit with a health care provider was defined as present if the respondent said “yes” to either questionnaire item.

b Low-income was defined as below 138% of the federal poverty level.

c Puerto Rico and the following 14 states: CT, HI, IA, MA, MI, NH, NJ, NM, NV, NY, OH, OR, RI, VT.

d FL, GA, KS, ME, MS, MO, MT, NE, TX, UT, WI. Indiana and Pennsylvania were excluded from this analysis because these states expanded Medicaid in 2015. The 23 remaining states not represented in this table were excluded because ACBS data were not available from these states for each of the years included in the study period.

e Comparison between 2012–2013 and 2015–2016 data.

**Table E9.** Weighted Percentages of Health Insurance Coveragea Among Low-Incomeb Adults Aged 18–64 Years With Current Asthma, by 2014 Medicaid Expansion Status and Age Group: Behavioral Risk Factor Surveillance System Asthma Call-Back Survey, 2012–2013 and 2015–2016

|  |  |  |
| --- | --- | --- |
|  | **ME Group**c | **Non-ME Group**d |
| **Category** | **2012–2013**n; Weighted % (95% CI) | **2015–2016**n; Weighted %(95% CI) | ***P* value**e | **2012–2013**n; Weighted % (95% CI) | **2015–2016**n; Weighted %(95% CI) | ***P* value**e |
|  |  |  |  |  |  |  |  |  |
| 18–25 years | 190; 70.3 | (55.9–81.5) | 194; 93.0 | (87.3–96.2) |  | **0.001** | 127; 82.2 | (69.6–90.3) | 146; 64.7 | (47.8–78.6) |  | 0.07 |
| 26–44 years | 447; 78.0 | (71.9–85.7) | 461; 89.2 | (81.2–94.0) |  | **0.04** | 389; 62.2 | (49.3–73.6) | 351; 65.5 | (54.0–75.3) |  | 0.70 |
| 45–64 years |  1151; 88.0 | (84.4–90.9) |  1,041; 94.7 | (92.2–96.4) |  | **<0.001** |  1027; 71.9 | (62.1–79.9) |  886; 76.8 | (67.5–84.1) |  | 0.43 |

CI, confidence interval; ME, Medicaid expansion.

a Reported any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare or Medicaid.

b Low-income was defined as below 138% of the federal poverty level.

c Puerto Rico and the following 14 states: CT, HI, IA, MA, MI, NH, NJ, NM, NV, NY, OH, OR, RI, VT.

d FL, GA, KS, ME, MS, MO, MT, NE, TX, UT, WI. Indiana and Pennsylvania were excluded from this analysis because these states expanded Medicaid in 2015. The 23 remaining states not represented in this table were excluded because ACBS data were not available from these states for each of the years included in the study period.

e Comparison between 2012–2013 and 2015–2016 data. Boldface indicates statistical significance (*P* < 0.05).

**Table E10.** Weighted Percentages of Participants Who Could Not Buy Asthma Medication Because of Cost During the Past 12 Months Among Low-Incomea Adults Aged 18–64 Years With Current Asthma, by 2014 Medicaid Expansion Status and Age Group: Behavioral Risk Factor Surveillance System Asthma Call-Back Survey, 2012–2013 and 2015–2016

|  |  |  |
| --- | --- | --- |
|  | **ME Group**b | **Non-ME Group**c |
| **Category** | **2012–2013**n; Weighted % (95% CI) | **2015–2016**n; Weighted %(95% CI) | ***P* value**d | **2012–2013**n; Weighted % (95% CI) | **2015–2016**n; Weighted %(95% CI) | ***P* value**d |
|  |  |  |  |  |  |  |  |  |
| 18–25 years | 196; 24.9 | (13.4–41.5) | 196; 22.3 | (13.5–34.4) |  | 0.77 | --e | --e |  151; 36.5 | (22.2–53.7) |  | --e |
| 26–44 years | 447; 27.3 | (20.5–35.3) | 463; 21.8 | (14.6–31.2) |  | 0.33 | 390; 36.6 | (25.5–49.3) |  350; 39.3 | (28.6–51.2) |  | 0.75 |
| 45–64 years | 1152; 25.1 | (19.6–31.4) |  1040; 21.2 | (16.9–26.2) |  | 0.31 |  1025; 35.7 | (27.3–45.1) |  884; 33.9 | (26.2–42.6) |  | 0.77 |

CI, confidence interval; ME, Medicaid expansion.

a Low-income was defined as below 138% of the federal poverty level.

b Puerto Rico and the following 14 states: CT, HI, IA, MA, MI, NH, NJ, NM, NV, NY, OH, OR, RI, VT.

c FL, GA, KS, ME, MS, MO, MT, NE, TX, UT, WI. Indiana and Pennsylvania were excluded from this analysis because these states expanded Medicaid in 2015. The 23 remaining states not represented in this table were excluded because ACBS data were not available from these states for each of the years included in the study period.

d Comparison between 2012–2013 and 2015–2016 data.

e Results for which the relative standard error was >0.3 were suppressed.

**Table E11.** Weighted Percentages of Participants Who Could Not See Health Care Providera Because of Cost During the Past 12 Months Among Low-Incomeb Adults Aged 18–64 Years With Current Asthma, by 2014 Medicaid Expansion Status and Age Group: Behavioral Risk Factor Surveillance System Asthma Call-Back Survey, 2012–2013 and 2015–2016

|  |  |  |
| --- | --- | --- |
|  | **ME Group**c | **Non-ME Group**d |
| **Category** | **2012–2013**n; Weighted % (95% CI) | **2015–2016**n; Weighted %(95% CI) | ***P* value**e | **2012–2013**n; Weighted % (95% CI) | **2015–2016**n; Weighted %(95% CI) | ***P* value**e |
|  |  |  |  |  |  |  |  |  |
| 18–25 years | --f |  | --f |  |  | --f | 128; 22.9 | (12.8–37.5) | 151; 35.3 | (21.1–52.5) |  | 0.23 |
| 26–44 years | 447; 25.5 | (18.8–33.8) |  463; 20.0 | (12.9–29.6) |  | 0.33 | 391; 34.5 | (23.9–46.9) | 351; 36.1 | (25.5–48.2) |  | 0.85 |
| 45–64 years | 1152; 21.5 | (15.6–29.0) | 1043; 15.7 | (11.5–21.1) |  | 0.17 |  1029; 27.4 | (19.6–36.9) |  885; 28.8 | (21.6–37.3) |  | 0.81 |

CI, confidence interval; ME, Medicaid expansion.

a Combination of 2 questionnaire items (“Was there a time in the past 12 months when you needed to see your primary care doctor for your asthma but could not because of cost?” and “Was there a time in the past 12 months when you were referred to a specialist for asthma care but could not go because of the cost?”). A cost barrier to asthma-related visit with a health care provider was defined as present if the respondent said “yes” to either questionnaire item.

b Low-income was defined as below 138% of the federal poverty level.

c Puerto Rico and the following 14 states: CT, HI, IA, MA, MI, NH, NJ, NM, NV, NY, OH, OR, RI, VT.

d FL, GA, KS, ME, MS, MO, MT, NE, TX, UT, WI. Indiana and Pennsylvania were excluded from this analysis because these states expanded Medicaid in 2015. The 23 remaining states not represented in this table were excluded because ACBS data were not available from these states for each of the years included in the study period.

e Comparison between 2012–2013 and 2015–2016 data.

f Results for which the relative standard error was >0.3 were suppressed.